



City of Rockford – Customer Service Center
1st floor, City Hall, 425 E. State Street, Rockford, IL 61104
779-348-7300 CustomerService@rockfordil.gov

SOLICITORS AND PEDDLERS LICENSE APPLICATION (DOOR TO DOOR SALES LICENSE)

THIS APPLICATION MUST BE ACCOMPANIED BY THE LICENSE FEE OF \$70.00, A BACKGROUND CHECK AND A COPY OF THE REQUESTOR'S ID OR DRIVER'S LICENSE

DATE: _____ TAX ID #: _____ EMAIL: _____

APPLICANT'S FULL NAME: _____

PHONE NUMBER: _____ DATE OF BIRTH: _____

PRESENT ADDRESS: _____

ADDRESS (S) OF THE PAST 3 YEARS IF DIFFERENT FROM PRESENT

PREVIOUS ADDRESS: _____

PREVIOUS ADDRESS: _____

NAME AND ADDRESS OF EMPLOYER (S) OF THE PAST 3 YEARS

NAME / ADDRESS / START-END DATE: _____

NAME / ADDRESS / START-END DATE: _____

NAME / ADDRESS / START-END DATE: _____

NAME OF PERSON OR COMPANY REPRESENTED: _____

ADDRESS / CITY / STATE: _____

TYPE OF SOLICITATION: _____

TYPE OF PRODUCT: _____

DATE (S) OF SOLICITATION: _____

(NOT TO EXCEED 90 CONSECUTIVE CALENDAR DAYS)

HAS THE APPLICANT EVER BEEN CONVICTED OF A FELONY? _____

HAS THE APPLICANT EVER BEEN CONVICTED OF A CRIME INVOLVING MORAL TURPITUDE (MISDEMEANOR)? _____

HAS THE APPLICANT EVER HAD A SOLICITOR / PEDDLER PERMIT REVOKED? _____

IF YES, PLEASE EXPLAIN ON BACK OF THIS APPLICATION.

HAS THE APPLICANT EVER BEEN CONVICTED OF VIOLATING THE ORDINANCES OR LAWS OF THIS CITY, STATE OR ANY OTHER CITY OR STATE REGULATING SOLICITORS / PEDDLERS? _____

APPLICANT SIGNATURE: _____

FOR OFFICE USE ONLY:

Date application received: _____ License fee attached: YES / NO

Finance: Approved / Disapproved By: _____ Date: _____

Background Consultations- Legal Approved / Disapproved: By: _____ Date: _____