

**APPLICATION FOR PERMIT TO SOLICIT CONTRIBUTIONS UNDER  
ORDINANCE LW - 34, AUGUST 8, 2006**

This application is made by: \_\_\_\_\_

a. Name of Organization: \_\_\_\_\_

b. Date & Hours of solicitation: \_\_\_\_\_

c. Location of solicitation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Applicant states it is registered as a charitable organization with the State Attorney General's Charitable Trust and Solicitations Bureau and will present a certificate from said state bureau to be a part of this application

Applicant states that is engaged in a Statewide fund raising activity, which is the purpose of this application.

Applicant states that it will ensure that all solicitors shall be 18 years of age or older and will be wearing one of the High Visibility Vests at all time and that the High Visibility Cones will also be used.

Applicant agrees and states that it will be solely liable for any liability or loss to person or property that is in any way related to an act of any of the solicitors.

Applicant agrees and states that it will indemnify the City of West Frankfort, its elected officials, employees, and/or agents from and against all liability or loss that the City of West Frankfort, its elected officials, employees, and/or agents may sustain as a result of claims, demands, costs or judgments arising from any act of the solicitors whether it be caused by the negligence of its solicitors, its agents or employees or otherwise.

Should it become necessary for the City of West Frankfort, its elected officials, employees, its agents, or someone on their behalf, to incur any costs and/or expenses, whether directly or indirectly, including, but not by the way of limitation, attorney's fees, investigator's fees, collection fees, or court costs, in connection with any claim or demand for which indemnification is provided by this agreement or in connection with any attempt to recover losses incurred on such claims or demands, or in connection with the enforcement of this agreement or any portion thereof, applicant agrees to pay such reasonable costs and/or expenses for which expenditure is made or liability incurred by the City of West Frankfort, its elected officials, employees, and/or agents or someone on their behalf.

Applicant states that it will provide a copy of a **Certificate of Liability Insurance** to be a part of this application

Applicant agrees and states that it will return the (number) \_\_\_\_\_ Of High Visibility Vest and the (number) \_\_\_\_\_ High Visibility Cones to the City of West Frankfort by 3:00 p.m. the day following the last day of solicitation, namely: \_\_\_\_\_ And will be liable for the replacement costs of any not returned or damaged during the time is has possession of same.

Applicant states that it will ensure that all solicitors take into account the orderly flow of traffic and do not in any way interfere with the operation of official traffic control devices.

The person signing this application states under penalty of perjury that he/she is duly authorized by the applicant entity to make this application and to bind the applicant entity to the agreements and terms contained therein.

Dated: \_\_\_\_\_  
\_\_\_\_\_  
Applicant's authorized Agent  
Print name here: \_\_\_\_\_

Signature witnessed by: \_\_\_\_\_

Approved: \_\_\_\_\_, 20\_\_ by \_\_\_\_\_  
Mayor

Disapproved: \_\_\_\_\_, 20\_\_ By \_\_\_\_\_  
Mayor