



## City of Grovetown

103 Old Wrightsboro Road

P.O. Box 120

Grovetown, GA 30813



Department of Planning and Development

Office: 706-860-5094 Fax: 706-860-5017

# Soliciting Permit Application

1. Name of Charitable Organization: \_\_\_\_\_
2. Address of Organization: \_\_\_\_\_
3. Telephone Number of Organization: (     )     -
4. Type of Organization and Certification (Select one of the following)
  - ( ) – Organization qualified under section 501(c) of Internal Revenue Code of 1986, including certification from the IRS
  - ( ) – Nonprofit corporation registered in Georgia, including certification from the secretary of state
  - ( ) – Church
  - ( ) – Public or Private School
5. Name of Organizer(s): \_\_\_\_\_
  - a. Height: \_\_\_\_\_
  - b. Weight: \_\_\_\_\_
  - c. Age: \_\_\_\_\_
  - d. Sex: \_\_\_\_\_
  - e. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

6. Proposed solicitation activity: \_\_\_\_\_

7. Purpose for activity (i.e. use of funds): \_\_\_\_\_

8. Specific location(s) for solicitation activity: \_\_\_\_\_

\_\_\_\_\_  
(Include specific intersections and the number of solicitors at each location)

9. Date and time of solicitation: \_\_\_\_\_

10. Names of all participants proposed to be solicitors and ages:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. If any solicitors are under 18, names and addresses of adult supervisors:  
(One adult supervisor per two solicitors under 18 is required)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. If the event is to be held on behalf of any person or organization other than the applicant, provide a written statement from the person or organization authorizing the application.

13. Please provide a photocopy of either a driver's license or other official photo identification of each organizer

14. Provide a \$25.00 investigation fee and \$75.00 permit fee. Should the application be denied, the permit fee shall be refunded.

NOTE: By submitting this application, the applicant is consenting to allow the planning and zoning director at their discretion on any person named on the application and that all the information provided is true and correct.

Any additional information the planning and zoning director may find reasonable or necessary for a fair determination as to whether the proposed event will endanger public health, safety, or welfare may be requested.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Subscribed and sworn before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_