

City of Greenwood, South Carolina

Return to:

City of Greenwood

Finance Department

PO Box 40

Greenwood, SC 29648

(864) 942-8469 FAX

APPLICATION FOR SOLICITATION PERMIT OR CERTIFICATE

Date: _____

Applicant Name: _____

Organization: _____

Address: _____

Telephone: _____

Principal officers and managers (name & address):

President _____

Vice-President _____

Treasurer _____

Secretary _____

Manager _____

Directors _____

Purpose: _____

Total amount of funds to be raised \$ _____

Total estimated expenses for solicitation \$ _____

List all persons participating in solicitation and their role:

NAME

ROLE

Method of solicitation _____

Proposed dates of solicitation: From _____
through _____

Does applicant certify that if a permit is granted, it will not be used or represented in any way as an endorsement of the City of Greenwood or by any department or officer thereof? _____

Additional information _____

PLEASE ATTACH WRITTEN AUTHORIZATION OF THE ORGANIZATION REPRESENTED TO CONDUCT THIS SOLICITATION.

All of the above statements are true to the best of my knowledge, information and belief.

Signed by: _____

Title: _____

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public, my commission expires _____