

10 N. Water Street  
847-741-2151  
847-888-0052 Fax

# Village of South Elgin Police Department

www.southelgin.com

Hours of Operation  
Monday - Friday  
8:30 am - 5:00 pm  
**24-Hour 911**

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## TAG DAY LICENSE APPLICATION

For Charitable Solicitation on the Highway

### SECTION A: APPLICANT INFORMATION

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

Address: \_\_\_\_\_  
(Include City, State and Zip Code)

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of the organization's representative submitting this application: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Include City, State and Zip Code)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### SECTION B: SOLICITATION INFORMATION

Name of the Event: \_\_\_\_\_

Precise location the Event: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe the type of solicitation to take place: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Attach a copy of insurance providing coverage for bodily injury and property damage liability in the amount of \$1,000,000 for any occurrence and indemnifying the Village, its agents and representatives.

Name of Local Person in Charge: \_\_\_\_\_ Phone: \_\_\_\_\_

**SECTION D: ACKNOWLEDGEMENT AND SIGNATURE**

By applying for a Tag Day License, I understand that solicitation is only to be held during daylight hours (defined as 1 hour after sunrise until one hour before sunset). Any person engaged in solicitation is 18 years of age or older and will be provided reflective vest by my organization.

I hereby waive any and call claims against the Village and herby agree to indemnify and hold harmless the Village and its elected and appointed officials, boards, commissioners, attorneys, employees and agents from any and all claims resulting from or arising out of, or alleged to result from or arise out of, the aforesaid activities and affirm that all information provided is true and accurate.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only

Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Approved by: \_\_\_\_\_