



**VILLAGE OF CHANNAHON**

24555 S NAVAJO DRIVE CHANNAHON, IL 60410  
PHONE: 815-467-6644 FAX: 815-467-9774

**REGISTRATION FOR SOLICITORS OF FUND RAISERS**

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Solicit # \_\_\_\_\_

Application Date \_\_\_\_\_ Date requested to start solicitation \_\_\_\_\_

Name of Organization \_\_\_\_\_

Complete Address \_\_\_\_\_

Phone \_\_\_\_\_ Tax ID \_\_\_\_\_

**Complete Name of Applicant**

Representing Organization \_\_\_\_\_

Complete Address \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License #- Including State \_\_\_\_\_

**Dates and times requested- not more than three (3):**

Date \_\_\_\_\_ Time/ Start & Finish \_\_\_\_\_

Date \_\_\_\_\_ Time/ Start & Finish \_\_\_\_\_

Date \_\_\_\_\_ Time/ Start & Finish \_\_\_\_\_

**Must provide solicitation locations and approval from business owner. No solicitation may be conducted at a location not requested and approved.**

\_\_\_\_\_ Approval \_\_\_\_\_

\_\_\_\_\_ Approval \_\_\_\_\_

\_\_\_\_\_ Approval \_\_\_\_\_



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List any and all persons who may be participating in solicitation:

Full Name \_\_\_\_\_

Complete Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Full Name \_\_\_\_\_

Complete Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Full Name \_\_\_\_\_

Complete Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Full Name \_\_\_\_\_

Complete Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

**-HOURS OF OPERATION –NO SOLICITING, PEDDLING OR CANVASSING SHALL BE PERMITTED BEFORE THE HOUR 10:00 O’CLOCK A.M. OR AFTER THE HOUR OF 8:00 O’CLOCK P.M. WITHIN THE VILLAGE.**

The application agrees to abide by all ordinances, regulations and codes of the Village of Channahon that are in full force and effect.

\_\_\_\_\_  
Signature of Applicant

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Copy to:

Village Administrator

Chief of Police



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Office use only below line.

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Copy to:

Village Administrator

Chief of Police

Approved

Denied