

Freeport Police Department

320 West Exchange Street

Freeport, Illinois 61032 Phone (815) 235-8222 Facsimile (815) 235-8235

SOLICITATION REQUIREMENTS

ALL APPLICANTS:

Under Freeport City Ordinance 864.02; Solicitors, Certificate of Registration Required, Application. Part of the criteria involves a criminal background check that will be conducted on the applicant. In order for the Freeport Police Department to conduct a criminal background check, the applicant will need to be fingerprinted at the Freeport Police Department.

The applicant will need to complete and submit to the Freeport Police Department the attached form with payment in the amount of \$250.00. Accepted forms of payment are: cash or a check made payable to: City of Freeport Police Department.

When submitting the completed application with the applicable fee, please notify the Police Department representative that you need to be fingerprinted for a SOLICITOR license application.

Applications and fingerprints will be submitted at least 30 days PRIOR to the requested solicitation period. Solicitation Licenses will only be valid for 30 days. A ONE TIME ONLY 30-day renewal must be requested in writing with a copy of the original application attached. The cost to renew is \$100.00, payable by cash or check made payable to "City of Freeport Police Department." Solicitors will be allowed only one registration and one renewal per calendar year.

REQUIRED DOCUMENTS: Every applicant must provide a legible copy of the following:

- 1) Completed Freeport Police Department "Registration for Solicitation" form
- 2) Copy of a valid driver's license or State issued identification card
- 3) Copy of a valid vehicle registration and proof of insurance for EACH vehicle which will be used by the license holder(s)

The Solicitation License DOES NOT allow for:

- 1) High pressure sales tactics
- 2) After-hours solicitation; Hours of solicitation are Monday-Saturday 9 am 8 pm. Solicitation is prohibited anytime on Sundays or State/National holidays
- 3) Soliciting in locations where signs prohibit solicitation

Failure to comply with solicitation guidelines will result in the application being denied or license being revoked.

Thank you.



CITY of FREEPORT, ILLINOIS

REGISTRATION FOR SOLICITATION

| | Regi | stration Exp | oires: | | Registration #: | | | | | |
|--|--|-------------------|---------------------|---|-------------------------|-----------------|-------------------------|-----------------------------------|--|--|
| Application must be returned to the Freeport Police Department, 320 W. Exchange St., Freeport, IL, along with cash | | | | | | | | | | |
| | <u> </u> | | Freeport Police | | | | | | | |
| REQUIRED at the time of 1. LiveScan fingerprinting completed at the Freeport Police Department 2. Copy of VALID driver's license or state issued identification card | | | | | | | | | | |
| | Application: 3. Copy of VALID vehicle registration and proof of insurance for each vehicle used by license holder | | | | | | | | | |
| *** PROVIDING FALSE INFORMATION WILL VOID THE LICENSE TO SOLICIT *** | | | | | | | | | | |
| Dates of Solici | tation: | | Previous Solicit | ation Applica | tion: | Description | n of Materials Being So | old: | | |
| Business Name | | | | | | | Phone # | t: | | |
| Business Stree | : | | | City/State: | | | | ZIP: | | |
| Form of Solicit | tation: | O Door to I | Door O | Businesses | inesses Other (explain) | | | | | |
| Are you part of a sales group? Yes No If YES, how many are in your group:? | | | | | | | | | | |
| Name and Phone # of Individual in charge of group: Email Address: | | | | | | | | | | |
| SOLICITOR'S INFORMATION | | | | | | | | | | |
| LAST Name: | | | | FIRST Name: | | | | MIDDLE Name: | | |
| Street Address: | | | | | City/State: | | | | ZIP: | |
| Date of Birth: | | SSN: | | Driver's License # and State Issued from: | | | | Driver's License Expiration Date: | | |
| Phone #: Scars, Marks, and Tattoos: | | | | | | | | | | |
| Sex: | :: Race: | | Height: | | W | eight: | Hair Color: | Eye Color: | | |
| Vehicle Year: | Phicle Year: Vehicle Color: | | Vehicle Make: | | Ve | Vehicle Model: | | Vehicle License # & State: | | |
| Have you ever | Have you ever been convicted of a felony? Yes No If YES, describe: | | | | | | | | | |
| Have you ever | been issu | ued a certificate | that was later revo | oked? |) Yes | O No | | | | |
| Have you ever violation of an chapter or ord Illinois munici | ny provision dinance or | ons of this | Yes C |) No | ES, list all co | onvictions: | | | | |
| communicate | with any | person, firm, o | or corporation ne | cessary to ti | ry and obta | ain any informa | | ed concer | t. I authorize you to ning the statements | |
| Signature of Applicant Date | | | | | | | | | | |
| | | | *** POL | ICE DEPA | RTMEN | T USE ONL | γ *** | | | |
| Application | Receive | ed: | | | | | | ance | _ Fingerprints: | |
| Criminal Hist | tory: | | | Chief of F | Police Sign | ature: | | | | |