



Village of Ashton

Box 186

Ashton, IL. 61006

APPLICATION FOR SOLICITORS PERMIT

APPLICANT INFORMATION *Must be completely filled out, please print*

NAME _____
(Last) (First) (Middle) (Maiden)

Present Address _____
(Number) (Street) (City) (State) (Zip)

Home Phone Number _____ Social Security Number _____

Date of Birth _____ Drivers License Number _____ State _____

Physical Description _____
(Sex) (Race) (Hair Color) (Eyes-Color) (Height) (Weight)

Vehicle: _____
(Year) (Model) (Make) (Color) (License plate number)

Description of material to be solicited or sold:

Soliciting for (Company or Group Name) _____
Business Address: _____
Supervisor or Contact Person: _____ Title _____
Telephone Number: _____ Tax
Number: _____ State _____
Are you a VOLUNTEER EMPLOYEE. If employee, how long employed _____
Date and Times you will be engaged in solicitation:

Has solicitor's permit issued to you ever been suspended, revoked or denied? _____
If yes, explain _____
Have you ever been convicted of a felony? _____ If yes, explain _____

With my signature placed herein, I declare all information on this form to be true.

Applicant Signature Date

Village Office use only

Date recieved _____ Time _____ By _____
Reviewed by Ashton Police Officer _____ Date _____