



# Village of Lake Zurich Police Department



## Application for Solicitation Permit Not-for-Profit Charitable Organizations

Office Use Only

Received by:  Mail  Email  In-person drop off

Date Application Received:

Permit Approved  Permit Denied

Permit Number:

Expiration Date:

Type of Organization  Charitable  Educational  Fraternal  Non-profit  Religious  Veterans  Other

### Organization Information

Organization Name

Street

City

State

Zip

### Contact Person Information

Last

First

Middle

Street

City

State

Zip

Telephone

email Address

### Soliciting Information

Purpose of solicitation:

Dates of solicitation: (Max. four days per year; no more than two consecutive days; limit of two consecutive days in four months) From \_\_\_\_\_ To \_\_\_\_\_

Location(s) requested: (Max. of four intersections)

Is this solicitation part of a statewide fundraising activity?  Yes  No

The organization must be registered as a charitable organization (as defined by the Charity Act 225 ILCS 460/0.01 Et Seq.) with the Illinois Attorney General at the time of this application. Please attach proof.

Information submitted?  Yes  No

Required list of volunteers participating in the solicitation event; Please submit Supplemental Form for Charitable Organizations. This must be submitted within seven days prior to fundraising date.

List submitted?  Yes  No

**Certificate of Insurance** naming the Village of Lake Zurich as an additional insured, stating 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: 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.

Certificate submitted?  Yes  No

I hereby swear and affirm 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 the information given can and may be investigated by the Lake Zurich Police Department.

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

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