



Office of the Chicago City
Clerk



Or2011-1186

Office of the City Clerk

City Council Document Tracking Sheet

Meeting Date:	12/14/2011
Sponsor(s):	Burke, Edward M. (14)
Type:	Order
Title:	Tag Day permits for Les Turner ALS Foundation
Committee(s) Assignment:	Committee on Finance

CHICAGO December 14, 2011

To the President and Members of the City Council:

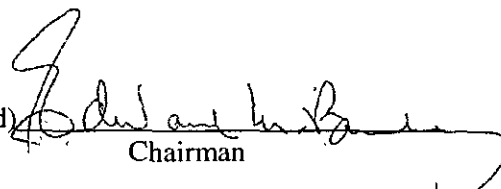
Your Committee on Finance having had under consideration one (1) order authorizing four (4) applications for City of Chicago Charitable Solicitation (Tag Day) permits.

- A. Les Turner ALS Foundation
- B. Mental Health Association of Greater Chicago
- C. Greenpeace, Inc.
- D. Save the Children Federation

having had the same under advisement, begs leave to report and recommend that your Honorable Body pass the ordinance(s)/order(s) transmitted herewith.

This recommendation was concurred in by _____ (viva voce vote)
of the members of the committee with _____ dissenting vote(s)).

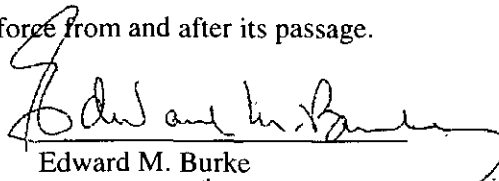
Respectfully submitted

(signed) 
Chairman

Ordered, that the Committee on Finance is hereby authorized and directed to issue charitable solicitation (tag day) permits to the following organizations:

- A. Les Turner ALS Foundation
May 1, 2012 through May 31, 2012
Citywide
- B. Mental Health Association of Greater Chicago
December 10, 11, 17, 18, 2011
Citywide
- C. Greenpeace, Inc.
January 1, 2012 through December 31, 2012
Citywide
- D. Save the Children Federation
December 21, 2011 through April 28, 2012
Citywide

This order shall take effect and be in force from and after its passage.



Edward M. Burke
Alderman, 14th Ward

**COMMITTEE ON FINANCE CHARITABLE SOLICITATION
TAG DAY REQUEST FORM AND ROUTE SHEET**

PERMIT NUMBER:	2011-40		
GROUP NAME:	Les Turner ALS Foundation		
ADDRESS:	5550 West Touhy, Suite 302, Skokie, IL 60077		
TELEPHONE NUMBER:	847-679-3311		
CONTACT PERSON:	Harvey Gaffen		
DATE WRITTEN REQUEST WAS RECEIVED:	November 30, 2011		
SOLICITATION DATE:	May 1, 2012 through May 31, 2012		
CITY COUNCIL DATE:	December 15, 2011		
COMPLETION OF FILE DATE:			
STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:			
DATE PERMIT LETTER WAS SENT TO ORGANIZATION:	December 15, 2011		
VIOLATION (S)			
COMMITTEE LETTER SENT:			
COMPLY RECEIVED:			
COMMENTS:			

APPLICATION FOR CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT

(Please neatly print or type. In necessary in answering any question, please attach additional sheets.)

1. **Name of organization:** Les Turner ALS Foundation

Address: 5550 West Touhy Avenue Suite 302, Skokie, IL 60077

Telephone Number: 847-679-3311

2. **Use the space below to list names, current positions, residence addresses and telephone numbers of the officers in the organization:**

Harvey Gaffen, President, 2426 Augusta Way, Highland Park, IL 60035, 847-681-9930

Cindy Fluxgold, Board Member, 921 Altgeld, Chicago, IL 60614, 773-935-7004

Bob Lee, Board Member, 285 N. Valley Road, Barrington, IL 60010, 847-381-6239

Wendy Abrams, Executive Directory, 847-679-3311

3. **List the date and approximate location(s) of solicitation:**

Solicitations will take place throughout the month of May 2012 in various locations within the City including, Lincoln Park, Union Station, Old Town, Lakeview, Garfield Ridge, Beverly, and Northwest Chicago on Fridays, Saturdays and Sundays.

4. **Approximately how many persons will be engaged in the solicitation?**

500 volunteers (estimated) throughout the month of May

5. **Explain the methods your organization will use to solicit funds:**

Tag Days coincides with May ALS Awareness month. Volunteers wear bright yellow aprons and solicit on street medians, street corners and in other permissible areas such as store fronts. Donors receive a "tag card" with information about Lou Gehrig's disease (ALS)

6. **Has your organization ever been allowed to solicit funds in prior years in the City of Chicago? If so, when?**

Yes, from May 1995 to May 2011 we have conducted Tag Day Drives in Chicago.

7. **Include the following with your application:**

- A. A copy of the registration statement filed with the Attorney General of the State of Illinois; or exemption issued by the Attorney General of the State of Illinois.
- B. A copy of the tag, badge, emblem or other token (if any) which will be distributed as part of the solicitation, or which will be used by your organization in its solicitation.

8. **Please include any other relevant information which would assist the Committee on Finance in reviewing this application.**

APPLICATIONS MUST BE RECEIVED BY THE COMMITTEE ON FINANCE NO
LATE THAN 30 DAYS PRIOR TO THE COMMENCEMENT OF THE SOLICITATION.

I/WE, THE OFFICER(S) OF THE ABOVE NAMED ORGANIZATION, CERTIFY
THAT THE INFORMATION FURNISHED IN THIS STATEMENT AND ALL
ATTACHED SHEETS IS TRUE AND CORRECT TO THE BEST OF MY/OUR
KNOWLEDGE. (NOTE: AT LEAST ONE OFFICER OF THE ORGANIZATION
MUST SIGN AND VERIFY THIS APPLICATION.)

Signature

Wendy Brown

Title

Ex. Director

Date

10/14/11

Signature

Title

Date

Signature

Title

Date



October 26, 2011

OFFICE OF THE ATTORNEY GENERAL
STATE OF ILLINOIS

LES TURNER AMYOTROPHIC
LATERAL SCLEROSIS FOUNDATION
5550 WEST TOUHY AVENUE
SUITE 302
SKOKIE, IL 60077-3254

Lisa Madigan
ATTORNEY GENERAL

RE: Status of LES TURNER AMYOTROPHIC LATERAL SCLEROSIS FOUNDATION under
the Illinois Charitable Laws CO# 01009026

Dear Registrant:

This letter is pursuant to your request that the Attorney General confirm the status of
LES TURNER AMYOTROPHIC LATERAL SCLEROSIS FOUNDATION under the
Charitable Organization Laws.

This organization is currently registered with the Attorney General's Charitable Trust
and Solicitations Bureau as CO# 01009026. It is current in the filing of its financial reports,
having filed its report for the period ended December 31, 2010. Please let us know if you
require further information.

Sincerely,

Takiyah Martin Barnes

Takiyah Martin Barnes, Compliance Officer
Charitable Trusts Bureau
100 West Randolph Street, 11th Floor
Chicago, Illinois 60601
Telephone: (312) 814-2595

COMMITTEE ON FINANCE
2011 OCT 31 P 3 10

HOLD HARMLESS AGREEMENT

1. The undersigned officer on behalf of the subject organization agrees to defend, indemnify, save and hold harmless the City of Chicago for any loss, liability, damage or cost which the City may incur due to the presence of volunteers of the subject organization on City premises for the purpose of charitable solicitations.
2. The subject organization assumes full responsibility for risk of bodily injury, death or property damage due to the negligence of the subject organization or otherwise resulting from conduct or activity related to the participation in charitable solicitation on the public way.
3. The officer of the subject organization has read and voluntarily signs the hold harmless agreement and waiver of liability and indemnity agreement.

Hester Turner ABS Foundation
Name of organization

Wendy Abram
Signature of organization officer

10/14/11
Date

**COMMITTEE ON FINANCE CHARITABLE SOLICITATION
TAG DAY REQUEST FORM AND ROUTE SHEET**

PERMIT NUMBER:	2011-41		
GROUP NAME:	Mental Health Association of Greater Chicago		
ADDRESS:	125 S. Clark St, Chicago, IL 60603		
TELEPHONE NUMBER:	312-781-7780		
CONTACT PERSON:	Stella Kalfas		
DATE WRITTEN REQUEST WAS RECEIVED:	November 30, 2011		
SOLICITATION DATE:	December 10, 11, 17, 18, 2011		
CITY COUNCIL DATE:	December 14, 2011		
COMPLETION OF FILE DATE:			
STATEMENT OF RECEIPTS AND-DISTRIBUTION RECEIVED:			
DATE PERMIT LETTER WAS SENT TO ORGANIZATION:	December 15, 2011		
VIOLATION (S)			
COMMITTEE LETTER SENT:			
COMPLY RECEIVED:			
COMMENTS:			

APPLICATION FOR CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT

(Please neatly print or type. In necessary in answering any questions, please attach additional sheets.)

1. **Name of Organization:** Mental Health Association of Greater Chicago

 Address: 125 South Clark St
 Suite 1820
 Chicago, Illinois 60603-5200

 Telephone Number: 312-781-7780
2. **Use the space below to list names, current positions, residency addresses, and telephone numbers of the officers in the organization:**

 Please See Attached
3. **List the dates and approximate location(s) of solicitation:**

 December 10, 11, 17, 18
 Citywide
4. **Approximately how many person will be engaged in the solicitation?**

 4 - 10
5. **Explain the methods your organization will use to solicit funds:**

 We will be briefly describing our organization, handing out flyers with lollipops, and asking for donations.
6. **Has your organization ever been allowed to solicit funds in prior years in the City of Chicago? If so, when?**
 No, we have never asked to solicit funds in the City of Chicago before.
7. **Include the following with your application:**
 - A. **A copy of the registration statement filed with that Attorney General of the State of Illinois; or exemption issued by the Attorney General of the State of Illinois.**
 - B. **A copy of the tag, badge, emblem or other token (if any) which will distributed as part of the solicitation, or which will be used by your organization in its solicitation.**
8. **Please include any other relevant information which would assist the Committee on Finance in reviewing this application.**