

**FOR OFFICE USE ONLY**

APPROVED

DECLINED

REASON FOR DECLINE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLERK: \_\_\_\_\_\_\_\_

PERMIT # \_\_\_\_\_\_\_\_\_\_\_

APPLICATION FOR SOLICITOR’S PERMIT

*(COPY OF PHOTO IDENTIFICATION REQUIRED)*

Date of Application:

APPLICANT INFORMATION

(PRINT LEGIBLY)

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DRIVER’S LICENSE #/STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYES: \_\_\_\_\_ HAIR: \_\_\_\_\_

**Have you been convicted of a felony under the laws of this or any other state or jurisdiction:**

**Yes No**

**COMPANY REPRESENTED BY APPLICANT**

NAME OF COMPANY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NATURE OF SERVICES OR PRODUCT OFFERED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WORKING WITH A CREW: YES  NO

SUPERVISOR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUPERVISOR PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COLLECT A DEPOSIT: YES NO

VEHICLE INFORMATION

YEAR: \_\_\_\_\_\_\_\_\_\_\_\_ MAKE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MODEL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COLOR: \_\_\_\_\_\_\_\_\_\_\_\_\_

REGISTERED OWNER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PLATE #/STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Employment During the Past Year** | | | |
| **FROM** | **TO** | **KIND OF WORK** | **NAME/ADDRESS OF EMPLOYER** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Signature:

I hereby solemnly swear (sincerely affirm) that the information contained within this application is true to the best of my knowledge.

Joliet Police Department  150 West Washington Street  Joliet, Illinois 60432  815-724‐3100