



**CITY CLERK'S OFFICE
304 SOUTH INDIANA AVENUE
KANKAKEE, ILLINOIS 60901
PHONE 815-933-0480
FAX 815-933-0482**

APPLICATION FOR TAG DAY

INSTRUCTIONS FOR COMPLETING THE TAG DAY APPLICATION

This form must be completed to receive permission for hosting a Tag Day on City property.

THE FOLLOWING CONDITIONS MUST BE MET BEFORE A REQUEST SHALL BE GRANTED:

- ❖ **Tag Days require proof of insurance with a minimum of \$1,000,000.00 liability coverage to be submitted to the City Clerk's office prior to the date of the event. Tag days also require satisfactory proof that the organization soliciting contributions is a charitable organization. Tag Days are to be held only at predetermined street intersections: You may NOT choose your own intersections.
These intersections are:
 - **Station Street and Wall Street**
 - **Schuyler Avenue and River Street**
 - **Schuyler Avenue and Brookmont Boulevard**
 - **Harrison Avenue and Station Street**
 - **Indiana Avenue and Station Street**
 - **Water Street and Washington Avenue****
- ❖ **Additionally, the City Ordinance provides the following rules:
 - **Wear reflective vests approved by the Police Chief.**
 - **No one under the age of sixteen (16).**
 - **No soliciting during inclement weather.**
 - **Soliciting may begin ½ hour after sunrise to 6:00 p.m. or ½ hour after sunset.**
 - **Organization's name must be labeled on the outside of collection containers.****
- ❖ **All applications and attached documentation must be submitted to the City Clerk's office by the Thursday prior to the Council date preceding the event.**

****Careful completion of the form will help to avoid delays in processing. It is important that you follow the instructions and provide clear and accurate information. Submit all necessary documents with this application. You will be notified by letter if the event has been approved. Do not assume that all aspects of the event will be approved; you may be asked to make some changes to your plan based on the availability of services and scheduling of other events. Therefore, you are encouraged not to make any other arrangements for your event until approval from the City Council has been received****

(PLEASE PRINT)

SPONSORING ORGANIZATION OR INDIVIDUAL FOR TAG DAY:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EVENT NAME: _____

EVENT DATE: _____

RAIN DATE (IF ANY): _____

THE UNDERSIGNED REPRESENTS THE PARTICIPANTS IN SAID EVENT AND AGREES TO THE CONDITIONS OF THE APPLICATION:

SIGNED: _____

Office Use Only:

Proof of insurance submitted? Yes No

Proof of charitable organization? Yes No

Processed by: _____ Date/Time: _____

Approved Denied

If Denied Reason for Denial: _____
