

**City of Troy
City Clerk's Office
500 West Big Beaver
Troy, Michigan 48084
(248) 524-3331
www.troymi.gov/clerks**



INSTRUCTIONS FOR CHARITABLE SOLICITATION PERMIT APPLICATION

CITY CLERK'S OFFICE WILL NOT ACCEPT INCOMPLETE APPLICATIONS

STEP I. APPLICANT:

- Submit the **completed** Application for Charitable Solicitation Permit (**TYPED OR PRINTED**) to the City Clerk's Office with the following:
 - Copies of forms or permits as indicated on Page 3 (if applicable)
 - Financial statement for organization as explained on Page 3
 - Roster of participants if not listed on Page 4

STEP II. APPLICANT/CITY CLERK'S OFFICE:

- Review accuracy of completed application
- Inform applicant that processing time is approximately 4-6 weeks

STEP III. CITY CLERK'S OFFICE:

- Route application packet electronically for approval/denial
- Print permit; mail to contact listed on application

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APPLICATION FOR CHARITABLE SOLICITATION PERMIT – FUND RAISING

TIME SPAN FOR PERMIT NOT TO EXCEED NINETY (90) DAYS.

Date Filed _____

(PLEASE PRINT NEATLY)

Name of Organization to Receive Funds _____

Local Address _____

_____ City State Zip

Phone _____ Fax _____

Name of Parent Organization (if any) _____

Address _____

_____ City State Zip

Person in Charge of Solicitations **OR** Person Soliciting on Behalf of Organization:

Name _____ Date of Birth _____

Home Address _____

City/State/Zip _____

Email _____

Phone _____

Driver's License #: _____

Person Applying for the Permit:

Name _____ Date of Birth _____

Home Address _____

City/State/Zip _____

Email _____

Phone _____

Driver's License #: _____

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What items will be sold? _____
 What is the requested amount of contribution? _____
 How are funds solicited? _____
 (door-to-door, in front of stores, etc)

Applicant MUST obtain permission from business owner

Troy Locations	Dates	Times

To what purpose will you put these funds? _____

Type of Organization: Religious Health Social Educational
 Professional Fraternal Other _____

ANSWER THE FOLLOWING QUESTIONS ONLY IF APPLICANT IS AFFILIATED DIRECTLY WITH THE CHARITABLE ORGANIZATION

Are you incorporated by the State? Yes No
 Have you registered with the Department of Commerce? Yes No
 Have you registered with Assumed Names, County Division? Yes No
 Have you registered with the Attorney General's Office, Charitable Trust Division? Yes No
 Are you on file with the Internal Revenue Service as being Tax Exempt? Yes No

**If any of above questions are checked YES,
 provide copies of forms and permits involved.**

Most recent financial statement for the charitable organization MUST be attached IF the Applicant is directly affiliated with the organization.

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**ROSTER OF PARTICIPANTS –
 LIST PARTICIPANTS OR ATTACH ROSTER TO THIS APPLICATION**

Name	Local Address	Home Address
Name	Local Address	Home Address
Name	Local Address	Home Address
Name	Local Address	Home Address
Name	Local Address	Home Address
Name	Local Address	Home Address
Name	Local Address	Home Address

Have you ever been arrested? Yes No
 Have you ever been convicted of a crime? Yes No

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions. I understand that any omission or false statements on this application shall be sufficient cause for rejection of this application.

I further understand that the Troy Police Department will be conducting a basic background check which will include the following queries: a criminal history check, driving record check, and check for contacts with law enforcement. I duly authorize the Troy Police Department to conduct these queries. I understand that failure to authorize these queries will result in the rejection of my application. I understand that these queries will remain confidential and are not subject to release. I understand that the results of these inquiries remain the sole property of the Troy Police Department.

 Applicant's Signature

Approval of this application is determined by the Police Department