

To: City of Rock Falls
Chief of Police
Rock Falls, Illinois 61071

Subject: Application for a Certificate of
Registration for Solicitors

I hereby make application for a certificate of registration for solicitors in the City of Rock Falls, Illinois as set forth under Rock Falls Municipal Code Section 8-823. I am submitting the following information in response to questions asked for the purpose of inducing a favorable act on this application. I further understand that any false statement herein contained in this application constitutes grounds for revocation of such certificate of registration in addition to possible prosecution for perjury or false swearing.

1. Applicant's Full Name: _____

All addresses of applicant's residence during the past two years.

_____ How long? _____
_____ How long? _____
_____ How long? _____
_____ How long? _____

Are you married? Yes No

If so, name of spouse: _____

2. Applicant's Physical Description:

Race _____ Sex _____ Date of Birth _____

Eyes _____ Hair _____ Height _____ Weight _____

3. Social Security Number _____

4. Phone Number _____

5. Driver's License Number _____ State of Issuance _____

6. Name of Firm Representing _____

a. Type of Business _____

b. Business Address _____

Length of Service _____ Telephone Number _____

7. Briefly state the purpose for applying for this application and the type or scope of activities to be conducted:

8. Have you ever been convicted of a felony or misdemeanor involving dishonesty, theft, fraud, false statements, or a threat to public safety? Yes No

Have you ever been convicted of a felony or misdemeanor for a crime involving sex offences or offenses involving bodily harm against persons under the law of this state or any other state or federal law of the United States? Yes No

Have you ever been a registered sex offender or violent offender in any state?
Yes No

If yes to any of the above questions, please set forth the offense, date of conviction, state of conviction and any other information you believe pertinent::

Have you ever been convicted of a crime?

Yes No

If yes, please set forth the offense, date of conviction, state of conviction and any other information you believe pertinent::

9. List any and all vehicles to be used in conducting said requested solicitation:

Make _____ Model _____ Year _____
 Color _____ License Number _____ State of Issuance _____
 Make _____ Model _____ Year _____
 Color _____ License Number _____ State of Issuance _____
 Make _____ Model _____ Year _____
 Color _____ License Number _____ State of Issuance _____

10. For what period of time are you applying for this certificate?

From: _____ To: _____
 Month Day Year Month Day Year

11. Previous Solicitation Permit information:

City	Date	Revoked Y/N
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the above information is true and I hereby consent to a background check to enable the city to investigate the information set forth on this application.

 Applicant Signature Date

FOR OFFICE USE ONLY

Date Received: _____
 Date Approved: _____
 Date Expired: _____

 Police Chief Approval

 City Clerk Approval