



APPLICATION FOR SOLICITORS PERMIT

APPLICANTS INFORMATION

Name: _____

Address: _____

City: _____ State/Zip Code: _____

Telephone Number: _____ Date of Birth: _____

Weight / Height: _____ Hair: _____ Eyes: _____

GROUP OR COMPANY INFORMATION

Who are you soliciting for? _____

Address: _____

City: _____ State/Zip Code: _____

Telephone Number: _____ Supervisor's Name: _____

Product Service you are soliciting: _____

Have you ever solicited in Carpentersville before? Yes No

When: _____ Was your permit revoked? Yes No

Have you ever been convicted of a felony under any state or federal laws? Yes No

Explain: _____

Are you required to register as a sex offender anywhere? Yes No

All the above statements are true to the best of my knowledge.

Applicant's Signature

Solicitors permit issued Yes No Number: _____

Date Issued: _____ Expires: _____

If not issued, why?: _____