

CITY OF MARTINSVILLE  
CERTIFICATE OF REGISTRATION

TRANSIENT, MERCHANT, ITINERANT VENDOR, SOLICITOR, OR PEDDLER

Certificate/Application Number: \_\_\_\_\_

\*\*\* IF APPLICATION IS NOT COMPLETE, NO CERTIFICATE WILL BE ISSUED \*\*\* Each person desiring to engage in the temporary retail sale of goods, wares or merchandise or soliciting from or peddling to persons in residence within the city is hereby required to make the following written application for a Solicitors and Peddlers Permit as provided in Ordinance NO.2024-8-1 of Martinsville IL.

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Length of Residence at Present Address: \_\_\_\_\_ years \_\_\_\_\_ months

Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Physical Description:

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Weight: \_\_\_\_\_

Height: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Vehicle Description:

License #: \_\_\_\_\_ State: \_\_\_\_\_ Year: \_\_\_\_\_

Type: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Applicant's Address during past 3 years, if other than present address:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Local phone number: \_\_\_\_\_ Cellular Phone Number: \_\_\_\_\_

Present Employer:

\_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How Many Years Employed: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Applicant's employer during past 3 years, if other than present employer:

\_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

ILLINOIS DEPARTMENT OF REVENUE SALES TAX NUMBER: \_\_\_\_\_

Detailed description of subject matter to be sold, solicited or peddled:

Date(s) certificate is being applied for: \_\_\_\_\_

Date of last application with City of Martinsville IL: \_\_\_\_\_

Additional Merchants, Vendors, Solicitors or Peddlers who will be working in this jurisdiction:

Last First MI Sex Race DOB SSN Driver License

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(For additional workers attach a separate sheet)

Has a previous Certificate of Registration ever been revoked: Yes: \_\_\_\_\_

Has any applicant ever been convicted of a violation of an ordinance regulating soliciting of any municipality in this state? Yes: \_\_\_\_\_

Has any applicant ever been convicted of a felony of any state or federal law? Yes: \_\_\_\_\_  
No: \_\_\_\_\_ No: \_\_\_\_\_ No: \_\_\_\_\_

I agree, under oath, that the above is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTICE: WE PREFER YOU DO NOT SOLICITE AFTER DARK!**

Municipal Ordinance of Martinsville IL:

Hours of solicitation are 9:00 A.M. to 5:00 P.M.

Mon-Fri, NO HOLIDAYS

No solicitation of posted residences