



CITY OF CARBONDALE, ILLINOIS

SOLICITOR'S PERMIT APPLICATION
THIS PERMIT ISSUED FOR DOOR-TO-DOOR SALES ONLY

NOTE: This application MUST be submitted in no less than ten (10) business days in advance of the proposed sale. The SOLICITORS INFORMATION form (attached) must be provided for EVERYONE who will be soliciting.

NAME OF COMPANY: _____

ADDRESS OF COMPANY: _____

PHONE NUMBER: _____ IBT OR FEIN NUMBER: _____

SOLICITOR'S NAME: _____ PHONE #: _____

Date of Birth: _____ Driver's License #: _____ State of Issuance: _____

Please list address(es) for the past two (2) years and the length of time you have lived at each address.

- 1. _____ How long? _____
2. _____ How long? _____
3. _____ How long? _____
4. _____ How long? _____

LOCAL ADDRESS: _____ Phone #: _____

If applicant is a corporation, provide name(s), residence address(s) and phone number(s) of the officers.

NAME OF OWNER/CORPORATION/PARTNERSHIP: _____

NAME: _____ TITLE: _____ PHONE #: _____

ADDRESS: _____

NAME: _____ TITLE: _____ PHONE #: _____

ADDRESS: _____

NAME: _____ TITLE: _____ PHONE #: _____

ADDRESS: _____

NAME: _____ TITLE: _____ PHONE #: _____

ADDRESS: _____

- 1. General location in which the applicant intends to solicit: _____
2. Date(s) when applicant intends to solicit: From: _____ To: _____
3. Nature of business applicant intends to conduct within the City: _____
4. Explain the proposed method of operation within the City: _____

5. Nature of products or services in which the applicant is interested: _____

6. Names of the manufacturers of such products and/or of the organization the applicant is representing:

7. Will you receive any monetary compensation or portion of monies collected? _____
8. Please submit any information regarding the prior application, use or revocation of a Solicitor's Permit in the City of Carbondale and give the date or approximate date of that application. _____

9. Have you ever been convicted of a criminal offense or ordinance violation (other than traffic or parking offenses) in any jurisdiction? _____
If yes, please list each conviction with the date and prosecuting jurisdiction.

If a motor vehicle is to be used in conjunction with the applicant's licensed activities, the following information is required:

Make & Year _____ Color _____ License # _____

(Signature of Applicant)

(Date)

State of _____

County of _____

Subscribed and sworn to before me on

Notary Public

(FOR OFFICE USE ONLY)

License issued: Yes No If not issued, give reason: _____

Date: _____

Amount paid: _____

Duration of license:

From: _____

To: _____

SOLICITOR INFORMATION

The following information must be completed for every person who will be in contact with the public for the purpose of stocking, transporting, delivering and/or selling the goods, wares or merchandise. Any new individuals added after submission of this application must be submitted to the City Clerk's Office within 24 hours.

SOLICITOR'S NAME: _____

HOME Address _____

City/State/Zip _____

LOCAL Address* _____

*Where you are staying while you are selling in the Carbondale area.

Home phone number _____

Local phone number _____

Driver's License No. _____

State of Issuance _____

Date of Birth: _____

Place of birth: _____

Please list address(es) for the past two (2) years and the length of time you have lived at each address.

- | | |
|----------|-----------------|
| 1. _____ | How long? _____ |
| 2. _____ | How long? _____ |
| 3. _____ | How long? _____ |
| 4. _____ | How long? _____ |

Have you ever been convicted of a criminal offense or ordinance violation (other than traffic or parking offenses) in any jurisdiction? Yes No If yes, please list each individual offense and/or violation, the date and the prosecuting jurisdiction. Attach additional page(s) if necessary.

CERTIFICATION

I, the undersigned, do hereby certify that to the best of my knowledge and belief the above information is true, correct and complete. I understand that failure to correctly and completely answer the above questions will be cause for denial of this license.

Signature of Seller

Date

DISCLOSURE TO APPLICANT REGARDING PROCUREMENT OF A
CONSUMER REPORT AND RELEASE OF PERSONAL HISTORY

In connection with your application for a City license, we may procure a consumer report on you as part of the process of considering your candidacy as a taxi driver. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential license, before making the adverse decision, we will provide you with an address to obtain copy of the consumer credit report and a description in writing of your rights under the law.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, credit history, criminal history and mode of living. This information may be obtained by contacting your previous employers, local and/or state law enforcement authorities or reference supplied by you. Please be advised that you have the right to request in writing, within a reasonable amount of time, that we make a disclosure of the nature and scope of the information requested. Such disclosure will be made to you within five days of the date on which we receive the request from you within five days of the time the report was first requested.

I, _____, with the intention of binding myself, my heirs, executors, administrators, and assigns, release and discharge Midwest Backgrounds, Inc. ("M.B.I."), its officer, officials, employees and agents and all persons, companies or agencies retained by M.B.I. to perform the investigation of my personal history from all claims, demands, actions, judgments and executions which I ever had, or now have, or may have, or which my heirs, executors, administrators, or assigns may have, or claim to have against M.B.I., its officer, officials, employees and agents, and all persons, companies, or agencies retained by M.B.I. to perform the investigation of my personal history arising out of the performance of any and all personal history investigation.

M.B.I. is also hereby authorized to make any review, inquiry or investigation into my personal, professional, residential, past employment including worker's compensation filings, credit and/or criminal history (hereinafter referred to as "personal history") through any agency, company or person that may retain information regarding such categories. The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on the attached supplement sheet to the document.

I hereby release all law enforcement agencies, department of labor aka Worker's compensation agencies, employers, landlords, and their officials, employees or representatives, from any and all liability for any injury or damage that may result from furnishing any personal history to M.B.I.

I do hereby authorize and request all local, state and/or federal law enforcement agencies, prior employers, prior landlords or property manager, credit bureaus, and any other agency or person that may have information relating to my character, general reputation, personal characteristics, worker's compensation claim filings, driving record and mode of living, to release any and all requested information for my personal, professional, employment, residential and/or criminal history to M.B.I. upon M.B.I.'s request. I hereby release and hold harmless all aforementioned parties from any cause of action or liability that may arise for any personal injury or damage that may results from furnishing the same to M.B.I.

APPLICANTS PRINTED NAME _____
Last Name First Name Middle

OTHER NAMES KNOWN BY _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

APPLICANTS ADDRESS _____

CITY _____ STATE _____ ZIP _____

DRIVER'S LICENSE NUMBER _____ STATE ISSUED _____

By initialing, I understand that the following information is for the exclusive use of M.B.I. to acquire my accurate personal history, and by no means will a tenancy decision be based on this information.

_____ initials

(Circle one) MALE FEMALE Race _____

By my signature below, I hereby authorize Midwest Backgrounds, Inc., to obtain my personal history. I hereby state that I have read this document in detail and clearly understand the terms and rights that I have granted to M.B.I. for the collection and release of the aforementioned information.

SIGNATURE OF APPLICANT _____ DATE _____

Give copy with Summary of Rights to applicant. Retain copy for your files.