

TITTABAWASSEE TOWNSHIP

CHARITABLE/RELIGIOUS SOLICITATIONS APPLICATION

Applicant's Name: _____ Phone # _____

Applicant's Address: _____

Organizations Name: _____ Phone# _____

Organizations Address: _____

Organizations Principal Officers _____

Purpose and use for which solicitation is to be made: _____

Name and address of person in direct charge of conducting solicitation and name of promoters connected with the solicitation: _____

Method of solicitation _____

Starting Date: _____ Ending Date: _____

Amount of any wages, fees, commissions, expenses to be expended or paid to any person, their names and address: _____

Costs of this solicitation will not exceed 25% of the total amount raised.

**RECEIPT OF A PERMIT FROM TITTABAWASSEE TOWNSHIP
SHALL NOT BE AN ENDORSEMENT FROM THE TOWNSHIP**

State license number _____ If none, why one was not needed _____

Signature of Applicant

For Office Use Only

**COPY OF NON-PROFIT STATUS ATTACHED
LIST OF ALL NAMES, ADDRESSES, AND BIRTH DATES OF WHO WILL BE SOLICITING
PHOTO I.D. FOR EVERY PERSON SOLICITING**

POLICE DEPARTMENT APPROVAL _____
Police Department Signature