ATLANTA POLICE DEPARTMENT

107 NE First St. PO Box 448 Atlanta, Illinois 61723-0448

Chad Eilmer Chief of Police

Public Solicitor Registration Form

Name:	9	Soc. Sec. #	
Date of Birth:	DL#:		
Addres:			
City:	State:	Zip:	
Phone#:			
Name of Employer and/c	or Business:		
Address of Business:			
Business Phone#: ()	Length of Employment:		
Description of vehicle an	d License number:		
Reason for Soliciting, and	d description of what you are sol	i	
Period of Time for which	this application is applied for? _		
	er been denied permission to so		
•	out this certification being issued icate must be with you when you	•	
A three day waiting perio	od for purpose of processing app	lications is applicable.	
Approved:	Denied: Dated:	//	
Title:	BY:		