

CITY OF NORTH CHICAGO)
STATE OF ILLINOIS) SS

INITIAL FEE \$25.00 (PER DAY/FOR 30 DAYS)
RENEWAL FEE \$10.00 (FOR EVERY 30 DAYS THEREAFTER)

APPLICATION FOR RELIGIOUS SOLICITATION PERMIT

#00 -8

DATE OF APPLICATION	TO WHAT DATE IS APPLICATION REQUESTED	DATE ISSUED	EXPIRATION DATE
NAME	DATE OF BIRTH	SOCIAL SECURITY #	DRIVER'S LICENSE #

PLACE OF RESIDENCE PAST THREE YEARS

FROM	TO	ADDRESS (NUMBER AND STREET)	CITY	STATE	PHONE NUMBER

PHYSICAL DESCRIPTION OF APPLICANT

Sex: _____ Age: _____ Race: _____ Height: _____ Weight: _____
Color of hair: _____ Eye color: _____ Complexion: _____ Mustache: _____
Glasses: _____ Scars or marks: _____
Place of birth: _____
Marital status: Married _____ Single _____ Divorced _____

Name of headquarters of the Religious Organization making the application: _____

Address of Religious Organization: _____
City: _____ State: _____ Phone # _____

Names, addresses, social security numbers, telephone numbers, and birth date of all persons who will be making the solicitations: _____

APPLICANT 1
NAME _____ SOCIAL SECURITY # _____ BIRTH DATE _____
ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
PHONE NUMBER _____

APPLICANT 2
NAME _____ SOCIAL SECURITY # _____ BIRTH DATE _____
ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
PHONE NUMBER _____

APPLICANT 3
NAME _____ SOCIAL SECURITY # _____ BIRTH DATE _____
ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
PHONE NUMBER _____

Dates and times of day such solicitations are to be made: _____

Geographic area in which the solicitation will occur within the city: _____

Permit will not exceed thirty (30) days.
Permit renewals will not exceed thirty (30) days.

Letter from the Internal Revenue Service stating that the organization is a tax exempt organization under the Internal Revenue Code of the United States, Section 501 © (3);

Where the solicitation will be conducted on streets, highways, or sidewalks, a certificate of insurance shall also be provided from an insurance company licensed to do business in Illinois, insuring the solicitors and organization for liability for damages causally related to an act or ordinary negligence of the soliciting agent. The certification must state that it shall not be canceled during the period of solicitation and will provide at least the following coverage:

Personal Injury:	\$ 500,000.00 per person 1,000,000.00 per occurrence
Property Damage:	\$ 100,000.00

I hereby swear that all of the statements above are true to the best of my knowledge.

SIGNATURE OF APPLICANT

Subscribed and sworn to before me this _____ day of _____, 19____.

NOTARY PUBLIC

OFFICE USE ONLY

Permit period from: _____ To: _____

Permit number: _____ Date issued: _____

Permit approved by: _____ Permit issued by: _____

Itinerant merchants license number: _____

Date of expiration of license: _____

Title 8, Chapter 21
Adopted: 01/21/81

CITY OF NORTH CHICAGO)
STATE OF ILLINOIS) SS
)

INITIAL FEE \$25.00 (PER DAY/FOR 30 DAYS)
RENEWAL FEE \$10.00 (FOR EVERY 30 DAYS THEREAFTER)

APPLICATION FOR COMMERCIAL SOLICITATION PERMIT

#00 -8

DATE OF APPLICATION	TO WHAT DATE IS APPLICAITON REQUESTED	DATE ISSUED	EXPIRATION DATE
NAME	DATE OF BIRTH	SOCIAL SECURITY #	DRIVER'S LICENSE #

PLACE OF RESIDENCE PAST THREE YEARS

FROM	TO	ADDRESS (NUMBER AND STREET)	CITY	STATE	PHONE NUMBER

PHYSICAL DESCRIPTION OF APPLICANT

Sex: _____ Age: _____ Race: _____ Height: _____ Weight: _____
Color of hair: _____ Eye color: _____ Complexion: _____ Mustache: _____
Glasses: _____ Scars or marks: _____
Place of birth: _____
Marital status: Married _____ Single _____ Divorced _____

EMPLOYMENT INFORMATION

Employer's name: _____
Employer's address: _____ Phone Number: _____
Applicant's dates of employment with firm: From: _____ To: _____
Description of goods or services rendered: _____
State license number of auto driven: _____
Has a previous Certificate of Registration been issued by the City of North Chicago: _____
If so, when and for what: _____

Has any certificate of Registration ever been revoked: _____ If so, please explain: _____

Have you ever been convicted of a Violation of any of the Provisions of the Solicitors and Canvassers Ordinance of the City of North Chicago, or of Ordinances of any other Illinois Municipality regulating Solicitors: _____ When: _____ If "yes" please explain: _____

Have you ever been convicted of the Commission of a Felony under the Laws of the State of Illinois, or any other State or Federal Law of the United States: _____ If "yes", when: _____ Please explain: _____

I hereby swear that all of the statements above are true to the best of my knowledge.

SIGNATURE OF APPLICANT

Subscribed and sworn to before me this _____ day of _____, 19__.

NOTARY PUBLIC

OFFICE USE ONLY

Permit period from: _____ To: _____

Permit number: _____ Date issued: _____

Permit approved by: _____ Permit issued by: _____

Itinerant merchants license number: _____

Date of expiration of license: _____

Title 8, Chapter 21
Adopted: 01/21/81

CITY OF NORTH CHICAGO)
STATE OF ILLINOIS) SS

INITIAL FEE \$25.00 (PER DAY/FOR 30 DAYS)
RENEWAL FEE \$10.00 (FOR EVERY 30 DAYS THEREAFTER)

APPLICATION FOR CHARITABLE SOLICITATION PERMIT

DATE OF APPLICATION | TO WHAT DATE IS APPLICATION REQUESTED | DATE ISSUED | #00 -8 | EXPIRATION DATE
NAME | DATE OF BIRTH | SOCIAL SECURITY # | DRIVER'S LICENSE #

PLACE OF RESIDENCE PAST THREE YEARS

FROM	TO	ADDRESS (NUMBER AND STREET)	CITY	STATE	PHONE NUMBER

PHYSICAL DESCRIPTION OF APPLICANT

Sex: _____ Age: _____ Race: _____ Height: _____ Weight: _____
Color of hair: _____ Eye color: _____ Complexion: _____ Mustache: _____
Glasses: _____ Scars or marks: _____
Place of birth: _____
Marital status: Married _____ Single _____ Divorced _____

Name of Organization making the application: _____
Name under which it intends to solicit contributions: _____
Address of Organization: _____
City: _____ State: _____ Phone #: _____
Name of person in charge of soliciting the city: _____

Names, addresses, social security numbers, telephone numbers, and birth date of all persons who will be making the solicitations:

APPLICANT 1
NAME _____ PHONE NUMBER _____
SOCIAL SECURITY # _____ BIRTH DATE _____
ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

APPLICANT 2
NAME _____ PHONE NUMBER _____
SOCIAL SECURITY # _____ BIRTH DATE _____
ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

APPLICANT 3
NAME _____ PHONE NUMBER _____
SOCIAL SECURITY # _____ BIRTH DATE _____
ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

Dates and times of day such solicitations are to be made: _____

Geographic area in which the solicitation will occur within the city: _____

Permit will not exceed thirty (30) days.
Permit renewals will not exceed thirty (30) days.

Written statement of recent date by the Attorney General of Illinois that the Organization is in compliance with the provisions of "An Act to Regulate Solicitation and Collection of Funds for Charitable Purposes", Chapter 23, Section 5101, Illinois Revised Statutes, 1979 and such Statute as it may hereafter be amended;

Must provide a written statement from the Internal Revenue Service stating that the organization is a tax exempt organization under the Internal Revenue Code of the United States, Section 501 © (3);

Where the solicitation will be conducted on streets, highways, or sidewalks, a certificate of insurance shall also be provided from an insurance company licensed to do business in Illinois, insuring the solicitors and organization for liability for damages causally related to an act or ordinary negligence of the soliciting agent. The certification must state that it shall not be canceled during the period of solicitation and will provide at least the following coverage: