

***SOLICITATION PERMIT APPLICATION
ORDINANCE 35-3***

Request Date: _____

The purpose of Solicitation: _____

Applicant: _____
(Individual, partnership, corporation or association)

Contact Person w/ Organization: _____ / _____
(PLEASE PRINT) Contact Phone #

Person in direct charge of conducting this solicitation onsite: _____
(PLEASE PRINT)

Contact Phone# _____

Date(s) of Solicitation: _____ Duration: _____ / _____
Beginning time Ending time

Address of Solicitation: _____

Estimated number of participants to engage in the solicitations: _____

I certify that all information submitted is true, correct and complete to the best of my knowledge.

Signature of Applicant: _____ Date: _____

Contact Phone # _____

() Approved

() Disapproved

Attest: _____
City Manager or Designee

Date: _____