



SOLICITOR PERMIT REQUIREMENTS

***ALL ITEMS MUST BE SUBMITTED FOR EACH APPLICANT**

- 1. COMPLETED SOLICITOR APPLICATION FORM**
- 2. SIGNED PERMISSION FORM FOR BACKGROUND CHECK BY SMITHTON POLICE DEPARTMENT**
- 3. PAYMENT OF \$100.00 FOR BACKGROUND CHECK**
- 4. COPY OF \$1000.00 BOND**
- 5. COPY OF DRIVER'S LICENSE**

Allow 2-3 weeks for results of background check. We will contact you if the Certificate is approved and ready. Payment of \$100.00 certificate fee must be made when the Certificate is picked-up.

SMITHTON POLICE DEPARTMENT

116 South Main Street

Smithton, Illinois 62285

Ph. 618-233-0550 Fax. 618-239-6798

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

The undersigned authorizes a review of and full disclosure of all records concerning myself to any agent of the Smithton Police Department, whether the records are of a public, criminal, internal or confidential nature. I direct the release of such information regardless of any arrangement I may have made to the contrary with any entity or individual to whom this release is presented.

The intent of this authorization is to give my consent for full and complete disclosure of criminal records, internal investigation records, military records, records of educational and financial institutions, including academic records, records of loans and other financial statements and records where filed; records maintained by the National Personnel Records Center, and the United States Veterans Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints, or grievances filed by or against me. I specifically waive my right to written notices of release of information relating to prior disciplinary actions, as provided by the Illinois Personnel Records Review Act. I also waive my right to inspect and copy any records provided in response to this authorization.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, because of this authorization, will be considered in determining my suitability for a solicitors permit by the Smithton Police Department and the Village of Smithton. Additionally, I understand the duty of the Smithton Police Department to release any information of a serious criminal nature uncovered by the investigation to the proper authorities and make other reports as may be mandated by law. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release such person(s) from any and all liability, which may be incurred as a result of furnishing such information whether from record or recollection. I further release the Smithton Police Department, the Village of Smithton and its agents and designees under this release, from any and all liability, which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this "Authorization for Release of Personal Information."

Witness

Signature

Date

PLEASE TYPE OR PRINT

Last Name

First Name

Middle Initial

Maiden Name

House Number

Street Name

City

State

Zip Code

Date of Birth

Driver's License Number

VILLAGE OF SMITHTON

APPLICATION FOR CERTIFICATION OF REGISTRATION - SOLICITOR

BACKGROUND CHECK CLEARED
BY _____ DATE _____

CERTIFICATE FEE - \$100.00/5 business days
BACKGROUND CHECK FEE - \$100.00

DATE ISSUED _____
EXPIRES 5:00PM _____

Name _____
First Middle Last

DOB _____ Solicitor phone # _____

Address _____

City _____ State _____ Zip _____

Length at Above Address _____

Address of place or residence during the last three years if other than present:

Age _____ Married _____ Single _____ If Married, Name of Spouse _____

Physical Description: Hair _____ Eyes _____ Weight _____ Height _____

DRIVER'S LICENSE NUMBER & STATE _____

MAKE & MODEL OF VEHICLE _____

BUSINESS NAME _____ Business Phone # _____

Business Address _____ Length of employment _____

Nature of Product and/or Service _____

Copy of \$1000.00 Bond must be presented with this application.

Dates requested for Certificate _____

Have you applied for a Certificate from the Village of Smithton in the past?

YES _____ NO _____ If so, what date? _____

Have you ever been convicted of a Violation of any of the provisions of the Soliciting Chapter of the Revised Code of Ordinances of the Village of Smithton or any other Illinois municipality regulating soliciting? YES _____ NO _____

Have you ever been convicted of the commission of a felony under the laws of the State of Illinois or any other State or Federal Law of the United States? YES _____ NO _____

I, THE UNDERSIGNED, DO HEREBY SWEAR UNDER OATH THAT THE ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I WILL ABIDE BY THE RULES AND REGULATIONS AS STATED IN THE REVISED CODE OF ORDINANCES, VILLAGE OF SMITHTON, ILLINOIS, AND I DO FURTHER UNDERSTAND THAT MY PERMIT MAY AUTOMATICALLY BE REVOKED BY THE VILLAGE AUTHORITIES IF I FAIL TO ABIDE BY THE ORDINANCE.

SIGNATURE

DATE

_____ BOND

_____ DRIVER'S LICENSE

_____ BACKGROUND FEE PYMT

_____ CERTIFICATE PYMT