



# *City of Evanston*

## **Tag Day Permit Application**

Submit this application to the City of Evanston, City Collector's Office, 2100 Ridge Ave. Evanston, IL 60201 or fax to (847) 448-8122 not less than fourteen (14) days prior to the day of the event. If you have any questions, please call the City Collector's Office at (847) 866-2926.

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### **Organization Information**

Organization: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date (s): \_\_\_\_\_ Time (s): \_\_\_\_\_

### **Responsible Contact Person**

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

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

Telephone: \_\_\_\_\_ Cellular: \_\_\_\_\_ Fax: \_\_\_\_\_

Relation to above organization: \_\_\_\_\_

### **Documentation Needed:**

- A Hold Harmless Release Agreement must be submitted with each application. (See Reverse Side)

**Requirements** (Along with this application and the above mentioned documentation, please submit a letter to the Finance Department - City Collector's Office acknowledging the following requirements.)

1. A financial statement for the last preceding fiscal year showing the amount of money raised by the applicant organization for charitable purposes, together with the cost of raising said money, and the final distribution thereof.
2. A full statement of the general character and extent of the charitable work being done or to be done by the applicant organization, showing how much is being done or is to be done within the City.
3. A statement that the actual cost of the tag day will not exceed twenty five percent (25%) of the total amount to be raised or, if the cost of solicitation is expected to exceed twenty five percent (25%), a statement of what the maximum cost is expected to be, together with a statement of any special facts tending to show why a cost higher than twenty five (25%) is considered reasonable.
4. A statement to the effect that if a permit is granted, it will not be used or represented in any way as an endorsement of the tag day by the City or any officer or department thereof.
5. A statement that the applicant organization is tax exempt under the Internal Revenue Code of the United States, and that contributions to said organizations are allowable deductions for the donor under the Internal Revenue Code.
6. A statement to the effect that if the permit is granted, no person under the age of fourteen (14) will be permitted to solicit or collect money, except where the solicitation is for the benefit of a children's organization.
7. A statement that the applicant organization is in compliance with those provisions of the Illinois Revised Statutes now constituted, and as hereinafter may be amended, which pertain to charitable solicitations (Chapter 23, sections 5101 – 5114).

(See Reverse Side)

**Hold Harmless Statement**

The undersigned covenants and agrees that it will protect, safe and keep the City of Evanston forever harmless and indemnified against and from any and all costs, damage or expense arising out of, or from any accident or other occurrence resulting from the undersigned negligence in the City of Evanston causing injury to any person or property during the undersigned Tag Day on \_\_\_\_\_.

(Date)

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

By: \_\_\_\_\_  
Signature of Officer and Title

I, \_\_\_\_\_, a Notary Public in and for said County in the State of aforesaid, do hereby certify that \_\_\_\_\_ whose name(s) is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that he/she is duly authorized representative of \_\_\_\_\_, which he/she has signed, sealed and delivered the foregoing instrument as his/her free and voluntary act, for the uses and purposes therein set forth. Given under my hand and notarial seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Notary Signature)

**Applicant's Statement of Agreement:**

I hereby affirm that the above information is true and correct in describing the intent of this application.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

**For Office Use Only:**

Approved

Not Approved

By: \_\_\_\_\_ Date: \_\_\_\_\_  
(City Collector's Office Staff)

Reason for Denial: \_\_\_\_\_