

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.

- An affidavit that the organization is engaged in statewide fund-raising activity.
- A certificate of insurance verifying that the organization has in effect at the time of application general liability insurance of at least one million dollars (\$1,000,000.00) Naming the City of Park Ridge as an additional insured.
- Release and Hold Harmless Letter releasing and indemnifying the City of Park Ridge against any and all liability and expenses whatsoever, for bodily injury or death, including without limitation, injury or death to agents, employees, servants or volunteers of the organization which may be causally related to any act of ordinary negligence, intentional, willful or wanton misconduct of the soliciting agent acting on behalf of the organization. The Certificate of Insurance and Release shall be subject to the approval of the City Manager.

I hereby certify that to the best of my knowledge the above information is true and correct.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Organization

Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

CITY OF PARK RIDGE

\_\_\_\_\_

Approved \_\_\_\_\_

Date

\_\_\_\_\_

City Manager

\_\_\_\_\_

CSO Supervisor  
Police Department

**PLEASE NOTE:**

All persons wishing to engage in Tag Day solicitation **MUST** register with the City Manager. The applicant is required to fully complete an application form. Upon completion, the form is to be submitted to the Administration Dept. / Attn: City Manager with all other registration requirements. No fee is charged for registration. The application **MUST** be submitted at least 10 days prior to commencement of the fund raising activity. Applications and pertinent requested information may be faxed to 847/318-5300.

**Failure to provide all necessary information and supporting documents will result in delay of registration.**