City of Aurora, Illinois





Return completed application to: *City Clerk's Office, 44 E. Downer Pl., Aurora, IL 60507 PH: 630-256-3070.* Completed applications due no less than 30 days prior to initiation of campaign. <u>Incomplete applications will not be processed until complete.</u>

Date:	Dates of Campaign: From	to
Name of Charitable Organizatio	on (applicant):	
Address of Charitable Organiza	ation:	
Contact Person's Name (respo	onsible for application):	
Address:		
Telephone #:	Email Address:	
	h the Attorney General as a Charitable Orga	
-	Peddling/Soliciting?	
Purpose for which funds are to	o be raised:	
Exact location within the City of	of Aurora where campaign will occur:	
If located on the property provided with your applications.	of a privately-owned business, written perreation.	mission must be
If you plan to operate on a strestatements are true:	eet, highway or thoroughfare you attest tha	t the following
☐ This is a State	e or Nationwide Fund Raising Campaign	
Reflective safe	ety vests will be provided for all solicitors	
— Additionally, th	ne following must be provided with your ap	plication:
☐ Fully-execute	ed Hold Harmless Agreement (see page 3 to	execute Agreement)
additional insured under a poliactivities and participating sol	Insurance naming the city as a primary, no licy of general liability insurance covering a liciting in the public Right-of-way with minir 0.00) per occurrence and two million dollars	any and all solicitation mum coverage limits of

Please provide a separate listing of names and addresses of all individuals over the age of 18 conducting the campaign within the City on the following page.

Below, please list each solicitor's name (over the age of 18), home address, city, state, zip code, telephone number and date of birth.

1.			
	Name & DOB	Home Address, City, State, ZIP	Phone
2.			
	Name & DOB	Home Address, City, State, ZIP	Phone
3.			
	Name & DOB	Home Address, City, State, ZIP	Phone
4.			
	Name & DOB	Home Address, City, State, ZIP	Phone
5.			
	Name & DOB	Home Address, City, State, ZIP	Phone
6.			
	Name & DOB	Home Address, City, State, ZIP	Phone
7.			
	Name & DOB	Home Address, City, State, ZIP	Phone
8.			
	Name & DOB	Home Address, City, State, ZIP	Phone
9.			
	Name & DOB	Home Address, City, State, ZIP	Phone
10.			
	Name & DOB	Home Address, City, State, ZIP	Phone
11.			
	Name & DOB	Home Address, City, State, Zip	Phone
12.			
	Name & DOB	Home Address, City, State, Zip	Phone

If more space is needed, please provide an additional page.

AFFADAVIT Page 3

- This permit does not authorize you to solicit from a city or private parking lot
- Solicit only between the hours of 9:00 a.m. and 7:00 p.m. April through September and 9:00 a.m. and 6:00 p.m. during the remaining months of the year
- If there is a "No Soliciting" sign posted, it is a violation of city ordinance to solicit at that home or business
- Leave a residence as soon as you are asked and without question

erage from the City.

- Do not place flyers, pamphlets, leaflets, etc. in or on mailboxes or unattended anywhere
- All solicitors shall carry a copy of the permit with them at all times during any such solicitation
- You do not represent the City of Aurora, and we are not endorsing your product. Attempting to mislead the public in any way may result in a citation or revocation of your permit.
- Charitable solicitation is only allowed upon highways, streets, alleys and vehicular thoroughfares of the city with special permission. (See Sec. 32-3 (c)(3)(1-3) attached.)

The undersigned hereby makes application for a Peddler/Solicitor Permit in the City of Aurora, IL, pursuant to Chapter 32 of the Municipal Code of Aurora, IL.

do solemnly sweat complete to the best of my knowledge. I have read a Ordinance of the City of Aurora. Further, I have persquestion in this permit application and I do solemnlatrue, complete, and correct in every respect. I under misleading information of any material fact, it is understand that the organization may not begin Persissued by the City of Aurora—City Clerk's Office.	sonally read and answered each and every ly swear that each and every answer is full, rstand that if this application contains any falso grounds for denial of this and future permits. I
By signing this application, I stipulate that no indiviployees of independent contractors, volunteers or a strant is a "Sex Offender" as described by the Statesimilarly be applicable to and by other law enforcer and I certify that such persons listed on this application of a violent crime as defined by 725 ILCS 120 volving moral turpitude or truth and veracity within tached.)	any other such person associated with the reg- e of Illinois Statute 730 ILCS 150/2 and as may nent jurisdictions throughout the United States ation, including registrant, have not been con- 0/3 or a felony or misdemeanor for a crime in-
	Applicant's Signature/Date
For organizations wishing to operate in the street, I	highway or thoroughfare:
I,, hereby agree ra, its elected officials, employees, and agents (herefrom any liability for claims of personal injury, propey's fees, costs, or any other loss or cause of act result of, or in any way connected to, participation tion Campaign. I understand and acknowledge that this activity at our own risk, and are not entitled to	perty damage, negligence, expenses, attor- ion whatsoever which may arise or occur as a of this organization in the Charitable Solicita- at myself and all participants are engaging in

Applicant's Signature/Date