



"meeting community needs
.....enhancing quality of life"

FEES ARE NON-REFUNDABLE		Date Rec'd ___/___/___
License Fee	\$ 10.00	ChargeCode: CLLCHR
Receipt	_____	

APPLICATION for PERMIT for CHARITABLE SOLICITATION

SECTION 1 – BUSINESS INFORMATION – Answer all questions completely. Please PRINT clearly			
Name of Corporation/ Individual			
Corporation/ Individual Address		City	State Zip
Corporation/ Individual Telephone Number		<i>This permit shall be good for 90 days from the date of application, unless extended by the City Clerk – Municipal Code Section 9-645</i>	
DATES WHEN SOLICITATION WILL BE MADE:	FROM: _____/_____/_____	THROUGH: _____/_____/_____	
SECTION 2 – LOCAL CONTACT INFORMATION			
Name of Local Contact Person			
Home Address		City	State Zip
Contact Telephone Number		Date of Birth	
SECTION 3 – PRODUCT INFORMATION			
Describe Merchandise/Product/Services to be solicited: (Please be specific)			
How will solicitation be made? (Door-to-door, telephone, printed communication, etc.)			
SECTION 3 – PENALTY NOTICE			
The undersigned request that a license be granted in accordance with Section 134.65 of the Wisconsin State Statutes and Section 9-30(3) of the Municipal Code of the City of Appleton.			
Signature of Applicant: _____			
FOR OFFICE USE ONLY			
Date Issued		License Number	

1/18/19

Return application to: City Clerk, 100 North Appleton Street, Appleton, WI 54911-4799