



CANVASSER & SOLICITORS REGISTRATION & APPLICATION

Name of Individual completing this application: _____

And
Residing address: _____ Date of Birth _____
Street City State Zip

Organization represented, if applicable: _____

Organization's address: _____
No. Street City State Zip

Applicant's/Organization's phone number: _____

Names, addresses and position of the officers of the organization:

Name	Address	Officer Position
_____	_____	_____
_____	_____	_____
_____	_____	_____

Estimated number of persons who will be directly soliciting: _____

Nature and purpose of your solicitation activities: _____

What method will you be using to solicit funds? (Example: direct monetary donations, sale of tags, decals, etc.) _____

Where do you plan to canvass or solicit in Ottumwa? _____

Date(s) when you wish to conduct your activities in Ottumwa: _____

NOTE TO APPLICANT: Canvassing and soliciting shall be no earlier than 8:00 A.M. and no later than 9:00 P.M. and shall be no more than 90 days as determined by the City Council.

I do hereby certify that the above statements are true and correct. Signed this _____ day of _____, 20____.

Applicant



Staff recommendation to Council: _____
Approved _____ Denied _____ by City Council on _____, 20____
Restrictions set by Council: _____
Number of days set by Council for applicant: _____
License Number _____ Receipt No. _____