



Solicitor's Registration Application

APPLICANT INFORMATION

First Name: _____ MI: _____ Marital Status: _____
 Last Name: _____ Spouse's Name (If Married): _____
 Phone Number: _____ Current Address: _____
 Email Address: _____ City/State: _____ Zip Code: _____
 DL No.: _____ How long at present address? _____
 State Issued: _____ Exp. Date: _____ Previous Address: _____
 Social Security No.: _____ City/State: _____ Zip Code: _____
 Age: _____ Hair Color: _____ Address while in Bloomington: _____
 Eye Color: _____ Height: _____ Weight: _____ City/State: _____ Zip Code: _____

VEHICLE INFORMATION

Make: _____ Model: _____ License Plate #: _____
 Year: _____ Color: _____ State Vehicle is Registered: _____

BUSINESS INFORMATION

Name of Employer: _____ Items offered for Sale: _____
 Address of Employer: _____
 City/State: _____ Zip Code: _____ How long do you intend to be selling items? _____
 Employer Phone: _____ Date Employed: _____


ADDITIONAL INFORMATION

Yes ___ No ___ Have you ever violated of any of the provisions in Chapter 33 of the City Code? *If yes, please list the date & explain:* _____
 Yes ___ No ___ Have you ever been convicted of a felony? *If yes, please list the date & explain:* _____
 Yes ___ No ___ Have you EVER had a Solicitor's Registration, License, or Permit revoked? *If yes, please list the date & explain:* _____

I have read and fully understand the Rules and Regulations for Solicitors in the City of Bloomington and I attest that all information on this application is true and correct to the best of my knowledge. The approval of this solicitor's registration does not constitute endorsement, recommendation, or favoring by the City of Bloomington.

Printed Name of Applicant _____ Signature of Applicant _____ Date _____

OFFICE USE ONLY: Date Received: _____ Payment Received: _____ SOR: _____
 City Manager Approval: _____ Date: _____ Registration #: _____
 Expiration Date: _____

Staff Initials: _____
 Right Index Finger