



# CITY OF DIXON

## Application for Door-to-Door Solicitation Permit

### PERSONAL DATA

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(last) (first) (middle)

Other Names/Alias: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(street) (city) (state) (zip code)

Time at: \_\_\_\_\_ If Less Than 3 Years, Past Address: \_\_\_\_\_

Phone: \_\_\_\_\_  
(home) (cell)

Ethnic Origin:  White Sex: M F  
 Hispanic or Latino  
 Black or African American Height: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
 Native American or American Indian Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_  
 Asian/Pacific Islander  
 Other

Vehicle to be used: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

License Plate #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

### COMPANY REPRESENTING IN SOLICITATION

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Company Address: \_\_\_\_\_  
(street) (city) (state) (zip code)

Length of employment and/or representation with organization: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Attach documentation that applicant is authorized to solicit for above described organization.

Description of Subject Matter Soliciting or Purpose: \_\_\_\_\_

Specific Dates Requested to Solicit (MANDATORY): To: \_\_\_\_\_ From: \_\_\_\_\_

**INFORMATION**

Have you ever been issued a Solicitation Permit in the past? Yes No

If Yes, list municipality permit was issued and year \_\_\_\_\_

If Yes, has it been revoked? Yes No

Have you ever been convicted of any felony offense? Yes No

Date of conviction(s): \_\_\_\_\_

Nature of offense(s): \_\_\_\_\_

Have you ever been convicted of a violation of the City of Dixon's door-to-door solicitation ordinance? Yes No

Have you ever been convicted of a violation any municipal ordinance or Illinois statute regulating door-to-door solicitation? Yes No

I have read and understand the provisions of the Solicitation Ordinance of the City of Dixon. I affirm to the above information to be true and correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Any additional associates are required to fill out an application form. Soliciting may only be done between the hours of 9:00AM to 9:00PM Monday through Saturday. For more information please refer to Article 1-Solicitors of Chapter 10, Mercantile Establishments and Merchants of the City of Dixon Municipal Code.

\*\* Must have a copy of State Driver's License or Identification Card\*\*

**FOR OFFICE USE ONLY**

Date Application Received: \_\_\_\_\_ Signature of PD Official: \_\_\_\_\_

Date Background check approved: \_\_\_\_\_ Dates for Soliciting: \_\_\_\_\_

Application Fee: \_\_\_\_\_ Date application fee paid: \_\_\_\_\_