JOLIET Police Department
"working with the community for a safe city"

APPLICATION FOR SOLICITOR'S PERMIT

(COPY OF PHOTO IDENTIFICATION REQUIRED)

Date of Application: _____ Solicitor's Permit # _____

Name: _____

Home Address: _____ _____

City/State/Zip: _____ Phone: _____

Local Address: _____ Phone: _____

Nature of services or products offered : _____

Length of service with employer: _____ Are you with a crew? ☐ Yes ☐ No

Crew manager's name: _____ Address: _____

Vehicle used: _____
Make Model Plate Number

Do you collect a deposit: ☐ Yes ☐ No

Name of manufacturer/organization you represent: _____

Address: _____

Length of time you will be soliciting: _____

Employment During the Past Year

FROM	TO	KIND OF WORK	NAME/ADDRESS OF EMPLOYER

Physical Description of Applicant

Date of Birth: _____ Place of Birth: _____

Sex: _____ Race: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Social Security Number: _____ Driver's License/State: _____

Have you been convicted of a felony under the laws of this or any other state or jurisdiction: ☐ Yes ☐ No

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

Signature: _____