



Permit Number: __ - _____

CITY OF BATAVIA

100 North Island Avenue Batavia, Illinois 60510 Office (630) 454-2500 Fax (630) 454-2501

SOLICITOR PERMIT **FEE \$35.00

CITY OF BATAVIA APPLICATION FOR CERTIFICATE OF REGISTRATION

Each person soliciting will fill out this application. Please Print.

1. Name _____ Address _____
(LAST) (FIRST) (MIDDLE) (STREET - INCLUDE APT. NO.)

(CITY) (STATE) (ZIP) Telephone _____

2. Address while in this area _____
Telephone while in this area _____

3. DOB _____ DL # _____ State _____
Weight _____ Height _____ Hair _____ Eyes _____

4. Name and address of the business you represent:
Name _____ Address _____

5. What will you be soliciting? _____

6. Kane County Health Department permit number _____

7. Sales Tax Number _____

8. List vehicle (s) to be used:
Make Year License # Color

9. Have you ever applied for soliciting in Batavia? Yes _____ No _____
When _____ What business did you represent? _____

(OVER)

SOLICITORS PERMIT CONTINUED

10. Have you ever been arrested? Explain: _____

I certify that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers. The entries made by me are true, complete, and to the best of my knowledge and belief and they are made in good faith.

(APPLICANT'S SIGNATURE)

(DATE)

FOR OFFICIAL USE ONLY

****\$35 paid by: Cash _____ or Check # _____**

Money & copy of paperwork given to Joanne _____ (initials)

Fingerprinted by _____ Date _____

RECORDS CHECK:

(Circle One)

Batavia New World: No Record on File/See Attached / _____

Batavia PD PIPS: No Record on File / See Attached / _____

Drivers License (10-29): No Record on File / See Attached / _____

Circuit Clerk: No Record on File/ See Attached / _____

DuPage Circuit Clerk: No Record on File/See Attached / _____

Chicago I-Clear: No Record on File / See Attached / _____

Applicant's Local Pd: No Record on File / See Attached / _____

AEGISLINK: No Record on File / See Attached / _____

CERTIFICATE APPROVAL:

Certificate Issued? Yes _____ No _____

Certificate Number: ____ - _____

(ISSUED BY CHIEF OF POLICE)
(SIGNATURE)

(DATE)