



Community Services Department  
400 S Eagle St.  
Naperville, IL 60540  
(630) 305-5300

Liability Insurance Certificate: \_\_\_\_\_  
Driver's License: \_\_\_\_\_  
Articles of Incorporation: \_\_\_\_\_

## Tag Day Permit Application

### Organization's Name:

\_\_\_\_\_

Address:

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

Phone Number:

\_\_\_\_\_

### Contact Person's Information:

Name:

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle

Current Address:

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License/ State ID Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_ Address: \_\_\_\_\_

### Physical Description:

Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Describe what contributors will receive during this tag day event:

\_\_\_\_\_  
\_\_\_\_\_

Dates and Times of the proposed activity:

\_\_\_\_\_  
\_\_\_\_\_

Proposed Locations of the activity:

\_\_\_\_\_  
\_\_\_\_\_



Date of last application with the City of Naperville:

\_\_\_\_\_

Has your Naperville Permit ever been revoked or denied:    YES    NO    If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a violation of any law as a result of your Tag Day activity?

YES    NO

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The undersigned hereby makes application for Tag Day Permit in the City of Naperville, Illinois, pursuant to Section 3, Chapter 7, Municipal Code of Naperville, Illinois.

I, \_\_\_\_\_, do solemnly swear that the forgoing information is true  
(Print applicant's name) and complete to the best of my knowledge and certify that this is a bona fide nonprofit organization. I have read and agree to abide by the Peddler/Solicitor Ordinance of the City of Naperville.

\_\_\_\_\_

Applicant's Signature/Date

If mailing, attach a copy of your Driver's License or State ID, the Certificate of Insurance, the Articles of Incorporation and the list of all the participants to this application

**Please return application to:**  
Community Services Department  
400 S. Eagle Street  
Naperville, IL 60540  
(630) 305-5300  
napervilleclerks@naperville.il.us

