CITY OF CREST HILL

Application for Individual Organization
Tag Day

Date:_____

Full Name of Organization:_____

Organization Address:_____

Applicants Name:_____

Applicants Address:_____

Emergency Name(s)-Address-Phone # of Person to Contact:

_____

_____

Dates Requesting to Tag:

_____ _____

_____ _____

Merchandise-Food-Goods that are to be sold or given:

_____

If you are requesting to tag at a store(s), please specify what store(s):

_____

You must have the permission of the private property owners for the sale of tag collections. Also, the sale of tag collections is not permitted on the public right of ways or other public lands. If you plan to solicit donations on the State of Illinois roads, you must contact the State of Illinois for their permission.

If you have any further questions, please feel free to contact the City Clerk's Office at (815) 741-5100, Monday through Friday between the hours of 8:00am and 5:00pm.

Office Use Only

Date of Approval:_____ Approved By:_____