

Ordinance No. _____

Application No. _____

VILLAGE OF GODFREY, ILLINOIS

APPLICATION

TO SOLICIT CONTRIBUTIONS FROM OCCUPANTS OF VEHICLES

Print or Type Only:

Date: _____

Name: _____ S.S. # _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone #: _____

Business or Organization Applicant

Represents: _____ Date & Time: _____

Location: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone #: _____

Has application to solicit contributions ever been denied or revoked?

No _____ Yes _____ If yes, please explain: _____

In compliance with 625 ILCS 5/11-1006, applicant must comply with the following:

- A. The soliciting agency must be 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 thereof", approved July 26, 1963, as amended;
- B. The soliciting agency must be engaged in a Statewide fund raising activity;
- C. The soliciting agency must be liable for any injuries to any person or property during the solicitation which is causally related to an act of ordinary negligence of the soliciting agent;
- D. The soliciting agency will fully indemnify the Village of Godfrey, Illinois, from any claims, injuries, expenses or judgments that may arise from the solicitation activity;
- E. The soliciting agency shall carry liability insurance in the minimum amount of \$1,000,000.00 covering soliciting agency and Village of Godfrey, Illinois, as co-insured and will file a certified copy of said insurance policy with the City Treasurer;

I hereby agree that the organization I represent, meets with all of the criteria listed previously and that the soliciting agency will only solicit contributions from vehicles where all traffic is required to come to a full stop and that anyone taking part in the fundraiser will be 16 years of age or more and shall be wearing a high visibility vest.

Signed

Date

Approved _____ Denied _____

If Denied, reason for Denial _____

PERMIT FEE \$25.00 _____ Check No. _____

INSURANCE CERTIFICATE PROVIDED: __ YES __ NO

**Requirements for
Madison County Road Block for Humbert Road**

1. Letter to Madison County requesting the Road Block with
Date and Hours

Mail to: Madison County Highway Department
7037 Marine Road
Edwardsville, IL 62025

Phone NO. 618-692-6200 ext. 4540

2. Certificate of Insurance with Madison County as additional insured.