

# City of West Chicago

## FUNDRAISING APPLICATION

(Not-for-Profit Organizations Only)



APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

LOCATION(S) OF SOLICITATION: \_\_\_\_\_

DATE(S) AND TIME: \_\_\_\_\_

DESCRIPTION OF SOLICITATION: \_\_\_\_\_

### SOLICITORS

NAME

EMPLOYER

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

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

(If necessary, attach additional pages)

Approved: \_\_\_\_\_

City Administrator or Designee

Date: \_\_\_\_\_

### INSURANCE REQUIREMENTS

Upon review and approval of the Solicitation Application, the applicant shall furnish the City with an original Certificate of Insurance naming the City of West Chicago, its officials, agents, employees, and volunteers as additionally insured. The Certificate of Insurance is due at least **five (5) business days** prior to the solicitation and shall be issued by a company licensed in the State of Illinois, approved by the City, and covering any and all liability. In addition, the name, date, time, and location or locations where the solicitation is to occur must be included on the Certificate of Insurance. The following minimum coverage limits are required for all solicitation occurring in the City of West Chicago:

Commercial General Liability: \$1,000,000 insuring the charity or local agency against bodily injury and property damage arising out of or in connection with the solicitation.

### RESTRICTIONS

1. All persons engaged in soliciting upon a public roadway shall wear reflective clothing or vest meant to enhance his/her visibility to motorists in order to reduce the chances of being struck by a vehicle.
2. Soliciting events must be cancelled during periods of low or poor visibility during which solicitors are exposed to a greater risk of being struck by a vehicle.

**COMPLETED APPLICATIONS MUST BE SUBMITTED NO LESS THAN TEN (10) BUSINESS DAYS PRIOR TO THE DATE THE SOLICITATION IS TO BEGIN. SUBMIT TO: ADMINISTRATION DEPARTMENT, CITY OF WEST CHICAGO, 475 MAIN STREET, WEST CHICAGO, IL 60185; FAX 630-293-3028 OR EMAIL: AADM@WESTCHICAGO.ORG - ANY QUESTIONS CALL 630-293-2200 EXT. 170**