



# Red Bud Police Department

200 E. Market St.  
Red Bud, Illinois 62278  
Phone 618-282-6118  
Dispatcher: 618-282-2363  
Fax: 618-282-4344

## SOLICITORS APPLICATION FOR CERTIFICATE OF REGISTRATION

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Length of Residence (at this address) Years \_\_\_\_\_ Months \_\_\_\_\_

Address and place of residence during the past three (3) years. If different, then above.

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_

Race \_\_\_\_\_ Are you a U.S. citizen? \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouses Name \_\_\_\_\_

Employers Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Length of Employment Years: \_\_\_\_\_ Months: \_\_\_\_\_

Give name(s) and address of employer(s) for the past three (3) years in other than your present employer.

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

Description of the subject matter you are solicitation? \_\_\_\_\_

Have you ever been convicted of a felony in this or other state or any other state or federal law of the United States? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Have you ever been convicted of a violation of any code or regulation in this or any other municipality regulating soliciting? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Attach a copy of certificate of registration under the Illinois Retailer's Occupational Tax Act, if application is for retail sales of goods, merchandise, wares, or foodstuffs.

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

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

License is requested for: \_\_\_\_\_ days \_\_\_\_\_ years

Fees payable in advance:                \$20.00 per person per day  
   \$100.00 per person per year

Date of last application with this municipality? (if any) \_\_\_\_\_

Has a certificate of registration issued to the applicant under this section ever been revoked? \_\_\_\_\_

Date: \_\_\_\_\_

Two (2) photographs of the applicant and such of its employees as will be used in applicant's business within the municipality, taken within sixty (60) days immediately prior to the filing of the application, which picture shall be two inches (2") by two inches (2"), showing the head and shoulders of the applicant of its agent(s) and/or employee(s) in a clear and distinguishing manner, shall accompany this application.

It is unlawful and shall constitute a nuisance for any person, whether registered or not, to engage in the business being licensed herein prior to ten o'clock (10:00) a.m. or after five o'clock (5:00) p.m. of any weekday or at any time on a Sunday or on a state or national holiday.

Nothing contained in the business code, nor the issuance of any license hereunder shall entitle the licensee to go in or upon any private residence for the purpose of conducting its business if such licensee, his agents or employees are directed to depart from said private residence by the owner or person in charge thereof.

The practice of going in and upon private residences, business establishments or offices in this municipality by licensees without having been requested or invited to do so by the owner or owners, occupant or occupants of said private residences and business establishments or offices for the purpose of disposing of and/or selling, bartering, or exchanging goods and merchandise at retail is hereby declared to be a nuisance and is punishable as a violation of the business code. No licensee shall conduct its business in a public square.

Further information, similar to the information contained in this application, may be required of any other agent(s) or any other employee(s) as will be used in the applicant's business within this municipality.

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I authorize the release of any information regarding this application and including any and all existing records of arrest and conviction to the Red Bud Police Department. I also give my permission for the Red Bud Police Department and the City of Red Bud to review these records and to make copies of and documents that will determine my suitability for this registration.

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I understand that all statements made and all the information given herein are made under oath and are true. I further agree to provide any other information that may be required to assist in the investigation for this application.

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

**FOR OFFICIAL USE ONLY**

Application No \_\_\_\_\_ Date Received \_\_\_\_\_

Received By \_\_\_\_\_ Investigated By \_\_\_\_\_

Approved By \_\_\_\_\_ Denied By \_\_\_\_\_ Date \_\_\_\_\_

Other Comments \_\_\_\_\_