Application For Pedestrian Solicitation (Tag Days) Permit
3600 Kirchoff Road, Rolling Meadows, Illinois 60008
cityrm.org
Phone: (847)-506-6030

Organization Name _____

Telephone No. _____ FAX No. _____ Email _____

Organization Address _____ City _____ State _____ Zip code _____

Name of contact person _____ Telephone No. _____

Solicitation is for _____

Period requested from _____ to _____
Month/day/year Month/day/year

And the intersections of _____&_____
(use additional sheets if necessary)

Describe the statewide fundraising activity: _____

*Attach Attorney General Registration as a charitable organization.

I understand the provisions of the ordinance governing solicitor conduct in the City and agree to comply with them.
I further certify and swear all of the above information is accurate and truthful to the best of my knowledge.

Signed _____ Date _____
(authorized signature)

Title _____

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