

SOLICITORS INFORMATION SHEET

Definition--- The term "solicitor" as used in this Article shall include every person by whatever name who is engaged in the:

(1) Seeking to obtain orders for the purchase of goods, wares, merchandise, foodstuffs, or services of any kind, character or description whatever for any kind of consideration whatever;

(2) Seeking to obtain subscriptions to books, magazines, periodicals, newspapers and every other type or kind of publication; or,

(3) Seeking to obtain gifts or contributions of money, clothing or any other valuable thing for the support or benefit of any charitable or non-profit association, organization, corporation or project.

Notwithstanding anything herein to the contrary, the term "solicitor" shall not be construed to include any person, firm or corporation personally invited to a residence or business establishment by an occupant thereof prior to such person, firm or corporation entering upon such premises. For this purpose a notice as provided in Section 123.01 shall not be considered a personal invitation.

Requirements: Fill out application and **personally** bring to the City Clerk's office with **picture ID. Signature** will be **required in front of City Clerk or her designee**. Once accepted by City Clerk or her designee, the application is sent to the Quincy Police Department for a background check. Upon approval from the Police Department, the City Clerk or her designee will call applicant at which time they or a designee can pick up the **Solicitor's License**.

Fee: Solicitor's license does **not** have a **fee**. **All licenses shall expire on December 31st of each year.**

SOLICITOR APPLICATION

NAME _____
(first) (middle) (last)

HOME ADDRESS _____
(street) (city) (state) (zip)

HOME PHONE () BUSINESS PHONE ()

SOCIAL SECURITY NUMBER DATE OF BIRTH M () F ()

HEIGHT WEIGHT HAIR EYES

DRIVER'S LICENSE NUMBER STATE

EMPLOYER'S NAME _____
(first) (middle) (last)

EMPLOYER'S ADDRESS _____
(street) (city) (state) (zip)

EMPLOYER'S NAME OF BUSINESS _____

GOODS/SERVICES TO BE SOLICITED _____

REQUESTED TIME OF PERMIT PREVIOUS APPLICATION DATE

WHERE STAYING WHILE IN QUINCY PHONE

STATE OF ILLINOIS SALES TAX NUMBER _____

ADAMS COUNTY HEALTH DEPARTMENT NUMBER _____

Has application ever been revoked? Yes () No ()

Has applicant ever been convicted of a violation of any of the provisions of this article? Yes () No ()

Has applicant ever been convicted of a felony under the laws of the State of Illinois? Yes () No ()

Has applicant ever been convicted of a felony under the laws of any State in the Union? Yes () No ()

(signature of applicant)

Approved this _____ day of _____

CITY CLERK