

Dear Solicitor:

Attached you will find an Application for Solicitation within the Village of Lisle, along with a copy of the Village Code pertaining to solicitation. Please read this carefully to familiarize yourself and your solicitors with the rules and regulations.

Some of the more important rules regarding solicitation in the Village of Lisle are:

- **Commercial solicitation in residential areas shall not begin before 9:00 AM and must end at 8:00 PM**
- **Solicitors must look for and reset “No Solicitors” signs. Do not knock or ring the bell until you are sure there is no such sign posted.**
- **Solicitors must leave immediately upon the resident’s request.**
- **It is unlawful to engage in solicitation or peddling within 250’ of a school or bus stop.**
- **Soliciting in roadway intersections or at the train station is not allowed unless your approved application made that request and required insurance has been provided. If approved to solicit in intersections, a high-visibility vest must be worn.**
- **Solicitors at the train station must be 16 years of age or older. Soliciting is restricted to 5 days per month, and also to certain areas of the station. General liability insurance of \$2,000,000 per occurrence is required.**

Should you have any questions or concerns, please do not hesitate to contact Customer Service at 630-271-4100.

Sincerely,



Michael Smetana
Development Services Director



VILLAGE OF LISLE SOLICITATION PERMIT APPLICATION

For Office Use Only
Permit Number SL-
Fee: \$45 per application for Commercial
No fee for Noncommercial

- 1. Are you soliciting on behalf of another company?
2. If yes, complete 3a and 3b. If no, complete 3a only
3. Name and contact information:

3a Organization / Company
Street Address
City/State/Zip
Contact Name Phone

3b Company hired to solicit on behalf of above entity named in 3(a)
Street Address
City/State/Zip
Contact Name Phone

- 4. Name and contact information of individual supervising solicitation activities:

Supervisor of Solicitation Activities
Street Address
City State Zip
Phone Email

- 5. Please check one: Noncommercial Solicitation Commercial Solicitation

- 6. For Noncommercial Solicitors, one of the following must be provided for the entity in 3(a) (please check one):

- Copy of Registration Statement filed with Attorney General's Office is attached.
Copy of Annual Report filed with Attorney General's Office is attached.
Copy of most recent financial statements with independent auditor's opinion is attached.

7. For Commercial Solicitors, one of the following must be provided for the entity in 3(a) (please check one):

- Copy of most recent Annual Report filed with the Illinois Secretary of State
- Copy of most recent Certificate of Registration filed with IL Department of Revenue
- Copy of Articles of Incorporation (Domestic corporations under a year old)
- Copy of Certificate of Authority (Foreign corporations not yet required to file annual report)

8. Description of goods or services solicited.

9. Dates of Solicitation: _____
(Timeframe per application must not exceed 90 days)

10. Will area of solicitation include intersections? Yes No

If yes, indicate which intersections. _____

IMPORTANT: Solicitation on roads must be part of a statewide solicitation effort (i.e. Poppy Days). It must be for a charitable cause, and the organization must be registered with the Attorney General’s office. The solicitation cannot exceed three days, all solicitors must be aged 18 or more, and all must wear a high visibility vest. **The soliciting organization must provide proof to the Village of general liability insurance coverage naming the Village of Lisle and its respective agents, officers and employees, as additional insureds in the amount of \$1,000,000 per occurrence.**

11. Will area of solicitation include the train station? Yes No

IMPORTANT: Solicitation at the train station may not exceed 5 days per calendar month, and is limited to specific areas. All solicitors must be aged 16 or more. **The soliciting organization must provide proof to the Village of general liability insurance coverage naming the Village of Lisle and the Burlington Northern Railroad, as well as their respective agents, officers and employees, as additional insureds in the amount of \$2,000,000 per occurrence.**

12. Please provide a description of each vehicle to be used in the solicitation activities (attach separate sheet if necessary).

Make _____	Make _____	Make _____	Make _____
Color _____	Color _____	Color _____	Color _____
Plate # _____	Plate # _____	Plate # _____	Plate # _____

13. Has the applicant been issued a solicitor’s permit from the Village of Lisle in the past?

Yes No

14. Has the applicant ever had a Village of Lisle solicitation permit revoked? Yes No

15. Has any one listed on this application ever been convicted of violating any of the provisions of any municipality’s solicitation ordinances? Yes No

16. Has any one listed on this application ever been convicted of a felony under any state or federal law?

Yes No

17. Will any solicitors be under the age of 18? Yes No

18. **For each solicitor aged 18 or older, please provide the requested information on page 3.** If need be, make additional copies of page 3 prior to filling it out. If no solicitors are 18 or older please indicate by checking box below.

There are no solicitors age 18 or older (skip page 3).

PLEASE PRINT CLEARLY (For all solicitors aged 18 and over only – make additional copies if needed)

Full Name _____

Address _____ City _____ State _____ Zip _____

_____ Date of Birth _____ Height _____ Eye Color _____ Hair Color _____



Full Name _____

Address _____ City _____ State _____ Zip _____

_____ Date of Birth _____ Height _____ Eye Color _____ Hair Color _____



Full Name _____

Address _____ City _____ State _____ Zip _____

_____ Date of Birth _____ Height _____ Eye Color _____ Hair Color _____



PLEASE PRINT CLEARLY (For all solicitors aged 18 and over only – make additional copies if needed)

Full Name _____

Address _____ City _____ State _____ Zip _____

_____ Date of Birth _____ Height _____ Eye Color _____ Hair Color _____

Full Name _____

Address _____ City _____ State _____ Zip _____

_____ Date of Birth _____ Height _____ Eye Color _____ Hair Color _____

Full Name _____

Address _____ City _____ State _____ Zip _____

_____ Date of Birth _____ Height _____ Eye Color _____ Hair Color _____

Full Name _____

Address _____ City _____ State _____ Zip _____

_____ Date of Birth _____ Height _____ Eye Color _____ Hair Color _____

Full Name _____

Address _____ City _____ State _____ Zip _____

_____ Date of Birth _____ Height _____ Eye Color _____ Hair Color _____

INDEMNIFICATION AND HOLD-HARMLESS AGREEMENT

Company / Organization Name

Address

City / State / Zip

The applicant agrees to indemnify, defend and hold the Village of Lisle, its officers, agents and employees harmless from and against any and all claims for damages, fees or costs to persons or property arising from solicitation activities of the applicant within the Village of Lisle.

The undersigned expressly states under oath that he/she has read the applicable Village of Lisle Code pertaining to this permit, and that he/she agrees to comply with said code provisions, and that all information contained in this application is true and correct to the best of his/her knowledge and belief.

Signature of Authorized Agent

Subscribed and Sworn to before me this _____

Printed Name

Day of _____, 20____.

Position

Notary Public

Date

Office Use Only:

Received By _____

Approved By _____

Date _____

PRODUCER AGENT NAME	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. COMPANIES AFFORDING COVERAGE COMPANY A COMPANY B COMPANY C COMPANY D
INSURED INSURED NAME	Sample of required minimum amount and information needed to solicit at the Burlington Northern Depot

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	POLICY NUMBER	XX/XX/XXXX	XX/XX/XXXX	GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$2,000,000 FIRE DAMAGE (ANY ONE FIRE) \$ MEC EXP (ANY ONE PERSON) \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				PIP \$ BODILY INJURY (PER PERSON) \$ BODILY INJURY (PER ACCIDENT) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY-EA ACCIDENT \$ OTHER THAN AUTO ONLY: \$ EACH ACCIDENT \$ AGGREGATE \$ EACH OCCURRENCE \$XXXXX AGGREGATE \$
	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	THIS MAY COVER	XX/XX/XXXX	XX/XX/XXXX	FOR LOWER AMOUNT ABOVE \$ \$
	WORKERS COMPANSATION AND EMPLOYEE LIABILITY THE PROPRIETOR / PARTNERS / EXECUTIVE OFFICERS ARE : <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATUTORY LIMITS OTHER \$ EL EACH ACCIDENT \$ EL DISEASE-POLICY LIMIT \$ EL DISEASE-EA EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

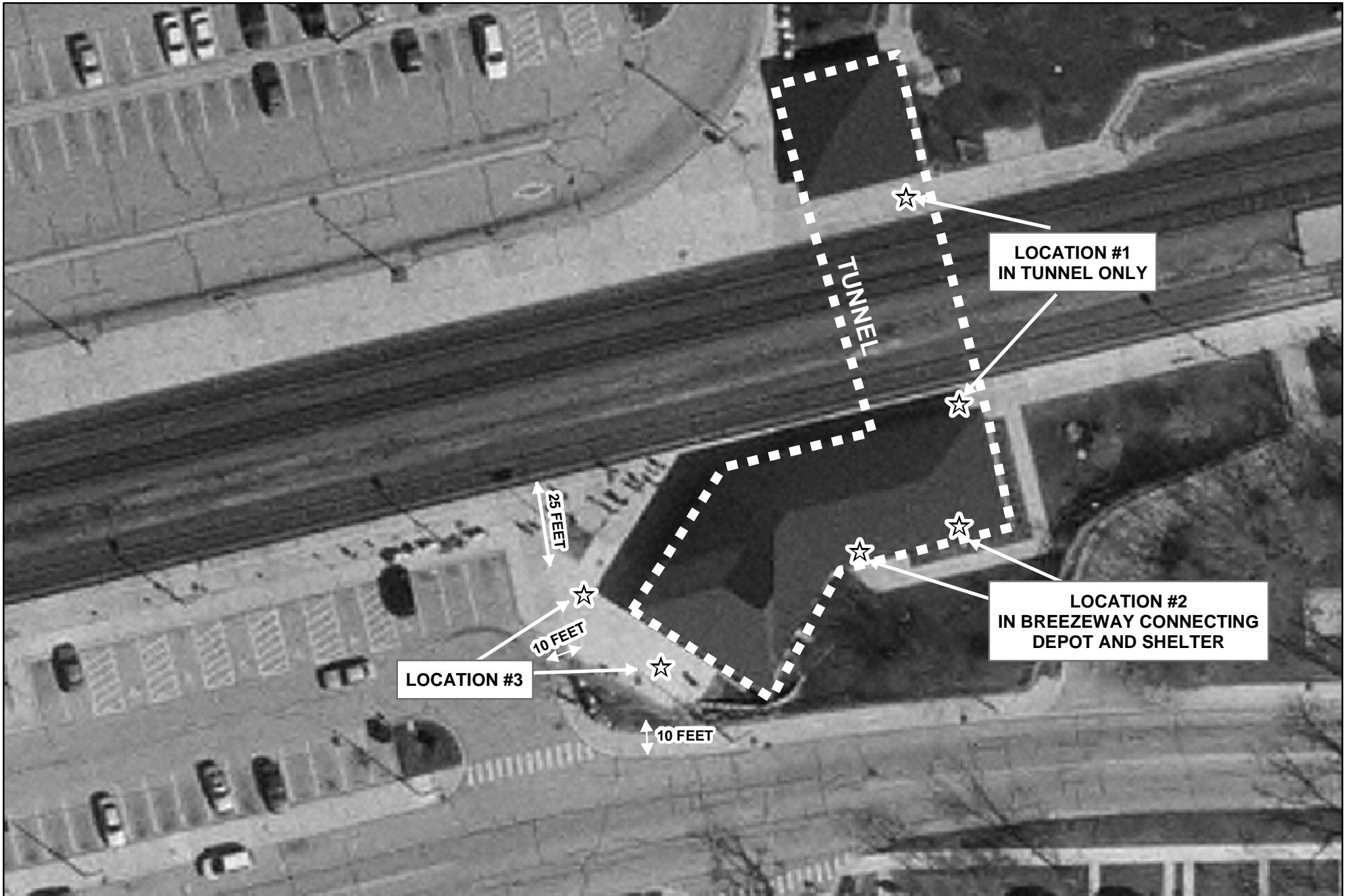
THE BURLINGTON NORTHERN RAILROAD AND THE VILLAGE OF LISLE, THEIR AGENTS, OFFICERS AND EMPLOYEES, SHALL BE NAMED AS ADDITIONAL INSURED

CERTIFICATE HOLDER

THE VILLAGE OF LISLE
 925 BURLINGTON AVENUE
 LISLE, IL 60532

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



Solicitation at the Lisle Burlington Northern Railroad
Commuter Parking Facility, Depot & Platform

