



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

Date May 17, 2018

Name of Organization Springbrook Community Church

Address of Organization 11247 S. Heggs Rd
Plainfield, IL 60585

Contact Person's Name Daniel Davis / MATT Woodford

Contact Person's Address _____

Contact Person's Telephone No. _____

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

To put out door hangers offering free battery smoke detectors and installation. Put up yard signs offering the same. Installation 6/10/18.

Location within the city where campaign will occur An area to include: North of New York St; South of India Trail; East of Broadway; West of Farnsworth. This being Aurora Fire station 04.

Dates that campaign will occur - from: June 2, 2018 to: _____

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).

Daniel J Davis
 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. Daniel J - Davis
25404 W. Willow Dr. Plainfield, IL 60544
2. There will be approximately 125-200
volunteers on 6/2/2018.
3. _____
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. 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: May 17, 2018

Manager's Name: _____ Signature: _____

Applicant's Name: Daniel J. Davis Please Print Signature: Daniel J. Davis

Applicant's Name: _____ Please Print Signature: _____

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