



## FLYERS / PEDDLERS / SOLICITORS APPLICATION

City of Columbia  
208 S. Rapp Ave.  
Columbia, IL 62236  
618.281-7144 x 106

### Instructions to Applicant:

1. The following information must be completed and submitted to the City Clerk's Office at Columbia City Hall.
2. **Peddler's License Fee:** \$140.00 per day for one person; \$35.00 per day for each additional person, plus \$19.50 for Non-Resident Fingerprinting for each person (see application attached).  
**Solicitor's Certificate of Registration:** There is no charge for a solicitor's certificate of registration, but a fee of \$19.50 for Non-Resident Fingerprinting is required (see application attached) before obtaining the certificate of registration.  
Peddler/Solicitor applications will take approximately four (4) to six (6) weeks for Non-Resident Fingerprinting results. Once application has been approved or denied, the City Clerk's Office will inform the applicant of the status.
3. **Hours allowed:** Time limit on peddling/soliciting is Monday through Saturday 9:00 a.m. until 5:00 p.m. **No peddling/soliciting allowed on Sundays, state or national holidays.**
4. **Flyers:** There is no charge for the distribution of flyers. Please attach a sample of the flyer to be distributed to the completed application. **Flyers may only be placed on resident's front doors and cannot be placed on vehicles. It is against the law to place flyers inside or on a resident's mailbox.** The flyers application will take approximately two (2) working days for approval.

(PLEASE PRINT)

### Applicant – check (X) one:

Peddler's Application       Solicitor's Application       Distribution of Flyers Application

1. **Applicant Name:** \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_
2. **Applicant address of residence during the past three (3) years:**  
# \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. **Phone #:** \_\_\_\_\_
4. **Driver's License #:** \_\_\_\_\_ State: \_\_\_\_\_ **License plate #:** \_\_\_\_\_ State: \_\_\_\_\_
5. **Social Security #:** \_\_\_\_\_
6. **Date of Birth:** \_\_\_\_\_ **Age of Applicant:** \_\_\_\_\_
7. **Marital Status:** \_\_\_\_\_ **If married, name of spouse:** \_\_\_\_\_
8. **Physical Description of Applicant:** \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_
9. **Manufacturer of vehicle applicant will be driving or riding in:** \_\_\_\_\_
10. **Year of vehicle:** \_\_\_\_\_ **Color of vehicle:** \_\_\_\_\_





**NON-RESIDENT FINGER PRINTING**  
**\$19.50**

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**Instructions to Applicant:**

1. Applicant should obtain a certified check or money order made payable to the "City of Columbia" which needs to accompany this completed form and be paid at the Clerk's office located in Columbia City Hall, 208 S. Rapp Ave., Columbia, IL 62236.
2. Once paid, this form and receipt must be taken to the Columbia Police Department at 1200 N. Main St., Columbia, IL 62236. Applicant will be fingerprinted by an on-duty police officer at the Police Department between the hours of 8:00 a.m. and 4:00 p.m. Monday through Friday. **The prints plus a letter and green envelope will be given to the applicant by the police officer. Applicant then sends their prints along with a certified check or money order for \$18.00 made payable to the Treasury of the US for production of an identification record. Once applicant receives their background information, they are to bring it to the Police Department UNOPENED for review.**
3. **Results for Non-Resident Fingerprinting take approximately four (4) to six (6) weeks.**

**Fee:** This application must include a check for **\$19.50** made out to the **City of Columbia** along with this application.

<b>Name:</b> _____					
<b>Residential Address:</b> _____					
#	Street	City	State	Zip Code	
<b>Home Phone #:</b> _____			<b>Cell Phone #:</b> _____		
<b>E-mail Address:</b> _____					
<b>Are you a U.S. Citizen?</b>		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Social Security #:</b> _____					
<b>Driver's License #:</b> _____				<b>State:</b> _____	
<b>Sex:</b>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	<b>Race:</b> _____
<b>Height:</b> _____		<b>Weight:</b> _____		<b>Eye Color:</b> _____	<b>Hair Color:</b> _____
<b>Date of Birth:</b> _____					
<b>Place of Birth:</b> _____					

**Applicant Signature**

**Date**