



Cascade Charter Township
5920 Tahoe Dr. SE, Grand Rapids, MI 49546
Phone: (616) 949-1500 Fax: (616) 949-3918

**NONPROFIT/POLITICAL/RELIGIOUS
SOLICITATION REGISTRATION APPLICATION**
(Commercial or business)

DATE OF APPLICATION: _____, 20__

(Must be filed with Township at least ten (10) days prior to solicitation date)

NAME OF ORGANIZATION: _____

Address: _____

Telephone Number: _____

Email: _____

DESCRIPTION OF ORGANIZATION: _____

TYPE OF ORGANIZATION: CHURCH/RELIGIOUS NONPROFIT/CHARITY POLITICAL

TYPE OF SOLICITATION: _____

PROOF OF NONPROFIT/CHARITABLE STATUS: _____

AREA OF SOLICITATION: _____ DATES OF ACTIVITY: _____

I HEREBY CERTIFY that neither this organization nor the person making application for permits for this organization have been convicted of a felony and/or a misdemeanor theft or fraud.

I UNDERSTAND that all solicitation must comply with Cascade Charter Township Ordinance No. 11-2011 (the Cascade Charter Township Solicitation Ordinance), being Part 12, Sections 12.001 – 12.11.

I HEREBY CERTIFY that answers given here and on the following pages numbered 1 (this page) to _____ are true and complete to the best of my knowledge.

_____, 20__
SIGNATURE OF APPLICANT DATE

DATE APPROVED: _____, 20__ By _____

VALID UNTIL: _____, 20__ RENEWED UNTIL: _____

DATE DENIED: _____, 20__ By _____

REASON FOR DENIAL: _____

COPY OF THIS APPLICATION SENT TO APPLICANT AS NOTIFICATION OF DENIAL WITHIN THREE (3) DAYS OF APPLICATION.

DATE MAILED: _____, 20__

NAME OF APPLICANT: _____

TELEPHONE NUMBER: _____

HOME ADDRESS: _____

LOCAL ADDRESS (if different from home address): _____

EMAIL: _____

NAME AND ADDRESS OF OTHER CURRENT EMPLOYER: _____

NAMES OF ADDITIONAL SOLICITORS:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

7/27/21