

PUBLIC SOLICITATIONS
APPLICATION FOR REGISTRATION OF PUBLIC SOLICITATION

Please complete entire application. Type or print legibly. The application must be signed.

1. Organization for whose benefit the public solicitation will be conducted:

Name _____
Address _____ Phone No. _____

2. Principal Officers of the Organization:

a. Name _____ Title _____
Address _____ Phone No. _____

b. Name _____ Title _____
Address _____ Phone No. _____

c. Name _____ Title _____
Address _____ Phone No. _____

3. Person Who Will Be In Charge of Solicitation:

a. Name _____
Address _____ Phone No. _____

4. What is the purpose for the solicitation? _____

5. What are the dates of proposed solicitation? _____

6. What method of solicitation will be used? _____

7. Will professional (compensated) solicitors be used? _____ If yes, provide the following:

Name of Solicitor _____
Address of Solicitor _____ Phone No. _____
City of Springfield Business License Number of Solicitor _____

8. Will solicitors under the age of 18 be used in the solicitation? _____ If yes, you must designate a sponsor who will be responsible for supervising and controlling the conduct of the solicitors. Also, the sponsor must provide identification badges to each individual in its solicitation effort. The badge must identify the name of the sponsor and the name of the individual. The sponsor shall comply with the requirements of the state youth employment act at all times.

Name of Sponsor _____
Address of Sponsor _____ Phone No. _____

9. Attach a copy of the organization's non-profit registration that is filed with the Secretary of State's office.

Signature Title Date

If you have any questions, you may contact us by calling (417) 864-1617. Return form to:

City of Springfield
Licensing Division
P.O. Box 8368
Springfield MO 65801