

**CITY OF EASTMAN
333 COLLEGE STREET
P O DRAWER 40
EASTMAN, GEORGIA 31023
TELEPHONE: 478-374-7721
FAX: 478-374-5149**

APPLICATION FOR CHARITABLE SOLICITATIONS PERMIT

NAME OF HEADQUARTERS: _____

ADDRESS: _____

APPLICANT'S NAME & ADDRESS (if different) _____

TELEPHONE NO: _____

PURPOSE OF SOLICITATION: _____

AMOUNT OF FUNDS PROPOSED TO BE RAISED THEREBY: _____

USE OR DISPOSITION OF RECEIPTS THEREFROM: _____

A SPECIFIC STATEMENT, SUPPORTED BY REASON AND, IF AVAILABLE, FIGURES SHOWING THE NEED FOR THE CONTRIBUTIONS TO BE SOLICITED.

NAME & ADDRESS OF PERSON(S) IN DIRECT CHARGE OF CONDUCTING THE SOLICITATIONS AND THE NAMES OF ALL PROMOTERS CONNECTED WITH THE PROPOSED SOLICITATIONS: _____

AN OUTLINE OF THE METHOD(S) TO BE USED IN CONDUCTING THE SOLICITATIONS: _____

DATE AND HOURS FOR THE BEGINNING AND ENDING OF SOLICITATIONS: _____

A FULL STATEMENT OF THE CHARACTER AND EXTENT OF THE CHARITABLE WORK BEING DONE BY THE APPLICANT WITHIN THE CITY: _____

If permit is granted, it will not be used or represented in any way as an endorsement by the city, or by any department, officer or employee thereof.

SIGNED: _____

DATE: _____

FEE: \$5.00

Permission to Solicit

I _____, Manager/Owner of _____, located at
_____, Eastman, Georgia, has the authority and gives permission to
_____ to _____ to set up on the lot and sell.

Signed: _____, Manager

Notary Public