



Charitable Solicitation Application

Name of Organization: _____

Date(s) Soliciting: _____ Address of Organization: _____

Contact Name: _____ Phone Number: _____

Address: _____ Email Address: _____

Type of Organization: _____

Purpose for Soliciting: _____

List name(s) and age(s) of all persons soliciting in the City of Gallatin:

_____	_____
_____	_____
_____	_____
_____	_____

I hereby agree to abide by the laws of the City of Gallatin as set out in the Gallatin Municipal Code, Chapter 11, Article IV. I further agree that all persons listed above will be advised of and will abide by said laws, a copy of which has been given to me by the Recorder's Office.

Signature of Responsible Party

Date

This organization is hereby approved to solicit for charitable donations within the city limits of Gallatin.

Gallatin City Recorder

Date