	e Solicitation Permit Applicat	loss than 30 days prior to initia
Return completed application to: Aldern tion of campaign. Incomplete application	nen's Office, 44 E. Downer PI., Completed applications due no ns will not be processed. <u>Please see attached Ordinance, Char</u>	oter 32, Peddlers and Solicitors
Office Use Only Charitable Solicitation Registration State or Nations Wide Campaign	 Provide Reflective Vests For Solicitors (Fill The Boot) Identification For Solicitors 	Date June 9, 202
ORGANIZATION INFOR	MATION	
Name of Organization: Knig	hts of Columbus Council 4849	
Address of Organization: 1	80 S Russel Ave., Aurora, Il 60506	
Contact Person's Name:	Raymond Froehlich	
Contact Person's Address:		
Telephone #:		19 - 19 - 19 - 19 - 19 - 19 - 19 - 19 -
Email Address:		
Drivers License/State ID#:		
	ith the Attorney General as a Charitable Orga	nization? Y / N
Describe the items/subject n	natter you will be Peddling/Soliciting:	
We will be requesting dor	nations for children with disabilities and i re	eturn provide
our donors with Tootsie		an a
Purpose for which funds are		
To raise money for age	ncies in the Aurora area that support child	ren with disabilities.
Exact location within the Cit	y of Aurora where campaign will occur:	
Various intersections.		
Dates of campaign: From:	September 10, 2021 To: September	11, 2021
has a film in the second state of a loss of the second generative states in the second s	sting of names and addresses of all individua	als over the age of 18

Application, continued

Below, please 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.

Name	Home Address, City, State, ZIP	Phone
Name	Home Address, City, State, ZIP	Phone
b.		
Name	Home Address, City, State, ZIP	Phone
ŀ.		
Name	Home Address, City, State, ZIP	Phone
5.		
Name	Home Address, City, State, ZIP	Phone
6.		
Name	Home Address, City, State, ZIP	Phone
7.		
Name	Home Address, City, State, ZIP	Phone
8.		
Name	Home Address, City, State, ZIP	Phone
9.		
Name	Home Address, City, State, ZIP	Phone
10.		
Name	Home Address, City, State, ZIP	Phone
11.		
Name	Home Address, City, State, Zip	Phone
12.		
Name	Home Address, City, State, Zip	Phone

If additional space is needed, please provide a separate listing .

AFFADAVIT

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 <u>Raymond Froehlich, Trustee</u>, 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.)

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