



CITY OF TRENTON

14 West Broadway
Trenton, IL 62293
618-224-7323

Solicitor's License Application

Date: _____

1. Applicant's Name: _____ PHONE () _____

2. Applicant's Address _____

City _____ State _____ ZIP _____

3. Length of residency at above address _____

4. Citizenship of Applicant _____

5. Business Name _____ Phone () _____

6. Business Address _____

City _____ State _____ Zip _____

7. Length of Employment _____

8. All residences and addresses for the last three (3) years if different than above:

9. Name and address of employers during the last three (3) years if different than above:

10. List the last three (3) municipalities where applicant has carried on business immediately preceding the date of application:

11. A description of the subject matter that will be used in the applicant's business:

12. Has the applicant ever had a license in this municipality? Yes No

If so, when _____

13. Has a license issued to this applicant ever been revoked? Yes No

If "yes", explain: _____

14. Has the applicant ever been convicted of a violation of any of the provisions of this Code, etc.?

Yes No If "yes", explain: _____

15. Has the applicant ever been convicted of the commission of a felony? Yes No

If "yes", explain: _____

16. Type of Solicitor's License:

Daily _____ Date: _____

Fiscal Year _____ Dates: From _____ 20 to April 30, 20 _____

To be completed by City of Trenton:

LICENSE DATA: Term of License _____

Fee for License \$ _____