CHARTER TOWNSHIP OF SPRINGFIELD

CHARITABLE FUNDS SOLICITATION

APPLICATION FOR LICENSE

Application Received: _____ Dates of Validation: _____

License Issued: _____ License # _____

NAME (Person(s) and/or organization)

_____

PLEASE CHECK ONE OF THE FOLLOWING TO APPLY AS:

☐ INDIVIDUAL PERSON

Name	Residence Address	City, State, and Zip Code	Phone Number
Business Name	Business Address	City, State, and Zip Code	Business Phone Number

☐ PARTNERSHIP

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

Name	Principal Business Address	City, State, and Zip Code	Phone Number
1.			
2.			
3.			
4.			
5.			

☐ CORPORATION

☐ Organized under the Laws of the State of Michigan

☐ Foreign Corporation
If a Foreign Corporation, provide the place of incorporation _____

Registered Agent	Address	Phone Number
Person in Charge of Michigan Location	Address	Phone Number
Business Address (if different from above)		

List ALL Officers and Directors or Trustees of said Corporation

Name	Address	City, State, and Zip Code	Phone Number
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

Applicant shall provide a copy of Articles of Incorporation and/or 501 (c) (3) or other tax-exempt authorization from the IRS.

☐ ASSOCIATION

Association's Principal Business Address	City, State, and Zip Code	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	Principal Business Address	Residential Address	City, State, and Zip Code	Phone Number
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

If the association is part of 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.

Mailing Address of Central Office	City, State, and Zip Code	Phone Number
Business Address and Location of Local Office	City, State, and Zip Code	Phone Number

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.

Name	Address	City, State, and Zip Code	Phone Number

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

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

Name	Address	City, State, and Zip Code	Phone Number

Name	Address	City, State, and Zip Code	Phone Number

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 whose 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 he or she has: 1) carefully read the application and that all the information contained therein is true and correct; and 2) carefully read the Township's Solicitation Ordinance and agrees to abide by it. Also, if a Charitable Funds Solicitation License is granted, such License will not be used as or represented to be 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 _____, 20__.

Notary Public
Oakland County, Michigan
My Commission Expires: _____