



CITY OF BAY CITY, MICHIGAN

SOLICITOR'S APPLICATION

Name of Organization _____

Headquarter's Address _____

Applicant's Name _____

Home Address _____

Applicant's Phone: _____ Business Phone: _____ Cell Phone: _____

If Corporation, Company, or Partnership, give names of all owners, officers or managers:

Extent of charitable or patriotic work being done within the City _____

Notes: Attach a copy of the resolution, if any, authorizing such solicitation, certified to as a true copy by the officer having charge of the applicant's record. If the applicant is a charitable organization or nonprofit corporation, attach proof of current status as tax exempt for federal income tax purposes.

Purpose of solicitation: _____

Length of time applicant has been in continuous existence in City _____

Name and address of person in direct charge of conducting solicitation or sale _____

Names of all promoters connected or to be connected with the solicitation (add extra pages if necessary):

Note: Include a copy of credentials to be provided to individual solicitors.

Methods to be used in conducting solicitation: _____

Preferred dates (beginning and ending) and times for solicitation _____

(Notes: Only one permit shall be issued for any one day. One permit issued per applicant per year. Solicitation may be conducted only between 8 AM & sunset, but no later than 8 PM)

It is understood that if application is granted, it will not be used as an endorsement by the City of Bay City or any department or officer thereof. It is further understood that the applicant will indemnify, protect, defend, and save the city, its officers and employees, harmless from any claim, action, or suit for any loss, liability, or damage that may be asserted or levied against the city, its officers or employees, by reason of applicant's acts or omissions, or by its use or occupancy of any public property.

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public, _____ County, Michigan
My Commission expires: _____

New License Fee: \$5.00 (90 Days)
\$50 for each additional
license/promoter

LICENSE NO. _____

Attachments:

Resolution of corporate board _____

ISSUED _____

Tax exempt certification _____

Sample copy of credentials _____

Insurance submitted _____