

ALSIP POLICE DEPARTMENT

APPLICATION FOR SOLICITOR CERTIFICATE OF REGISTRATION

DATE: _____

Name _____
last first middle

Home Address _____
city & state zip

Last 3 Years _____
city & state zip

city & state zip

city & state zip

HT.	WT.	Hair	Eyes	Sex	Drivers License No.	State
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D.O.B.	City & State	Marital Status	Spouse's Name
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Home Phone	Work Phone	Social Security No.
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Present Employer	Address	City & State	Yrs. of Employment
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Previous Employer	Address	City & State	Yrs. of Employment
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Previous Employer	Address	City & State	Yrs. of Employment
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Name of Supervisor	Phone No.
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Describe type of soliciting you will be doing.

Will Soliciting be: Residential	Yes	No	Commercial	Yes	No	Other
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Have you ever been convicted of any provision of this Ordinance or any other Soliciting Ordinance? If yes, explain on reverse side. YES NO

Have you ever been convicted of any felony or any other State or Federal law? If yes, explain on reverse side. YES NO

Dates of any previous applications?

ANY FALSE MATERIAL STATEMENT IN THIS APPLICATION SHALL BE CAUSE FOR DISQUALIFICATION.

Applicant's Signature _____ Date _____

Chief of Police	Date Approved	Date Denied	Expiration Date
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Application Number _____