



# Village of Lake Zurich Police Department



## Application for Solicitation Permit

Office Use Only

- Permit Approved
- Permit Denied

Date of Application:  
Permit Number:  
Expiration Date:

### Charitable Organizations

Organization Name						
Organization Address		Street	City		State	Zip Telephone
Contact Person	Last	First	Middle	Telephone		
Dates Requested:		Max. 4 days per year, no more than 2 consecutive days, limit of 2 consecutive days in 4 months				
Location(s) Requested:					Maximum of 4 intersections	
Is this solicitation part of a statewide fundraising activity?						<input type="checkbox"/> Yes <input type="checkbox"/> No
The organization must be registered as a charitable organization (as defined by the Charity Act 225 ILCS 460/0.01 <u>Et Seq.</u> ) with the Illinois Attorney General at the time of this application.						Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Required list of volunteers participating in the solicitation event. Please submit Supplemental Form for Charitable Organizations. This may be submitted closer to fundraising date if necessary.						Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Certificate of insurance</b> naming the Village of Lake Zurich as an additional insured, stating that the insurance policy shall not be amended or cancelled during the period of the permitted solicitation, and shall reflect that at least the following coverage has been provided: <i>Personal injury coverage of at least \$1,000,000.00 per occurrence and \$500,000.00 per person; Property damage coverage of at least \$100,000.00.</i>						Attached <input type="checkbox"/> Yes <input type="checkbox"/> No

### Non-Charitable Organizations

Applicant Name		Last	First	Middle	Date of Birth		
Applicant Address		Street	City	State	Zip	Telephone	
How long have you resided at the above address?		Years	Months	(If less than 3 years, list previous address below)			E-mail
Street		City	State	Zip			
Business Address		Street	City	State	Zip		
Driver's License Number:			State:	Social Security Number:			
Hair Color	Eye Color	Height	Weight	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		
Spouse's Name		Last	First	Middle			
Spouse's Address		Street	City	State	Zip		
Current Employer:				Length of Employment		Years	Months
Address		Street	City	State	Zip	Telephone	
Previous Employer (If less than 3 years with current employer):							
Address		Street	City	State	Zip	Telephone	
Solicitor's On-Site Manager's Name:							
Manager's Address		Street	City	State	Zip		
Telephone		Cell					
Purpose of Solicitation:							
Dates of Solicitation		From	To				
Solicitation Method:							
Will you be receiving commission or monetary compensation from this solicitation? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If so, in what form will you be compensated?							
Have you been denied or had a solicitor's permit revoked by the Village of Lake Zurich in the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Have you been convicted of a felony under the laws of the State of Illinois, or any other state, or the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Have you been convicted of violating any solicitation regulation in the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No							

I hereby swear and affirm that all statements made by me in this application are true and correct to the best of my knowledge, and that any misrepresentations, omissions, or falsifications in the foregoing statements will be cause for revocation of any permit issued to me or denial of a permit to be issued to me. I further agree that the information given can and may be investigated by the Lake Zurich Police Department.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_