

APPLICATION FOR INDIVIDUAL ORGANIZATION

TAG DAY

1. FULL NAME OF CHARITABLE ORGANIZATION _____

2. ADDRESS: _____

**3. NAME, ADDRESS & PHONE NO# OF PERSON FILING APPLICATION
FOR THE CHARITABLE ORGANIZATION:**

**4. IF MERCHANDISE, FOOD OR GOODS ARE TO BE SOLD OR GIVEN,
WHAT KIND?**

**5. NAME, ADDRESS & PHONE NO# OF PERSON TO CONTACT WITH THE
ORGANIZATION:**

6. THE NAME OF ALL CITIES, VILLAGES, OR TOWNS WHERE ORGANIZATION HAS ENGAGED IN TAG DAYS (WITHIN THE LAST TWO (2) YEARS):

7. HAS YOUR ORGANIZATION EVER HAD A TAG DAY PERMIT REVOKED?:

_____ **REASON:** _____

8. DATES REQUESTED FOR TAG DAY IN ORDER OF PREFERENCE:

1ST Preference _____

2nd Preference _____

3rd Preference _____

9. IF YOU ARE REQUESTING TO TAG AT STREET INTERSECTION, PLEASE SPECIFY WHAT INTERSECTIONS: _____

REMINDER: NOT MORE THAN 2 (TWO) TAG DAY PERMITS A YEAR EACH, FOR A 7 (SEVEN) DAY PERIOD.

STATE OF ILLINOIS)
)SS
COUNTY OF WILL)

I, _____, BEING DULY SWORN,
 (Applicant Print Name)

DEPOSES AND SAYS THAT HE/SHE IS MAKING THE FOREGOING
APPLICATION; THAT THE ANSWERS TO THE FOREGOING
QUESTIONS AND OTHER STATEMENTS CONTAINED THEREIN ARE
TRUE OF HIS/HER OWN KNOWLEDGE AND BELIEF.

APPLICANT'S SIGNATURE/DATE

WITNESS/DATE

*(NOTE: If this application is not signed by the applicant and signed by a witness
then the application will be returned to the applicant – therefore, delaying the
permit process.)*

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OFFICE USE ONLY

PERMIT NO. _____
DATE ISSUED _____
DATE OF REQUEST(S) _____
APPROVED BY: _____