

Application for Solicitation

City of Cuba

403 East Jefferson

Cuba, IL 61427

Phone: 309-785-5093

Fax: 309-785-5537

Company Information:

Name of Employer: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Type of Business: _____

Details of Solicitation:

Date(s) of Solicitation: _____

Time(s) of Solicitation: _____

Product or service being solicited: _____

Individual(s) Engaging in Solicitation:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Birthday: _____ Height: _____

Weight: _____ Hair Color: _____ Eye Color: _____

Has this individual ever been convicted of a misdemeanor or felony other than minor traffic violations? Yes or No

If yes please explain: _____

Vehicle to be used:

Plate: _____ Year: _____ Make/ Model: _____ Color: _____

Supervisor information (person in charge of the solicitation)

Name: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Title: _____

Agreement and Signature:

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am approved to solicit in the City of Cuba, Illinois, any false statements, omissions, or other misrepresentation made by me of this application may result in my dismissal. By signing and submitting this application, I am authorizing the City of Cuba, Illinois to conduct a background check.

Signature: _____ Date: _____

Required with application:

Please attach the following items to complete your application:

- Copy of all photo ID
- Copy of insurance
- Payment of \$15 per day

You will be contacted upon approval of your application. Thank you