

# 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

YOUR APPLICATION WILL NOT BE SUBMITTED FOR REVIEW UNTIL ALL REQUIRED ATTACHMENTS BELOW ARE RECEIVED  
(Each individual conducting solicitation must complete a separate form and pay a separate \$50 fee)



- COMPLETED APPLICATION FORM** (form will be rejected if all blank spaces are not filled in)
- 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** (For solicitor badge. Photo must be taken within the last 6 months, forward-facing, full face. E-mail to [police@stcharlesil.gov](mailto:police@stcharlesil.gov))
- RESULTS OF BACKGROUND CHECK** Fingerprint-based background results must be from *Illinois State Police - Bureau of Identification* with results submitted to this police department (fingerprints must be taken by a state-approved Livescan vendor within the last 90 days)

## 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 \_\_\_\_\_ E-Mail \_\_\_\_\_ 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 \_\_\_\_\_

LENGTH OF EMPLOYMENT WITH COMPANY: \_\_\_\_\_

1. LIST DATES AND TIME OF DAY SOLICITATION IS TO BE MADE (9:00am to 7:00pm ONLY. NO SUNDAYS OR HOLIDAYS):  
\_\_\_\_\_

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 ILLINOIS 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 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 SIGNATURE: \_\_\_\_\_

DENIED DATE: \_\_\_\_\_

APPLICANT CONTACTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE FEE PAID: \_\_\_\_\_

METHOD: \_\_\_\_\_

RECEIPT # \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_