APPLICATION TO CONDUCT "TAG DAY" FUNDRAISING EVENT IN THE VILLAGE OF ANTIOCH

Only charitable organizations that are recognized as tax exempt entities by the IRS (ie. So called 501 (c) (3) entities and religious organizations)

Name of Organization:			
Address:	City:	State:	Zip:
Event Contact Name:	Telephone:		
Contact Email Address:	Cell Phone:		
Contact Address:	City:	State:	Zip:
Is your organization 501 (c) (3)?			
Is your organization located within a 15 mil If not, please show reasonable rang		0	
 Please include the following with your a Request letter on organization letterhead Certificate of Liability Insurance showing List of members and/or persons conduct 	d stationary. Willage of Antioch as	,	anization.
Requested Fundraising Event Dates:			
NOTE: No license will be granted for a period of more than Tag Days may be conducted within the Village of Antioch or	., .		-
Location/Intersections:			
Solicitation times:	Number of event participants:		
Applicant Signature:	Date:		
Print Name and Title:			
For Village Use Only:			
Tag Day Application is: Approved Definition	eniedVilla	age Administrator / D	ate

This application may be filed in person, by mail or by fax at the Office of the Village Clerk, Village of Antioch, 874 Main Street, Antioch, IL 60002. Applications may currently be faxed to 847-395-1920.