

MORTON GROVE POLICE DEPARTMENT

APPLICATION FOR A CERTIFICATE OF REGISTRATION FOR NON-COMMERCIAL SOLICITATION

(Please type or print clearly)

DATE OF APPLICATION: _____

NAME OF ORGANIZATION: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

NAME OF CONTACT OR PERSON IN CHARGE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE NUMBER: _____

CELL PHONE: _____ PAGER (IF ANY): _____

NATURE OF SOLICITATION: _____

DATE(S) REQUESTED: _____ HOURS: _____

LOCATIONS: _____

DATES OF THE TWO LAST PREVIOUS CERTIFICATES:

1. _____ 2. _____

The undersigned certifies that the information given on this application is true and accurate. Any statements found to be false will result in the loss of the right to solicit in the Village of Morton Grove.

SIGNATURE OF APPLICANT