

# VILLAGE OF ELK GROVE VILLAGE

901 Wellington Avenue, Elk Grove Village, Illinois 60007 (847) 357-4040 Fax (847) 357-4008 www.elkgrove.org



## Tag Days Permit Application

Name of Organization \_\_\_\_\_ Website \_\_\_\_\_

Contact Person for Organization \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you represent a charitable or non-profit organization?  Yes  No

Is your organization engaged in statewide fund-raising activity?  Yes  No

Requested date(s) of solicitation \_\_\_\_\_

Time of day for proposed solicitation \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

Estimated number of participants at each location \_\_\_\_\_

Will items/giveaways be given in return for donations? Please describe \_\_\_\_\_

What intersections will be occupied during this event?

_____	_____
_____	_____
_____	_____
_____	_____

I understand that the issuance of this permit is conditioned upon compliance with all Village Ordinances

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### Office Use Only

Certificate of liability insurance received  Date \_\_\_\_\_

Date License Issued \_\_\_\_\_ Mail  Pickup

License Approved By: \_\_\_\_\_ Remarks:

\_\_\_\_\_  
Village Clerk

C: Police Chief