

Application for Charitable Solicitation License  
Charter Township of Commerce  
Code of Ordinance No. 1.000 Chapter 30: Article I. & Article II.

Name (Person(s) and/or organization)

---

Please check one of the following to apply as:

Individual Person

<u>Name</u>	<u>Residence Address</u>	<u>City, State, Zip</u>	<u>Phone Number</u>
-------------	--------------------------	-------------------------	---------------------

---

<u>Business Name</u>	<u>Business Address</u>	<u>City, State, Zip</u>	<u>Business Phone Number</u>
----------------------	-------------------------	-------------------------	------------------------------

---

Partnership

Please list the following information for ALL Partners. Please use other side for additional names.

<u>Name</u>	<u>Principal Business Address</u>	<u>City, State, Zip</u>	<u>Business Phone Number</u>
-------------	-----------------------------------	-------------------------	------------------------------

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Corporation

Organized under the Laws of Michigan

Foreign Corporation

- If Foreign Corporation, provide the place of incorporation \_\_\_\_\_

Registered Agent

Address

Phone Number

---

Business Address (if different from above)

---

List ALL officers and Directors or Trustees of said Corporation

1.

2.

3.

4.

5.

6.

7.

8.

9.

---

If applicable, applicants shall provide a copy of Articles of Incorporation and/or 503 (c) or other tax-exempt authorization from the IRS.

Association

Association's Principal Business Address

Phone Number

---

Show all names and principal business and/or residence addresses, and phone numbers of all members of the association unless they exceed ten in number. In the event you exceed ten members, state the number of members and list the names and principal business or residence addresses and telephone numbers of the officers and directors or trustees of the association.

Name

Address

City, State, Zip

Phone Number

1.

2.

3.

4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

If the association is a multi-state organization or association, the mailing address and business location of its central office shall be given, in addition to the mailing address and business location of its local office.

<u>Address of Central Office</u>	<u>City, State, Zip</u>	<u>Phone Number</u>
_____	_____	_____

<u>Address of Local Office</u>	<u>City, State, Zip</u>	<u>Phone Number</u>
_____	_____	_____

Please complete for all applicants

List a brief description of the charitable purpose for which the funds are to be solicited, and an explanation of the intended use of the funds towards that purpose.

\_\_\_\_\_  
 \_\_\_\_\_

List the names of all individuals in direct charge of the solicitation. List any additional names on the back of this sheet.

<u>Name</u>	<u>Address</u>	<u>City, State, Zip</u>	<u>Phone Number</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

List a daily schedule of the location, dates, and times where the solicitation of funds is to occur, giving the time of the beginning of solicitation and its conclusion.

---

Location	Date	Time
----------	------	------

---

Location	Date	Time
----------	------	------

---

Location	Date	Time
----------	------	------

---

Location	Date	Time
----------	------	------

Provide names and addresses of all people soliciting funds. (List on separate sheet of paper if necessary)

<u>Name</u>	<u>Address</u>	<u>City, State, Zip</u>	<u>Phone Number</u>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

- 16. \_\_\_\_\_
- 17. \_\_\_\_\_
- 18. \_\_\_\_\_
- 19. \_\_\_\_\_
- 20. \_\_\_\_\_

List a description of the methods and means by which the solicitation of funds is to be accomplished.

\_\_\_\_\_  
\_\_\_\_\_

If the individual or organization is registered as a non-profit corporation, or is a tax-exempt organization under the IRS regulations, the applicant shall provide a written statement of authorization from the charitable, tax-exempt, or non-profit corporation or association for whole benefit the solicitation is intended

The license application must be signed by the applicant, if the person applying is an individual; if the person applying is a partnership, by the partner charged with disbursing funds solicited; if a person applying is a corporation or an association, by its officer charged with disbursing the funds solicited. The individual signing the license application shall sign the application and swear before a person authorized to administer oaths that the oaths that he or she has carefully read the application and that all the information contained therein is true and correct. Also, if a Charitable Funds Solicitation License is granted, such License will not be used or represented to an endorsement by the Township or any of its officers or employees.

Signature of Applicant: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Subscribed and sworn to before me, a Notary Public for the County of Oakland, Michigan,

this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
Oakland County, Michigan

My Commission Expires: \_\_\_\_\_