



Lockport: City of Historic Pride

City of Lockport

Steven Streit, *Mayor*
Kathleen Gentile, *City Clerk*
David H. Palya, *Treasurer*
Sonni Choi Williams, *City Attorney*
Benjamin J. Benson, *City Administrator*

Central Square Building, Suite 4, 222 E. Ninth Street, Lockport, Illinois 60441-3497 Phone (815)838-0549 Fax (815)838-9498

APPLICATION FOR INDIVIDUAL ORGANIZATION

TAG DAY

1. FULL NAME OF CHARITABLE ORGANIZATION _____

2. ADDRESS: _____

3. NAME, ADDRESS & PHONE NO# OF PERSON FILING APPLICATION FOR THE CHARITABLE ORGANIZATION:

4. IF MERCHANDISE, FOOD OR GOODS ARE TO BE SOLD OR GIVEN, WHAT KIND?

5. NAME, ADDRESS & PHONE NO# OF PERSON TO CONTACT WITH THE ORGANIZATION:

6. THE NAME OF ALL CITIES, VILLAGES, OR TOWNS WHERE ORGANIZATION HAS ENGAGED IN TAG DAYS (WITHIN THE LAST TWO (2) YEARS):

7. HAS YOUR ORGANIZATION EVER HAD A TAG DAY PERMIT REVOKED?: _____

REASON: _____

8. DATES REQUESTED FOR TAG DAY IN ORDER OF PREFERENCE:

1st Preference _____

2nd Preference _____

3rd Preference _____

9. IF YOU ARE REQUESTING TO TAG AT STREET INTERSECTIONS, PLEASE SPECIFY WHAT INTERSECTIONS: _____

REMINDER: NOT MORE THAN 2 (TWO) TAG DAY PERMITS A YEAR EACH, FOR A 7 DAY PERIOD.

PLEASE NOTE: TAG DAY REQUESTS ARE SCHEDULED BY A FIRST COME FIRST SERVE BASIS.

STATE OF ILLINOIS)
)SS
COUNTY OF WILL)

I, _____, BEING DULY SWORN, DEPOSES AND
(Applicant Print Name)

SAYS THAT HE/SHE IS MAKING THE FOREGOING APPLICATION; THAT THE ANSWERS
TO THE FOREGOING QUESTIONS AND OTHER STATEMENTS CONTAINED THEREIN
ARE TRUE OF HIS/HER OWN KNOWLEDGE AND BELIEF.

APPLICANT'S SIGNATURE/DATE

WITNESS/DATE

*(NOTE: If this application is not signed by the applicant and signed by a witness then
the application will be returned to the applicant – therefore, delaying the permit
process.)*

+++++

OFFICE USE ONLY

PERMIT NO. _____

DATE ISSUED _____

DATE OF REQUEST(S) _____

APPROVED BY: _____