

**CSA****City of Aurora, Illinois****Charitable Solicitation Permit Application**

Return completed application to: Aldermen's Office, 44 E. Downer Pl., Completed applications due no less than 30 days prior to initiation of campaign. Incomplete applications will not be processed. Please see attached Ordinance, Chapter 32, Peddlers and Solicitors.

**Office Use Only**☐ Charitable Solicitation Registration☐ Provide Reflective Vests For Solicitors (Fill The Boot)☐ State or Nations Wide Campaign☐ Identification For SolicitorsDate 6/28/2023**ORGANIZATION INFORMATION**Name of Organization: THREE FIRES COUNCIL, BOY SCOUTS OF AMERICAAddress of Organization: 415 N. 2ND ST, ST. CHARLES, IL 60174Contact Person's Name: ^Contact Person's Address: ^Telephone #: ^Email Address: ^Drivers License/State ID#: J JIs Organization registered with the Attorney General as a Charitable Organization? (Y) / N

Describe the items/subject matter you will be Peddling/Soliciting:

POPCORN FOOD PRODUCTS

Purpose for which funds are to be raised:

70% OF FUNDS RAISED SUPPORT SCOUTING PROGRAMS at  
Three FIRES Council, BSA

Exact location within the City of Aurora where campaign will occur:

DOOR TO DOOR - CITY LIMITSDates of campaign: From: 8/15/2023 To: 11/01/2023

Please provide a separate listing of names and addresses of all individuals over the age of 18 conducting the campaign within the City on the following page.

SEE ATTACHED

Following are key points to remember.

- You do not have permission to solicit from a city lot or private lot.
- If your organization will be soliciting in front of any privately-owned business, please obtain a letter of permission from the store owners or managers.
- Solicit only between the hours of 9:00 a.m. and 7:00 p.m.
- 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 at that home or business
- Leave a residence as soon as you are asked without question.
- Do not place any flyers, pamphlets, leaflets, etc. in mailboxes.
- All persons engaging in such charitable solicitation shall have a copy of the permit on their person at all times during any such solicitation.
- 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.
- Such charitable solicitation shall be confined to house-to-house canvassing and/or solicitation in the public ways or places of the city, and shall not be conducted upon highways, streets, alleys and vehicular thoroughfares of the city. (See Sec. 32-3 (b) (1-3) attached.)

The undersigned hereby makes application for a Peddler/Solicitor Permit in the City of Aurora, IL, pursuant to Chapter 32 of the Municipal Code of Aurora, IL.

I RONALD WENTZELL, do solemnly swear that the forgoing information is true and complete to the best of my knowledge. I have read and agree to abide by the Peddler/Solicitor Ordinance of the City of Aurora. 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. I understand that the organization may not begin Peddling or Soliciting until a permit has been issued by the City of Aurora—Clerk's Office.

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.)

\_\_\_\_\_  
Applicant's Signature/Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06-28-2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Marsh & McLennan Agency LLC 8144 Walnut Hill Lane, 16th Floor Dallas TX 75231	<b>CONTACT NAME:</b> Laura Craig	
	<b>PHONE (A/C No. Ext):</b> 972-770-1402	<b>FAX (A/C No):</b> 972-770-1699
	<b>E-MAIL ADDRESS:</b> laura.craig@marshmma.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A :</b> Evanston Insurance Company	35378
<b>INSURED</b> Boy Scouts of America, National Council and All of its affiliates and subsidiaries	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
<b>Three Fires Council</b> 415 N. 2nd Street St. Charles, IL 60174	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

**COVERAGES****CERTIFICATE NUMBER:** 1851896660**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.


INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			V3P0009142	3/1/2023	3/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 7,000,000 PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRE NON-OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is named as an additional insured by virtue of a written or oral contract or by the issuance/existence of a permit or certificate of insurance but only with respect to operations by or on behalf of the Insured, or to facilities of, or facilities used by the Insured and then only of the limits of liability specified in such contract for the event specified. Primary and Non-Contributory applies as required by written contract or agreement. Waiver of Subrogation applies when required by written contract or agreement. Sexual Molestation coverage is incorporated in the policy and addressed by endorsement and is subject to the policy period, terms, limits and conditions of the policy.

For All Official Scouting Activities

**CERTIFICATE HOLDER****CANCELLATION**

CITY OF AURORA 60 E. DOWNER PLACE AURORA, IL 60507	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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