

Permit No. _____

City of Ferndale

CANVASSING AND SOLICITATION

Ordinance No. 761 as Amended by Ordinance No. 844

Name of Organization _____

Name of Organization Contributions Solicited Under _____

Principal Address of Organization _____

Phone No. _____

Address of Office/In-State _____

Name and Addresses of the Following:

Officers _____

Directors _____

Trustees _____

Chief Executive Officer _____

State Agent _____

Where/When Organization Legally Established _____

Articles of Incorporation _____

Tax Exempt Status _____

Tax Exempt ID Number _____

Purpose of Organization _____

Use of Contributions _____

Has Organization been Enjoined from Soliciting Contributions? _____

Methods of Solicitation _____

Date of Solicitation/Canvassing _____

Area of Solicitation _____

Full Name of Applicant/In-State Agent _____

Date of Birth _____

Address of Applicant/In-State Agent _____

Phone No. _____

Social Security Number of Applicant/In-State Agent _____

Driver's License/State I.D. Number of Applicant/In-State Agent _____

Signature of Applicant _____

Date of Application _____

Name and Address of Applicant/In State Agent _____

Is hereby authorized to canvass/solicit

funds, goods, etc. for the benefit of _____

Date of Solicitation _____ Expiration Date _____

Area of Solicitation _____

**THIS PERMIT DOES NOT CONSTITUTE AN ENDORSEMENT BY THE CITY OF
FERNDALDE OF THE PURPOSE OF THE CANVASS/SOLICITATION OR OF THE PERSON OR
GROUP CONDUCTING SAME. THIS PERMIT IS NON-TRANSFERABLE.
NO SOLICITATION AFTER DARK**

c: Police Department
Chamber of Commerce
City Manager

City Clerk

CITY OF FERNDALE
CANVASSING AND SOLICITATION

Additional Registrants for Permit No. _____

Organization _____

Name _____

Address _____

City/State/Zip _____

Phone No. _____

Date of Birth _____

Driver License No. _____

Social Security No. _____

Name _____

Address _____

City/State/Zip _____

Phone No. _____

Date of Birth _____

Driver License No. _____

Social Security No. _____

Name _____

Address _____

City/State/Zip _____

Phone No. _____

Date of Birth _____

Driver License No. _____

Social Security No. _____

Name _____

Address _____

City/State/Zip _____

Phone No. _____

Date of Birth _____

Driver License No. _____

Social Security No. _____

Name _____

Address _____

City/State/Zip _____

Phone No. _____

Date of Birth _____

Driver License No. _____

Social Security No. _____

Name _____

Address _____

City/State/Zip _____

Phone No. _____

Date of Birth _____

Driver License No. _____

Social Security No. _____

Name _____

Address _____

City/State/Zip _____

Phone No. _____

Date of Birth _____

Driver License No. _____

Social Security No. _____

Name _____

Address _____

City/State/Zip _____

Phone No. _____

Date of Birth _____

Driver License No. _____

Social Security No. _____