



Charitable Solicitor Registration

(As prescribed by Powell Codified Ordinance Chapter 721)

This application must be filled out completely and accurately. Falsification of any information on this application will result in the denial and/or revocation of a certificate and possible criminal prosecution.

Applicant Name (print)		Personal Phone Number
Home Address	City, State, Zip	
Name of Charitable or Religious Organization		Phone Number
Address	City, State, Zip	
Officer or Official of the Organization		
Nature of the Charitable or Religious Purpose		
Other Cities Where the Organization Has Solicited		

Attach proof of tax exempt status and verification that the organization has complied with the requirements of O.R.C. Chapter 1716 pertaining to charitable solicitations.

Acknowledgement

I understand, under penalty of perjury, that this application (and any accompanying statements) has been made to the best of my knowledge and belief and is true, correct, and complete. I also acknowledge that I have been given a copy of Chapter 721 of the Powell City Code and agree to abide by its provisions in their entirety. I further understand that failure to comply with the instructions as set forth in Chapter 721 are grounds for revocation and suspension of my certificate.

Signature	Date
Witness	Date
Chief of Police	Date
<div style="display: flex; justify-content: space-between; width: 100%;"> Approved Denied </div>	



Powell Police Department
 47 Hall Street | Powell OH 43065-8357 | www.cityofpowell.us
 Administration 614-885-5005 | Non-Emergency 614-885-3374

