



GREENVILLE POLICE DEPARTMENT

Solicitor's Permit Application

Applicant's Name				Date of Birth	Age	Sex	Eye Color
Height	Weight	Hair Color	Mustache	Glasses	Place of Birth		
Present Address			City	State	Zip Code	Driver's License Number	State of Issue
Name of Relative		Address		City	State	Zip Code	Relationship
License Plate No.		State	Date of Application		Length of Time Permit is Needed		
Employer's Name		Employer's Address		City	State	Zip Code	
Crew Manager's Name		Crew Manager's Address		City	State	Zip Code	
Length of Service with Employer			Do You Collect a Deposit?		Nature of Goods or Services Offered		
Bonded By		Expiration Date	Illinois Sales Tax No.	Have You Ever Been Arrested for Any Offense?			
If Yes, Give Details							

Last 3 Municipalities Where Applicant Carried on Business

From	To	Municipality	Address

Have you previously applied for a Solicitor Permit from the City of Greenville? If yes, when?

Yes No

Permit Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Permit Approved/Disapproved	Expiration Date of Permit
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Permit Issued By	Signature of Applicant
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Chief of Police

ANY FALSE STATEMENT IN THIS APPLICATION WILL RESULT IN REFUSAL OR REVOCATION OF PERMIT