

**APPLICATION
RELIGIOUS & CHARITABLE ORGANIZATION
LICENSES**

Name of Organization: _____

Address: _____ City: _____ State: _____

Purpose of Activity: _____ - _____

Period of Activity: _____ to _____

Will solicitor charge any fees, wages, or commission? YES NO If marked YES how much? _____

Names of Officers/ Directors of the Organization:

President: _____ Address: _____

Vice President: _____ Address: _____

Secretary: _____ Address: _____

Treasurer: _____ Address: _____

Hours of Solicitation are in effect from 8AM – 6PM