



CITY OF AURORA, ILLINOIS
CHARITABLE SOLICITATIONS CAMPAIGN
PERMIT APPLICATION*

Date _____

Name of Organization** _____

Address of Organization _____

Contact Person's Name _____

Contact Person's Address _____

Contact Person's Telephone No. _____

Purpose of the charitable solicitations campaign and/or the purpose for which funds are to be raised

Location within the city where campaign will occur _____

Dates that campaign will occur - from: _____ to: _____

* * * * *

We hereby agree not to engage in solicitation upon the highways, streets, alleys and vehicular thoroughfares of the City and to confine such charitable solicitations campaign to house-to-house canvassing and/or solicitation in the public ways or places of the City of Aurora.

Applicant's Signature

- *Copy of applicable ordinance and requirements is attached.
- **Please provide separate listing of names and addresses of all individuals conducting campaign within the city.

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OFFICE USE ONLY

APPROVED

Date _____

DENIED

Government Operations Committee