ST CHARLES COMMERCIAL SOLICITATION REGISTRATION APPLICATION

REGISTRATION SHALL BE VALID FOR 90 DAYS FROM THE DATE OF ISSUE
SOLICITOR MUST PROMINENTLY DISPLAY POLICE-ISSUED I.D. BADGE WHEN SOLICITING

REQUIRED ATTACHMENTS TO APPLICATION

(Each individual conducting solicitation must complete a separate form and pay a separate $50 fee)

- ☐ ***NON-REFUNDABLE APPLICATION FEE OF $50.00*** (cash or check – make checks payable to City of St. Charles)
- ☐ ***COPY OF APPLICANT'S DRIVER'S LICENSE OR STATE ID***
- ☐ ***COLOR PHOTO*** (Will be used on solicitor badge. Photo must be taken within the last 6 months, forward-facing, full face, jpg format. E-mail to police@stcharlesil.gov)
- ☐ ***RESULTS OF BACKGROUND CHECK*** (Per Uniform Conviction Information Act. Background must be based on fingerprints taken by a state-approved Livescan vendor, with results sent to this police department.)

COMPANY INFORMATION

COMPANY NAME *(Company that you are employed by and are soliciting on behalf of):*

_____

COMPANY STREET ADDRESS INCLUDING CITY, STATE, ZIP CODE:

_____

SUPERVISOR'S NAME AND ADDRESS WITHIN THE STATE OF ILLINOIS WHERE SERVICE OF PROCESS MAY BE HAD.
(Person in your company who is in charge of those soliciting on company's behalf and his/her address)

Name	Street Address, City, State, Zip	Phone

APPLICANT INFORMATION

NAME:

_____

HOME ADDRESS, CITY, STATE, ZIP CODE:

_____

DATE OF BIRTH: _____ APPLICANT'S PHONE NUMBER: _____

PHYSICAL DESCRIPTION*:*

HAIR COLOR _____ *EYE COLOR* _____ *HEIGHT* _____ *WEIGHT* _____ *GLASSES: YES*___*NO*___

1. LIST DATES AND TIME OF DAY SOLICITATION IS TO BE MADE:

_____

2. WHAT IS THE PRODUCT OR SUBJECT MATTER OF YOUR SOLICITATION:

_____

3. LIST GEOGRAPHIC AREA WITHIN THE CITY WHERE SOLICITATION SHALL BE CONDUCTED:

_____

4. HAVE YOU EVER BEEN CONVICTED OF A VIOLATION OF ANY OF THE PROVISIONS OF ARTICLE B, CHAPTER 5, TITLE 3 OR THE ORDINANCES OF ANY OTHER ILINOIS MUNICIPALITY'S REGULATION FOR SOLICITATION? _____

5. HAVE YOU EVER BEEN CONVICTED OF THE COMMISSION OF A FELONY UNDER THE LAWS OF THE STATE OF ILLINOIS OR ANY OTHER STATE, OR OF A LAW OF THE UNITED STATES? (*circle*) YES or NO; **IF YES, PLEASE LIST THE OFFENSE(S):**_____

I certify that all of the above statements are true to the best of my knowledge, information and belief. I further certify that I will notify the City within 24 hours in writing if any change occurs in the information I have provided on this application. If this application is approved, I certify that this applicant will abide by all the rules and regulations in the City of St. Charles regarding solicitation. Applicant also certifies that he/she is aware that the $50 application fee will **not** be refunded if application is denied for any reason.

APPLICANT'S SIGNATURE_____**DATE**_____

***FOR ST. CHARLES POLICE DEPARTMENT USE ONLY*:**
☐ **APPROVED** ☐ **DENIED** **SIGNATURE**_____
DATE: _____

STCPD 184 Revised 040315