

**CITY OF WINDER
CHARITABLE SOLICITATION REGISTRATION
APPLICATION/PERMIT**



Note: It is the intent of the City of Winder Code of Ordinances to allow charitable solicitations only for qualified organizations or organized efforts for individuals where records of contributions and expenditures are kept and may be examined.

Date: _____

Organization Name: _____

Organization Address: _____

Organization Tax Exempt #: _____

Solicitor's Name: _____ Home Phone #: _____

Solicitor's Address: _____

Date of Birth: _____ SS#: _____ DL#: _____

List of all other solicitors: _____

Date(s) and times requested for solicitation: _____

Location(s) for solicitation: _____

**I certify that the above information is correct and true to the best of my knowledge, and further understand that the above information may be checked by the City of Winder. I authorize the City of Winder to perform a background check on me as the applicant. I understand that any false statements may result in rejection of my application. I acknowledge and understand that I, as the applicant will be held responsible for the other solicitors listed on the application. I further understand that the intent of the City of Winder ordinances are for solicitations for charitable organizations or organized efforts on behalf of individuals, where records of donations and expenditures are kept and may be examined. I also acknowledge that failure to adhere to the approved times, dates, and locations will result in termination of this permit. I understand a twenty-four hour waiting period may be required while a background check is performed.

Signature: _____ Date: _____

NOTICE: THIS IS A CERTIFICATE OF REGISTRATION WITH THE CITY OF WINDER. THE CITY DOES NOT ENDORSE ANY GROUP OR ORGANIZATION. ROADBLOCKS AND THE LIKE ARE PROHIBITED ON STATE HIGHWAYS BY DOT REGULATIONS.

For use by the City of Winder:

Recommendation:

Chief of Police

Approved/Denied

Date

City Clerk-Treasure

Approved/Denied

Date