



Cascade Charter Township

5920 Tahoe Dr SE, Grand Rapids, MI 49546
Phone: (616) 949-1500 Fax: (616) 285-6747

Solicitation Permit Application Nonprofit

Applicant Information

Full Name: _____ Date: _____
Last First M.I. Must be filed 10+ days prior to solicitation date

Home Address: _____
Street Address

City State ZIP Code

Personal Phone: _____ Email: _____

Soliciting Organization

Organization Name: _____

Organization Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Organization Phone: _____ Organization Email: _____

Organization Description: _____

Attachments

To be considered, you must attach a copy of your driver's license or other form of government issued photo personal identification.

Nonprofit and Religious organizations must provide evidence that their organization is a state or federally registered or recognized charity or nonprofit before they engage in solicitation within the Township. These persons must provide the Township with a copy of a current permit issued by the Department of Attorney General pursuant to the Michigan Charitable Organizations and Solicitations Act, MCL 400.271, et seq., as amended.

Certification

I UNDERSTAND that all solicitation must comply with Cascade Charter Township Ordinance No. 329 Solicitation.

I HEREBY CERTIFY that answers given here are true and complete to the best of my knowledge.

Name of Applicant (Print)

Signature of Applicant

Date

Office Use Only

Date Received: _____ Date Approved/Denied: _____ Approved/Denied By: _____

Reason Denied: _____ Valid Until: _____