

Date _____

License Number _____

**CITY OF STERLING HEIGHTS
OFFICE OF THE CITY CLERK**

REGISTRATION FOR PERSONS AND ORGANIZATIONS
SOLICITING FOR CHARITABLE, RELIGIOUS OR POLITICAL PURPOSES

I. PERSONAL INFORMATION

Name _____

Home Address _____

City _____ State _____ Zip _____

Phone No: _____ Cell Phone No: _____ D.O.B. _____

Driver's License No.: _____

Email Address: _____

II. PARENT ORGANIZATION

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Type of Organization _____

Where and When Incorporated or Established, the form of its organization and Tax-Exempt
Status _____

III. METHOD OF SOLICITATION (example: door to door)

NAME OF IMMEDIATE SUPERVISOR _____

IV. PURPOSE OF SOLICATION AND USE OF RECEIPTS

V. TIME OF SOLICITATION

Indicate length of time for which license is desired:

Beginning Date _____ Ending Date _____

Hours of the day: _____ A.M. to _____ P.M. (Note: only allowed from 9:00am-8:00pm (Standard Time) and from 9:00am-9:00pm (Daylight Savings Time))

Location of Operation _____

VI. VEHICLES

Description and License Number of Vehicle(s) to be used

(OFFICE USE ONLY)

Issued by: _____

Approved by: _____