

CITY OF TROY | CITY CLERK'S OFFICE | 500 WEST BIG BEAVER | TROY, MI 48084 248.524.3316 | FAX: 248.524.1770 | E-MAIL: $\frac{\text{CLERK@TROYMI.GOV}}{\text{CLERK@TROYMI.GOV}}$

Charitable Solicitation Permit Application

INSTRUCTIONS

APPLICATIONS <u>MUST</u> BE COMPLETE INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

APPI	<u>LICANT</u> :
	Complete the Charitable Solicitation Permit Application (<u>TYPED OR PRINTED</u>) 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
POLIC	CE 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

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Charitable Solicitation Permit Application

NO CHARGE - PERMIT NOT TO EXCEED	RGE - PERMIT NOT TO EXCEED NINETY (90) DAYS Date					
Name of						
Organization to Receive Funds						
Local Address						
City, State, Zip						
Phone	Em					
Name of Parent Organization (if any)						
Address						
City, State, Zip						
Phone	Em	ail				
Person in Charge of Solicitations O	R Persor	n Soliciting on Behalf of Organization	:			
Name		Date of Birth				
Home Address						
City State 7in						
Email						
Phone		Coll				
Driver's License #:						
Have you ever been arrested? ☐ Yes	☐ No	Have you ever been convicted of a cri	ime?			
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?	es 🗌 No	Have you ever been convicted of a cri	ime? ☐ 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.

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What is the requested amount of contribution?									
How are funds solicited?									
	(DOOR-TO-DOOR; IN FRONT O	OF STORES, ETC.)							
To what purpose will you use these funds?									
Applicant MUST obtain permission from business owner									
Troy Locations	Dates	Times							
Type of Organization: Religio	ous Health Social	l Educational							
	ssional Fraternal Other								
ANSWER THE FOLLOWING QUESTIONS AND SUBMIT REQUIRED ATTACHMENTS ONLY IF APPLICANT IS AFFILIATED DIRECTLY WITH THE CHARITABLE ORGANIZATION									
Are you incorporated by the State?		Yes No							
Have you registered with the Depa		☐ Yes ☐ No							
Have you registered with Assumed Names, County Division? Yes No									
Have you registered with the Attorney General's Office, Charitable Trust Division?									
Are you on file with the Internal Revenue Service as being Tax Exempt? Yes No									
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DECLUDED ATTACUMENTO									
REQUIRED ATTACHMENTS (IF APPLICANT IS AFFILIATED DIRECTLY WITH THE CHARITABLE ORGANIZATION)									
Submit copies of documents for above questions where YES box is checked.									
Submit most recent financial state	Submit most recent financial statement for the charitable organization.								

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Charitable Solicitation Permit Application

ROSTER OF PARTICIPANTS (LIST PARTICIPANTS OR ATTACH ROSTER TO THIS APPLICATION) Name Local Address Home Address			
(LIST PARTICIPANTS OR ATTACH ROSTER TO THIS APPLICATION)	REQUIRED AT	TACHMENTS	
Name Local Address Home Address			
	Name Local Ac	ldress	Home Address
I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions. I understand that any omission or false statements on this application shall be sufficient cause for rejection of this application. I further understand that the Troy Police Department will be conducting a basic background check which will include the following queries: a criminal history check, driving record check, and check for contacts with law enforcement. I duly authorize the Troy Police Department to conduct these queries. I understand that failure to authorize these queries will result in the rejection of my application. I understand that these queries will remain confidential and are not subject to release. I understand that the results of these inquiries remain the sole property of the Troy Police Department.			
Applicant's Signature	-	Annligant's	Signatura

Approval of this application is determined by the Clerk's Office

For more information, please refer to the City of Troy Code of Ordinances:

• Chapter 74, Solicitations

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