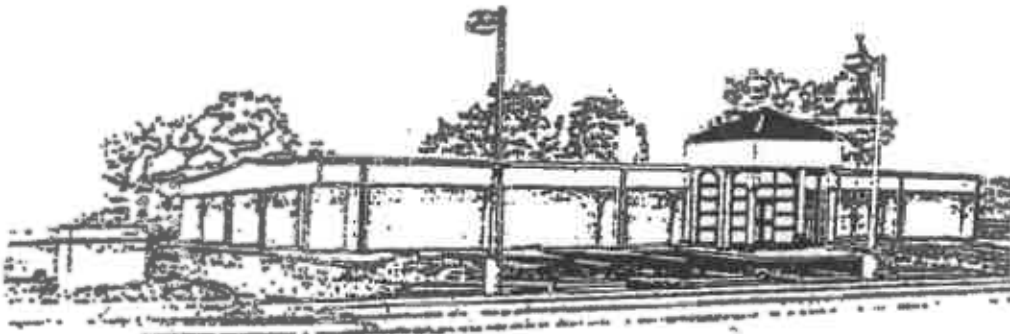




City of Hoopeston

301 W. Main St.
Hoopeston, IL 60942
(217) 283-5320

Fax: (217) 283-7965

Hoopeston Municipal Building

STREET CORNER SOLICITATION REGISTRATION

DATE: _____

TYPE OR ORGANIZATION: Civic ____ Patriotic ____ Fraternal ____ Educational ____ Religious ____
Benevolent ____ Other Explain: _____

Are you Registered with the Illinois Attorney General's Office to Solicit Funds? Yes ____ No ____

Please provide a copy of Registration. If exempt, provide Exemption Number from Statute: _____

NAME OF ORGANIZATION: _____
BUSINESS ADDRESS _____ BUSINESS PH: _____

LOCAL CONTACT PERSON: _____ PHONE: _____

ADDRESS: _____ (Street, City, State, ZIP)

NAME OR TYPE OF FUNDRAISING EVENT: _____

PLEASE CHECK LOCATION(S) DESIRED:

Route 1 & Route 9 ____ N Market & E Penn St ____ N Market & E Main St ____

DATE(S) YOU PLAN TO SOLICIT: _____

TIME(S) YOU PLAN TO SOLICIT: _____ NUMBER OF PEOPLE TO SOLICIT: _____

Signature of Applicant: _____ DATE: _____

*SOLICITATION HOURS ARE PERMITTED BETWEEN: 7am – 3pm

*NO HOLIDAYS OR SUNDAYS WILL BE PERMITTED FOR SOLICITING

*ALL SOLICITORS MUST WEAR HIGH VISABILITY VESTS & MUST BE AT LEAST 16 YEARS OR OLDER

APPROVED: Y / N \$30 NONREFUNDABLE FEE PAID: Y / N

10 VEST CHECKED OUT: Y / N

ADMIN SIGNATURE: _____

10 VEST CHECKED IN: Y / N