

ORGANIZATION APPLICATION SOLICIT, CANVAS OR SELL HOUSE TO HOUSE

WEST HARTFORD POLICE DEPARTMENT
103 RAYMOND ROAD
WEST HARTFORD, CT 06107
(860) 570-8800

NAME OF APPLICANT ORGANIZATION _____

ADDRESS (PERMANENT) _____

LOCAL ADDRESS, IF DIFFERENT _____

TELEPHONE NUMBER: LOCAL _____ PERMANENT _____

IS THE ORGANIZATION NON-PROFIT? YES _____ NO _____

EVIDENCE OF NON-PROFIT NATURE _____

DATES OF SOLICITATION: FROM _____ TO _____

DESCRIPTION OF ACTIVITIES TO BE CONDUCTED _____

RANKING OFFICER OF ORGANIZATION: NAME _____ TITLE _____

PERSON IN CHARGE OF SOLICITATION: NAME _____ TITLE _____

ADDRESS _____ TEL. # _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

NAMES OF ALL PERSONS WHO WILL BE GOING FROM HOUSE TO HOUSE (ATTACH APPLICATION FOR SOLICITORS FOR EACH PERSON NAMED)

I CERTIFY THAT THE INFORMATION ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF PERSON IN CHARGE OF SOLICITATION DATE _____

IF NON-PROFIT, I CERTIFY THAT NO PERSON PARTICIPATING IN THE SOLICITATION HAS RECEIVED OR WILL RECEIVE COMPENSATION FOR HIS OR HER CONDUCT.

SIGNATURE TITLE DATE _____

FEE FOR PERMIT: \$5.00/ORGANIZATION, \$5.00 PER BADGE