



2016 NOT-FOR-PROFIT SOLICITATION OF BUSINESS AND CONTRIBUTIONS ON HIGHWAYS AND STREETS APPLICATION

Office of the City Clerk
Business Services
150 West Jefferson Street
Joliet, Illinois 60432-4158
Office 815-724-3905 FAX 815-724-3904
Website: www.cityofjoliet.info Email: businessservices@jolietcity.org

Office Use Only:
Date Received: _____
Date Issued: _____

PLEASE COMPLETE THE ENTIRE FORM AND PRINT LEGIBLY. Incomplete forms will be returned. Complete application packets must be submitted no less than four (4) weeks before the event. Applications will be accepted only during the calendar year of the event on a first come first basis. Collection on Illinois Route 59 is prohibited. Written approval will be sent the week of the event or at time of obtaining safety vests.

CONTACT INFORMATION

Organization Name: _____
Organization Address: _____
Organization Phone Number: _____ Tax Exempt ID Number: _____
Contact Name: _____
Contact Address: _____
Contact Phone Number: _____
Contact E-mail Address: _____

SPECIFIC REQUEST INFORMATION

Requested Dates: _____

Are the dates requested in conjunction with a regional or national fundraising event? If so, please explain:

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Location of intersections being requested: _____

Hours of collection: _____ Number of people collecting: _____

Location of where automobiles will be parked during collecting times:

Date of last collection/event: _____

Amount collected at last event: _____

ADDITIONAL INFORMATION TO BE PROVIDED

- One copy of the Registration Statement from the Office of the Attorney General as a charitable organization as provided by "An Act to regulate solicitation and collection of funds for charitable purposes, providing for violations thereof, and making an appropriation therefor," approved July 26, 1963, as amended.
- Identification of the organization by the use of a badge or emblem must be clearly and visibly displayed on the safety vest while collecting money. An example or photograph of the identification and how it will be displayed must be submitted with this application.
- Current copy of a state issued identification card for the contact person.
- One copy of the organizations Certificate of Liability Insurance with the following language must be submitted prior to issuance of any permit: ***"The City of Joliet is named as an additional insured in respect to the _____ (name of organization) Intersection Solicitation Program taking place on _____ (dates)."***

Minimum insurance amounts must be in accordance with Sec. 22-2(b)(3) of the Joliet Municipal Code which reads "Liable for any injuries to any person or property during the solicitation which is casually related to an act of ordinary negligence of the soliciting agent, and the soliciting agency shall file with the City with its application for a solicitation permit a certificate of insurance showing liability insurance in the minimum amount of three hundred thousand dollars (\$300,000.00) for personal injury per occurrence and one hundred thousand dollars (\$100,000.00) for property damage during the period of requested solicitation, and the City shall be named as an additional insured on the certificate."

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- Proof of having safety vests or the use of City safety vests. Each individual collecting monies in the public right-of-way is required to wear an approved safety vest at all times.

If an organization has safety vests, please submit a photograph of the vests along with the number available for use.

For organizations without safety vests, the City of Joliet has purchased 24 vests, which can be borrowed for short time use. A security deposit of \$10.00 per vest will be required and vests must be returned in good condition. The security deposit must be received no less than two days before the scheduled event and the vests must be returned no less than two working days after the event. Failure to return the vests will result in the forfeiture of the security deposit and possible exclusion from future participation.

ORGANIZATION NAME: _____

REQUESTED DATES: _____

I have read and agree to operate in accordance with Chapter 22 Peddlers and Solicitors, Article I Solicitation of Business and Contributions on Highways and Streets pertaining to Not-For-Profits of the Joliet Municipal Code.

Contact Name (Print)

Contact Name (Signature)

Date

**2016 CITY OF JOLIET
SAFETY VEST USER AGREEMENT**

I, _____ (print name), on behalf of _____ (organization name) have accepted _____ (number of safety vests) to be used in conjunction with the City of Joliet's Not-for-Profit Solicitation of Business and Contributions on Highways and Streets (Tag Days) taking place on _____.

I understand that _____ safety vests must be returned to the City of Joliet on or before _____ in the same condition as they were received. Failure to return the safety vests or to return damaged safety vests will result in the forfeiture of the \$10.00 deposit associated with each vest.

Signature

Phone Number

Date

To be completed by City staff:

Date vests distributed: _____ Number of vests distributed: _____

Amount of deposit (\$10/vest): _____ Check Number: _____

Name on check: _____

Date vests are to be returned: _____

Individual returning vests: _____

Number of vests returned: _____ Date check returned: _____

Date vests actually returned: _____