



Cascade Charter Township
 2865 Thornhills Ave. SE, Grand Rapids, MI 49546
 Phone: (616) 949-1500 Fax: (616) 949-3918

SOLICITATION PERMIT APPLICATION (Commercial or business)

DATE OF APPLICATION: _____, 20__

(Must be filed with Township at least ten (10) days prior to solicitation date)

NAME OF ORGANIZATION: _____

Address: _____

Telephone Number: _____

Email: _____

DESCRIPTION OF ORGANIZATION: _____

GOODS/SERVICES SOLD/SOLICITING: _____

PLACE MANUFACTURED/PRODUCED: _____

PLACE OF STORAGE: _____

METHOD OF DELIVERY: _____

AREA OF SOLICITATION: _____ DATES OF ACTIVITY: _____

I HEREBY CERTIFY that neither this organization nor the person making application for permits for this organization have been convicted of a felony and/or a misdemeanor theft or fraud.

I UNDERSTAND that all solicitation must comply with Cascade Charter Township Ordinance No. _____ (the Cascade Charter Township Solicitation Ordinance), being _____.

I HEREBY CERTIFY that answers given here and on the following pages numbered 1 (this page) to _____ are true and complete to the best of my knowledge.

_____, 20__
 SIGNATURE OF APPLICANT DATE

NON-REFUNDABLE PERMIT FEE - \$25 FOR EACH PERMIT ISSUED AMOUNT PAID: \$ _____

\$15 – PERMIT RENEWALS (If renewed within the 30-day time period before the date that the original permit expires), \$25 – REFUNDABLE PERMIT DEPOSIT (See Section 12.005)

DATE APPROVED: _____, 20__ By _____

VALID UNTIL: _____, 20__ RENEWED UNTIL: _____

DATE DENIED: _____, 20__ By _____

REASON FOR DENIAL: _____

COPY OF THIS APPLICATION SENT TO APPLICANT AS NOTIFICATION OF DENIAL WITHIN THREE (3) DAYS OF APPLICATION.

DATE MAILED: _____, 20__

NAME OF APPLICANT: _____

TELEPHONE NUMBER: _____

HOME ADDRESS: _____

LOCAL ADDRESS (if different from home address): _____

EMAIL: _____

NAME AND ADDRESS OF OTHER CURRENT EMPLOYER: _____

NAMES OF ADDITIONAL SOLICITORS:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

REQUIREMENTS FOR ALL LISTED ABOVE:

\$25.00 NON REFUNDABLE PERMIT FEE

\$15 NON REFUNDABLE RENEWAL FEE (if renewed within 30-day time period before the date that the original permit expires)

\$25 REFUNDABLE PERMIT DEPOSIT

COPY OF DRIVERS LICENSE or GOVERNMENT ISSUED PHOTO IDENTIFICATION CARD

Pursuant to Township Ordinance, each solicitor shall complete a signed statement. Please note a "yes" response is cause for denial of a license.

The license application may be obtained during normal business hours at the Township offices. Such application shall be applied for at least ten (10) business days prior to the date of conducting such solicitation.

Has any person, firm, corporation, or organization that will be engaged in active solicitation within Cascade Charter Township for you or on your behalf ever been convicted of a felony and/or misdemeanor theft or fraud?

Yes _____
No _____

If yes, please explain the nature of the offense:

Name – (Print)

Signature

_____, 20____
Date:

00057 (002) 559900.2