



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

Date 7-6-17

Name of Organization MDA

Address of Organization 222 S. RIVERSIDE PLAZA

SUITE 1500-A Chicago 60606

Contact Person's Name Kelsey Tomko / Michael Hess (AFD)

Contact Person's Address 222 S. Riverside Plaza Ste. 1500-A
60606

Contact Person's Telephone No. 517-918-2026

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

FILL THE BOOT CAMPAIGN FOR MUSCULAR DYSTROPHY

Location within the city where campaign will occur City of Aurora

Dates that campaign will occur - from: SEPT. 1 to: SEPT. 3

We hereby agree 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).

Michael Hess
 AURORA FIRE
 STATION #3

Michael Hess
 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.


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: 7-6-17

Manager's Name: Michael Hess Signature: 
Please Print

Applicant's Name: _____ Signature: _____
Please Print

Applicant's Name: _____ Signature: _____
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Applicant's Name: _____ Signature: _____
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Applicant's Name: _____ Signature: _____
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Applicant's Name: _____ Signature: _____
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Applicant's Name: _____ Signature: _____
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Applicant's Name: _____ Signature: _____
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Applicant's Name: _____ Signature: _____

**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. All AURORA FIRE DEPT PERSONNEL

2. _____

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