

VILLAGE OF ELK GROVE VILLAGE

901 Wellington Avenue, Elk Grove Village, Illinois 60007 (847) 357-4040 Fax (847) 357-4008 www.elkgrove.org



Tag Days Permit Application

Name of Organization _____ Website _____

Contact Person for Organization _____

Phone Number _____ Email _____

Address _____ City _____ State _____ Zip _____

Do you represent a charitable or non-profit organization? Yes No

Is your organization engaged in statewide fund-raising activity? Yes No

Requested date(s) of solicitation _____

Time of day for proposed solicitation _____ a.m. _____ p.m.

Estimated number of participants at each location _____

Will items/giveaways be given in return for donations? Please describe _____

What intersections will be occupied during this event?

_____	_____
_____	_____
_____	_____
_____	_____

I understand that the issuance of this permit is conditioned upon compliance with all Village Ordinances

Signature of Applicant

Date

Office Use Only

Certificate of liability insurance received Date _____

Date License Issued _____ Mail Pickup

License Approved By: _____ Remarks:

Village Clerk

C: Police Chief