

VILLAGE OF BETHALTO, ILLINOIS
APPLICATION FOR
CERTIFICATION OF REGISTRATION OF PEDDLERS SOLICITORS

Illinois Business Tax Number: _____

Name: _____ S.S. # _____

Address _____ City _____ State ____ Zip _____

Home Phone Number _____

Length at above residence: _____

Address for the last three (3) years if different than above:

List the last three (3) municipalities where applicant carried on business: _____

Description of Application:

Date of Birth _____ Sex _____ Age _____ Height _____ Weight _____

Hair/Eye Color _____ / _____

Business or Organization applicant represents: _____

Address _____ City _____ State ____ Zip _____

Phone _____ Length of tenure with company or organization _____

Detailed description of business or merchandise _____

How long is license required? _____

Has application ever been denied or revoked? _____ If yes, explain _____

Has applicant even been convicted of a felon? _____ If yes, explain _____

(NOTE: A CRIMINAL HISTORY CHECK WILL BE RUN ON APPLICANT)

SIGNATURE OF APPLICANT

APPLICATION APPROVED: YES NO

DENIED FOR THE FOLLOWING REASON _____

CHIEF OF POLICE