

APPLICATION FOR CERTIFICATE OF REGISTRATION OF SOLICITORS

VILLAGE OF DWIGHT, ILLINOIS

DATE: _____

NAME: _____

SOCIAL SECURITY NUMBER OR EMPLOYER'S ID NUMBER, IF FOR A BUSINESS: _____

RESIDENCE ADDRESS AND PHONE NO.: _____

BUSINESS ADDRESS AND PHONE NO., IF DEFFERENT FROM ABOVE: _____

NAME, ADDRESS, AND PHONE NO. OF PERSON OR FIRM YOU ARE REPRESENTING: _____

YOUR CAPACITY WITH FIRM: _____

DESCRIPTION OF ITEMS FOR WHICH YOU ARE SOLICITING: _____

PERIOD OF TIME FOR WHICH CERTIFICATE IS REQUESTED: _____

FEE \$ _____

SIGNATURE OF APPLICANT

___ CERTIFICATE APPROVED

___ CERTIFICATE DENIED

DATE

VILLAGE PRESIDENT