

Today's Date: \_\_\_\_\_

Dates of Solicitation: \_\_\_\_\_

**SOLICITATIONS BY CHARITABLE ORGANIZATIONS**

Organization Name \_\_\_\_\_

Headquarters Address \_\_\_\_\_

Name and Address of Principal Officers and Managers: \_\_\_\_\_ Phone Numbers \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Names and Addresses of solicitors to be used: \_\_\_\_\_ Phone Numbers \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The purpose for which such permit is desired; and the use to be made of any receipts therefrom:

\_\_\_\_\_

\_\_\_\_\_

Names and Addresses of the persons by whom the receipts are to be disbursed:

\_\_\_\_\_

\_\_\_\_\_

An outline of the method to be used in such solicitation or sale:

\_\_\_\_\_

The amount of money expected to be realized from such solicitation or sale: \$ \_\_\_\_\_

The amount of wages, fees, commissions, expenses, or emolument to be expended or paid in connection with such solicitation or sale; together with the manner in which such wages, fees, commissions, expenses, or emoluments are to be expended and to whom they are to be paid: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THE CITY COUNCIL MAY REQUIRE SUCH OTHER INFORMATION AS IT MAY DEEM NECESSARY.**

AFFIDAVIT: In witness hereof, the person, persons, parties or officers of the organization making this application do hereby swear and affirm that all information given to obtain this Permission to Solicit are true to the best of their knowledge and belief.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Officer or Authorized Official

\_\_\_\_\_  
Address of Organization

My commission expires \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

APPROVED MOUNDSVILLE LICENSING BOARD

Date: \_\_\_\_\_

\_\_\_\_\_  
Sondra J. Hewitt, City Clerk