

**APPLICATION FOR LICENSE
SOLICITATION**

(CHARITABLE OR RELIGIOUS)

Each person seeking such license must complete the information below and return it with the application fee of \$50.00 for an annual permit or \$10.00 per day for a daily permit.

NAME OF EMPLOYER/ORGANIZATION _____

ADDRESS _____

NAME OF PERSON IN CHARGE OF SOLICITATION _____

ADDRESS _____

CITY, STATE, ZIP _____

NAMES AND ADDRESSES OF ALL PERSONS WHO WILL SOLICIT IN THE VILLAGE (ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATES AND TIMES OF SOLICITATION _____

GEOGRAPHIC AREAS OF SOLICITATION _____

ARE THE FOLLOWING ATTACHED?:

- 1. WRITTEN STATEMENT FROM ATTORNEY GENERAL OF ILLINOIS THAT THE ORGANIZATION IS IN COMPLIANCE WITH THE "SOLICITATIONS FOR CHARITY ACT," 225 ILCS 460/1 _____
- 2. WRITTEN STATEMENT FROM THE IRS THAT THE ORGANIZATION IS A TAX EXEMPT UNDER THE *INTERNAL REVENUE CODE* OF THE UNITED STATES, SECTION 501(C)(3). _____
- 3. PROPER CERTIFICATE OF INSURANCE. _____

(CERTIFICATE SHALL BE ISSUED BY AN INSURANCE COMPANY LICENSED TO DO BUSINESS IN ILLINOIS; SHALL INSURE THE SOLICITORS AND THEIR ORGANIZATION, AND THE VILLAGE, ITS OFFICERS AND EMPLOYEES FOR LIABILITY FOR DAMAGES FOR PERSONAL INJURY AND PROPERTY DAMAGE. THE CERTIFICATE MUST STATE THAT IT WILL NOT BE CANCELED DURING THE PERIODS OF SOLICITATION AND MUST PROVIDE AT LEAST THE FOLLOWING COVERAGE: PERSONAL INJURY \$500,000.00 PER PERSON; \$1,000,000.00 PER OCCURRENCE; PROPERTY DAMAGE \$10,000.00. THE CERTIFICATE SHALL NAME THE VILLAGE, ITS OFFICERS, AND EMPLOYEES AS ADDITIONAL INSURED PARTIES UNDER THE POLICY FOR THE DURATION OF THE LICENSE.)

I UNDERSTAND THE APPROVAL FOR SOLICITATION IS CONTINGENT UPON MY SUBMITTAL TO FINGERPRINTING BY THE POLICE DEPARTMENT. FINAL DETERMINATION WILL BE MADE BY THE CHIEF OF POLICE. I FURTHER UNDERSTAND THAT I MUST DISPLAY THE SOLICITATION PERMIT AT ALL TIMES I AM IN SAID VILLAGE. I WILL NOT SOLICIT AT HOMES DISPLAYING A "NO SOLICITORS INVITED" DECAL. I SWEAR THAT THE INFORMATION PROVIDED ABOVE IS TRUE, AND FRAUDULENT CLAIMS WILL BE GROUNDS FOR REVOCATION OF SOLICITATION PRIVILEGES.

SIGNATURE _____ **DATE** _____

FOR OFFICE USE ONLY

DATE APPROVED _____ **INITIALS** _____