



VILLAGE OF FOX LAKE SOLICITOR'S / TAG DAY APPLICATION

Current Date _____

Name/Address of Organization _____

Telephone Number _____

Contact Name/Address _____

Telephone Number _____

Are you a Charitable Organization? Yes _____ NO _____

Purpose of Funds Collected _____

Date(s) & Time(s) Requested _____

Number of Solicitors _____

Note - all solicitors must be employees, members or volunteers. No paid solicitors.

Requested Solicitation Location(s) _____

Applicant's Signature _____

RETURN THIS COMPLETED APPLICATION WITH THE FOLLOWING:

- 1. CERTIFICATE OF INSURANCE LISTING THE VILLAGE OF FOX LAKE AS ADDITIONALLY INSURED.*
- 2. HOLD HARMLESS AGREEMENT COMPLETED & NOTARIZED.*
- 3. COPY OF A PHOTO ID FOR EACH SOLICITOR*

Official Use Only:

Approved/Denied _____ Date _____ By: _____

SAVE HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

WHEREAS, _____ (Solicitor) has applied for and has been given permission to conduct a “Tag Day” within the meaning of and pursuant to the provisions of Section 3-4-10 and all subsections thereof of the Village Code of the Village of Fox Lake, Illinois; and

WHEREAS, the undersigned Solicitor is providing the Save Hold Harmless and Indemnification Agreement to the Village pursuant to sub-section 5 of Section 3-4-10-4 of the Fox Lake Village Code as a condition precedent to conducting the Solicitor’s “Tag Day”:

NOW, THEREFORE and in consideration of the permission given by the Village to allow Solicitors to conduct its “Tag Day” on _____ (day/dates), the Solicitor does hereby agree as follows:

The undersigned does hereby agree to hold harmless and indemnify the Village of Fox Lake, a Municipal Corporation in Lake and McHenry Counties, Illinois, from all demands, claims, actions or causes of action, assessments, losses, damages, suits, judgements, costs, attorney’s fees and expenses incurred by reason of any claims, obligations, debts, demands or liabilities existing or asserted against the Village prior to and including the date of the “Tag Day or Days”, or thereafter coming into being or thereafter asserted by reason of any statement of fact, action or failure to act, including but not limited to, any damages or deficiency due to any breach of warranty, misrepresentation, or non-fulfillment of any agreement on the part of the undersigned or said indemnitors under this agreement, or any misrepresentation in or omission from any document and/or other instrument given or to be given by the undersigned as part of its “Tag Day” event.

IN WITNESS WHEREOF, the undersigned have executed this Agreement this _____ day of _____, 20 ____ .

(Print Name)

(Sign)

STATE OF ILLINOIS }
COUNTY OF _____ }

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, **DO HEREBY CERTIFY THAT** _____ personally known to me to be the same person whose name is subscribed the foregoing instrument, appeared before me this day in person, and acknowledged that he/she signed, sealed and delivered the said instrument as a free and voluntary act, for the uses and purposed therein set forth.

GIVEN under my hand and official seal, this _____ day of _____, 20 ____ .

NOTORY PUBLIC