

APPLICATION FOR CHARITABLE SOLICITATION

TYPED OR NEATLY PRINTED

Name of Person Completing application:

Phone #: _____

CHARITABLE REGISTRY # _____ (A copy of permit to be attached)
(tax exempt number)

Complete Name of Organization: _____

Permanent Address: _____

Local Address: _____

If applicant is a Corporation, give name and address of registered agent: _____

If licensed activity is to be carried at a fixed location, give address and description of premises: _____

If vehicle is to be used, give description including license plate # and copy of registration: _____

The purposed for which solicitation is to be made and estimated amount funds proposed to be raised: _____

Give Statement showing the need for solicitation: _____

LIST ON THE LAST PAGE OF THIS APPLICATION THE NAMES AND DATE OF BIRTHS OF ALL THE PERSONS MAKING THE PROPOSED SOLICITATION.

Name of Person who will be directly in charge of conducting the solicitation:

Name: _____ Address: _____

Date of Birth: _____

Briefly outline the method to be used in conducting the solicitation: _____

The time and dates when solicitation shall be made (give preferred and alternate dates for the beginning and ending of such solicitation)

Preferred Dates: _____

Rain Dates: _____

The amount of any wages, fees, commissions or expenses to be paid to any person or organization for conducting such solicitation and the names and addresses of all such persons: _____

A full statement of the character and extent of the charitable and philanthropic work conducted by the applicant within the Township: _____

Signature of person in charge of conducting solicitation: _____

