TOWN OF MURPHY

APPLICATION TO SOLICIT

1. Organization, Group, or Individual Desiring to Solicit
Name:
Address:
Telephone number:
Email:
2. Person filing Application
Name:
Address:
Telephone number:
Email:
3. Person who will be present at, in charge of and responsible for solicitation
Name:
Address:
Telephone number:
Email:
4. Description of the charitable or non-profit purpose of the organization, group, or individua desiring to solicit contributions:
5. Attached to this Application to Solicit credentials showing the relationship of the person making the Application to the organization or group desiring to solicit contributions.6. Date and time of commencement of solicitation:
7. Duration of solicitation:
Fromm. untilm. 8. Specific location of solicitation:
9. Estimate of number of participants:

10. Will minors below the age of 18 years be permitted to participate?	Yes	No
Signature of applicant:	_	
Date and time of application:	-	
After review, the foregoing Application to Solicit by is hereby:		dated
Approved		
Denied		
This the, 20		
Chief of Police Town of Murphy		
10 01		