

APPLICATION FOR CERTIFICATION OF REGISTRATION

**SOLICITOR**

**CITY OF NEWTON**

108 North Van Buren Street  
Newton, Illinois 62448

Incorporated City 1887

Phone (618) 783-8451

**PLEASE PRINT OR TYPE ANSWERS**

**A.** The person applying for a solicitor certificate:

NAME: \_\_\_\_\_

ILLINOIS SALE TAX NUMBER: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

Length of residence at above address: \_\_\_\_\_

**B.** Place of residence during last 3 years if different than above:

\_\_\_\_\_  
\_\_\_\_\_

**C.** Age of applicant: \_\_\_\_\_ Date of birth \_\_\_\_\_ Marital status: \_\_\_\_\_

If married name of spouse: \_\_\_\_\_

**D.** Physical description of applicant:

WEIGHT \_\_\_\_\_ HEIGHT \_\_\_\_\_ COLOR OF HAIR \_\_\_\_\_ COLOR OF EYES \_\_\_\_\_

**E.** Name of person, firm or corporation/association whom you represent or by whom you are employed:

\_\_\_\_\_

Illinois Sales Tax Number of employer: \_\_\_\_\_

Length of time of such employment or representation: \_\_\_\_\_

**F.** Name and address of employer during the past 3 years if different than present employer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

G. Subject matter of such solicitation, i.e. food, magazines, jewelry, etc.:

\_\_\_\_\_

H. Period of time for which certificate is applied: \_\_\_\_\_

I. Date of latest previous application for a Certificate of Registration in the City of Newton, if any:

\_\_\_\_\_

J. Has a Certificate of Registration issued to you by the City of Newton ever been revoked:

\_\_\_\_\_

K. Have you ever been convicted of a violation of any of the provisions of the Business Code of the City of Newton, or of any other municipality regulating soliciting:

\_\_\_\_\_

L. Have you ever been convicted of the commission of a felony under the laws of the State of Illinois or any other State or any Federal law of the United States: \_\_\_\_\_

M. List the last three (3) municipalities where you have conducted business immediately preceding the date of this application, and the address from which such business was conducted in those municipalities:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

N. Vehicle description:

COLOR	YEAR	MAKE	MODEL	TYPE

O. Vehicle license information: License No. \_\_\_\_\_

Year \_\_\_\_\_ State \_\_\_\_\_ Type \_\_\_\_\_

**FEES REQUIRED TO BE SUBMITTED WITH THIS APPLICATION:**

**A. Daily License: \$10.00 per person per day**

**B. Annual License: \$50.00 per person per year**

Date of application: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant