

17-00557



CITY OF AURORA, ILLINOIS  
CHARITABLE SOLICITATIONS CAMPAIGN  
PERMIT APPLICATION\*  
Due No Less Than 30 Days Prior

Date 6-19-17

Name of Organization WAYSIDE CROSS MINISTRIES

Address of Organization 215 E. NEW YORK ST.

AURORA, IL 60505

Contact Person's Name STEVE WISE - OPERATIONS MANAGER

Contact Person's Address 215 E. NEW YORK ST. AURORA, IL 60505

Contact Person's Telephone No. 630-723-3434 OFFICE

Purpose of the charitable solicitations campaign and/or the purpose for which funds are to be raised

TO RAISE AWARENESS THAT WAYSIDE ACCEPTS DONATIONS OF USED FURNITURE/CLOTHING, ETC. ONGOING SUPPORT OF OUR COMMUNITY PROGRAM

Location within the city where campaign will occur AURORA, VARIOUS

NEIGHBORHOODS/SUBDIVISIONS

Dates that campaign will occur - from: VARIOUS DATES THROUGHOUT SUMMER + FALL

- VOLUNTEERS OVER AGE 18 FROM VARIOUS COLLEGES, CHURCH GROUPS WILL DISTRIBUTE THE ATTACHED DOOR HANGER.

We hereby agree not to engage in solicitation upon the highways, streets, alleys and vehicular thoroughfares of the City and to confine such charitable solicitations campaign to house-to-house canvassing and/or solicitation in the public ways or places of the City of Aurora unless certificate of insurance is provided (see Sec 32-3 b(1-3) attached).

Steve Wise  
Applicant's Signature

\*Copy of applicable ordinance and requirements is attached.  
\*\*Please provide separate listing of names and addresses of all individuals over the age of 18 conducting campaign within the city.

\*\*LIST EACH SOLICITOR'S NAME (OVER THE AGE OF 18), HOME ADDRESS, CITY, STATE, ZIP CODE, TELEPHONE NUMBER AND DATE OF BIRTH. MUST PROVIDE A VALID GOVERNMENT ISSUED PHOTO ID AS PROOF OF IDENTIFICATION FOR EACH PERSON GOING DOOR TO DOOR.

1. VARIOUS<sup>ADULT LED</sup> YOUTH GROUPS, COLLEGE GROUPS,
2. CORPORATE GROUPS - NAMES ARE UNKNOWN  
UNTIL VOLUNTEERS ARE SCHEDULED TO
3. SERVE.
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

To view the Peddler's Ordinance, you may visit the City's website at [www.aurora-il.org](http://www.aurora-il.org). Refer to Chapter 32 – PEDDLERS AND SOLICITORS

IF YOU VIOLATE ANY PART OF THE PEDDLER'S ORDINANCE, YOU MAY BE SUBJECT TO A CITATION AND/OR REVOCATION OF YOUR PERMIT

The following are a few key points to remember.

- *YOU DO NOT HAVE PERMISSION TO SOLICIT FROM A CITY LOT, PRIVATE LOT, OR PLACE OF BUSINESS*
- *HOURS: 9:00 a.m. to 8:00 p.m. during the months of April, May, June, July, August and September and 9:00 a.m. to 6:00 p.m. during the remaining months.*
- *PERMIT IS VALID FOR UP TO ONE (1) YEAR FROM DATE OF ISSUE*
- *IF THERE IS A "NO SOLICITING" SIGN POSTED, IT IS AGAINST CITY ORDINANCE TO SOLICIT TO THAT HOME OR BUSINESS*
- *DO NOT PLACE ANY FLYERS, PAMPHLETS, LEAFLETS, ETC. IN MAILBOXES*
- *YOU MUST SECURE ANY PAMPHLETS, LEAFLETS, BUSINESS CARDS, ETC.*
- *YOU DO NOT REPRESENT THE CITY OF AURORA AND WE ARE NOT ENDORSING YOUR PRODUCT.*  
*ATTEMPTING TO MISLEAD THE PUBLIC IN ANY WAY, MAY RESULT IN A CITATION OR REVOCATION OF YOUR PERMIT*

By signing this registration form, I am stipulating that no individual employees, independent contractors, employees of independent contractors, volunteers or any other such person associated with the registrant is a "Sex Offender" as described by the State of Illinois Statute 730 ILCS 150/2 and as may similarly be applicable to and by other law enforcement jurisdictions throughout the United States and I certify that such persons listed on this application, including registrant, have not been convicted of any felony, nor convicted on two (2) or more occasions of driving under the influence of alcohol or drugs (see section 32-3 C attached).

Further, I have personally read and answered each and every question in this permit application and I do solemnly swear that each and every answer is full, true, complete, and correct in every respect. I understand that if this application contains any false or misleading information of any material fact, it is grounds for denial of this and future permits.

Date: 6-19-17

Manager's Name: STEVE WISE Signature:   
Please Print

Applicant's Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
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Applicant's Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
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