

NUMBER _____

Expires _____

CITY OF PARK RIDGE
APPLICATION FOR CERTIFICATE OF REGISTRATION FOR
TAG DAY FUNDRAISING

The undersigned hereby requests a **CERTIFICATE OF REGISTRATION** as a CHARITABLE ORGANIZATION to engage in fundraising solicitation at the following locations:

_____ (insert street corner/intersection)
within the corporate limits of the City of Park Ridge.

This application must be completed in full in order to be processed.

1. Name of Organization _____
2. Address of Organization _____
City _____ State _____ Zip _____
Telephone _____
3. Name of person **supervising** solicitation within the City of Park Ridge:

Contact Number: _____
4. Estimated number of participants at each location: _____
(Participants must be at least 18 years of age)
5. Date(s) of Solicitation: _____, 20_____
6. Time of day for proposed solicitation: _____
7. Please attach the following requirements as mentioned in the Park Ridge Municipal Code:
 An affidavit from the organization stating that the organization is registered with the Attorney General as a charitable organization as provided by "An Act to Regulate Solicitation and Collection of Funds for Charitable Purposes, Providing for Violations Thereof, and Making an Appropriation Therefore", approved July 26, 1963, and as amended.

