



ZION POLICE DEPARTMENT

2101 Salem Blvd., Zion, IL 60099
847-872-8000 - Fax 847-746-4093

www.cityofzion.com



SOLICITOR APPLICATION – NOT FOR PROFIT

Applicant's Full Name:						
Address:					Phone No.:	
Previous Address (if at present address less than 3 years):						
Date of Birth:	Social Security No.:	Male/Female	Height:	Weight:	Eye Color:	Hair Color:
Marital Status:		Name of Spouse:				
Name and Address of Employer:						
Length of Employment:			Work Phone No.:			
Name of Organization you Represent:				Address of Organization you Represent:		
Organization Phone No.:		Applicant's Relationship to the Organization:				
Requested Dates to Solicit:			Date of Last Registration to Solicit			
Location of Requested Solicitation:						
Subject Matter to be Solicited:						

Have you been convicted of a violation to the Solicitor Ordinance of this or any other municipality? _____

Have you been convicted of a felony under the law of this or any state or the federal government? _____
(If yes, explain on the back of this form.)

I HEREBY SWEAR OR AFFIRM THAT ALL OF THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant _____ Date _____

(FOR OFFICE USE ONLY)

Police Chief, City of Zion

Expiration Date