



## Charitable Solicitation Permit Application

### INSTRUCTIONS

*APPLICATIONS MUST BE COMPLETE  
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED*

#### **APPLICANT:**

- Complete the Charitable Solicitation Permit Application (TYPED OR PRINTED) and include the following attachments:
  - Copies of forms or permits as indicated on Page 3, if applicable
  - Financial statement for organization as explained on Page 3
  - Roster of participants (if not listed on Page 4)
  - Written permission from business owner
- Submit the Charitable Solicitation Permit Application to the City Clerk's Office

#### **CITY CLERK'S OFFICE:**

- City Clerk's Office employee reviews the completed application
- Inform applicant that processing time is approximately 21 days
- Route application packet electronically for approval/denial

#### **POLICE DEPARTMENT:**

- Reviews application and notifies the City Clerk's Office recommendation for approval/denial

#### **CITY CLERK'S OFFICE:**

- Denial - Notify applicant
- Approval - Prepare permit and mail to contact listed on application



# Charitable Solicitation Permit Application

**NO CHARGE - PERMIT NOT TO EXCEED NINETY (90) DAYS**

Date \_\_\_\_\_

Name of Organization to Receive Funds \_\_\_\_\_

Local Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name of Parent Organization (if any) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Person in Charge of Solicitations OR Person Soliciting on Behalf of Organization:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Have you ever been arrested?  Yes  No Have you ever been convicted of a crime?  Yes  No

If yes, please list details. \_\_\_\_\_

Person Applying for the Permit:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Have you ever been arrested?  Yes  No Have you ever been convicted of a crime?  Yes  No

If yes, please list details. \_\_\_\_\_

What items will be sold? \_\_\_\_\_

Please make sure all pages are complete and returned to the Clerk's Office for processing.



