

Vice-President, Secretary, Treasurer, Superintendent and/or Manager, and Bookkeeper.

PURPOSE OF SOLICITATION: Describe fully the reason for this solicitation, telling what use will be made of the receipts.

Give the name, title, address and telephone number of each person who is to disburse or assist in disbursing the receipts of this solicitation:

METHODS OF SOLICITATION: Will the solicitation consist of one event? _____

A series of events? _____ or as part of a continuous program ? _____

Explain fully how the solicitation will be conducted, giving full details as to what type of solicitation is proposed, who will be solicited, how they will be contacted and the geographical areas where the solicitation is to be conducted.

Give the name and address of the person or organization in direct charge of conducting the solicitation.

Furnish names and addresses of any other campaigns, here or elsewhere, managed by such person or organization during the last year.

REFERENCES: Give name, addresses and telephone number of four persons who may be contacted as references on the nature and character of this work.

How many solicitors will be engaged? _____

For what dates are you requesting a permit? _____

Do you have a permanent organization? _____ If yes, how long? _____

You are required to furnish the City of Richmond Heights with copies of all your advertising matter, reports, and information upon request.

It is understood that if a permit is granted, it must not be used nor represented in any way as an endorsement by the City of Richmond Heights or any member of its government, and that the permit will be subject to revocation for cause under the provisions of Chapter 8 of the City's Municipal Code, as amended. The hours for solicitation are between 9AM and 8PM.

Executed in duplicate this _____ day of _____ 20_____.

(Signed) _____
(Name of Organization)

By: _____
(Name and Title)

The foregoing is subscribed and sworn to by _____ as true and correct, according to (his)(her) best knowledge, information and belief, before me, a Notary Public within and for the County of St. Louis, State of Missouri, this _____ day of _____ 20__

My Commission Expires: _____

Notary Public

Office Use:

Copy of Permit from St. Louis County Charitable Solicitations Commission: YES / NO

PERIOD FOR WHICH PERMIT REQUESTED: Beginning _____ Ending _____
(Tag Days not to exceed 3 months)

Disposition: Granted: _____ Denied: _____

City Manager Signature: _____