



# City of Northlake

## Application For License to Solicit

Name of person, company or organization \_\_\_\_\_

Applicant's Business Address: \_\_\_\_\_

Business telephone: \_\_\_\_\_

Type of soliciting to be employed: \_\_\_\_\_

Solicitation Period: \_\_\_\_\_

Home address of person signing application: \_\_\_\_\_

Home telephone: \_\_\_\_\_

Social Security number of person signing application: \_\_\_\_\_

Attach copy, if any, of resolution authorizing the solicitation.

List the following information regarding the person supervising the solicitation activity:

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

Business address: \_\_\_\_\_

Business phone: \_\_\_\_\_

Residence

Address: \_\_\_\_\_

Residence phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Year and Make of auto: \_\_\_\_\_

List the name, residence address, social security number and age of each person engaging in solicitation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The purpose for which you are soliciting is \_\_\_\_\_

To be answered only by Class A solicitors:

The total amount of funds proposed to be raised by the solicitation: \$ \_\_\_\_\_

The use or disposition to be made of solicitation receipts: \_\_\_\_\_

The name and address of each person to whom the receipts will be disbursed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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State whether or not the actual cost of the solicitation will exceed twenty-five (25%) percent of the total amount raised: \_\_\_\_\_

If the name under which your organization intends to solicit funds differs from the name listed in Number 1, provide name or names under which the contributions will be solicited, and the reason for the use of such other name or names. \_\_\_\_\_

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Has this organization ever been enjoined or prohibited by any court or other governmental agency from soliciting contributions, or is such action pending? Yes \_\_\_\_\_ No \_\_\_\_\_ If answer is yes, explain circumstances.

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Are you using or do you intend to use the services of a professional fund raiser? Yes \_\_\_\_\_ No \_\_\_\_\_

If your answer is yes, answer i and ii below.

i. Name and address of professional fund raiser

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ii. Has the professional fund raiser registered and filed a bond with the office of the Attorney General? Yes \_\_\_\_\_ No \_\_\_\_\_

Will the list of contributors to this campaign or solicitation be made available to other organizations, either commercial or charitable? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, answer i and ii below.

i. Will the list of contributors to this charity be sold to any other commercial or charitable organization? Yes \_\_\_\_\_ No \_\_\_\_\_

ii. List names and addresses of all organizations who will have access to the list of contributors to this campaign.

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A signed letter from the Attorney general of Illinois certifying the applicant or applicant's organization to be a bona fide charitable organization must be attached hereto.

Does your organization carry Public Liability Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please attach a Certificate of Insurance.

State whether or not the applicant, or any person soliciting on applicant's behalf pursuant to the license applied for hereunder, has ever been convicted of a violation of any ordinance of any municipality regulating soliciting; if the answer is yes, identify such person, municipality and furnish all details relating to such conviction:

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State whether or not the applicant, or person soliciting on applicant's behalf pursuant to the license applied for

hereunder has ever been convicted of a felony; if the answer is yes, identify such person and furnish a certified copy of the judgment of conviction:

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The undersigned being first duly sworn on oath states that the answers and statements in the aforesaid application for license to solicit are true.

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Applicant signature

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Position of person signing application

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

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Notary Public