



CITY OF MARION, ILLINOIS
APPLICATION FOR SOLICITOR'S PERMIT

DATE: _____

Application is hereby made to the City Clerk of the City of Marion for issuance of a Solicitor's Permit pursuant to the ordinances of the City. In support of said application the following is submitted:

1. APPLICANT INFORMATION

Name: _____ Phone: _____

Home Address: _____ City: _____

State/Zip Code: _____ Email: _____

Applicant's Date of Birth: _____ Driver's License Number: _____

Applicant's Vehicle Information

Make/Model/Color: _____

Permit Plate Number/State: _____

2. BUSINESS INFORMATION

Business Name: _____ Phone: _____

Business Address: _____ City _____ State/Zip _____

Contact Person with Business: _____ Phone: _____

3. Describe the item(s) being sold: _____

4. List the date(s) you wish to sell in the City of Marion: _____

5. List all communities that have issued you a solicitor's badge or permit within the last twelve (12) months: _____

6. Have you ever had a solicitor's badge or permit revoked? _____
If yes, give name of community, date of revocation, and explain: _____

7. Have you ever been convicted of a violation of any of the provisions of the ordinances of the City of Marion or ordinances of any other Illinois municipality regulating soliciting? _____
If yes, give date of conviction, of municipality, and explain: _____

8. Have you ever been convicted of a felony under the laws of the State of Illinois or any other state or federal law of the United States? _____

If yes, give date of conviction, charge, state, and explain: _____

ACKNOWLEDGEMENT

Applicant understands and agrees that additional information and material may be required during the processing of this application related to applicant's qualifications and the information provided herein. Applicant agrees to provide such additional information and material and that failure to do so may delay the processing of this application or result in its denial.

In the event Applicant is made aware that any information or document submitted as part of this application process is inaccurate or incomplete, Applicant agrees to immediately notify the City and provide appropriate corrections. Applicant understand and agrees to provide such additional information and material, and that failure to do so may delay the processing of this application or result in its denial.

THE UNDERSIGNED, BEING DULY SWORN, DOES STATE AS FOLLOWS:

THAT THE UNDERSIGNED HAS REVIEWED THIS APPLICATION AND ALL ATTACHMENTS SUBMITTED AND CERTIFIES THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE

APPLICANT SIGNATURE: _____

NAME: _____

For Office Use Only

Completed application received by _____ Date _____

Expiration date of Solicitor's Permit _____

Payment Receipt No. _____ Date _____ Fee _____

Solicitor's Permit issued by _____ Date _____

Permit # issued _____

Permit Information Routed to Dispatch _____

Permit Information Routed to Website Registry _____