



# Town of Oro Valley

## Solicitor's License Application

### Charitable, Religious and Educational Organizations

#### Section 1: Applicant Information

|                              |        |           |
|------------------------------|--------|-----------|
| Name of Organization:        |        |           |
| Address:                     |        |           |
| City:                        | State: | Zip Code: |
| Phone No.:                   | Email: |           |
| Contact Person:              |        |           |
| Purpose of the Organization: |        |           |

#### Section 2: Officer Information (Please list the names and addresses of all officers/directors of the organization)

|       |          |
|-------|----------|
| Name: | Address: |
| Name: | Address: |
| Name: | Address: |

#### Section 3: Solicitation Information

|  |          |            |    |
|--|----------|------------|----|
| Solicitation Period:   | From     | To         |    |
| Will any type of fee, wage or commission be paid for solicitation:                                 | Yes      | Amount: \$ | No |
| Please list the names and addresses of all persons who will engage in the solicitation activities: |          |            |    |
| Name:  | Address: |            |    |
| Name:  | Address: |            |    |
| Name:  | Address: |            |    |

#### Section 4: Proof of Qualification

|  |
|--|
| Please cite legal authority under which the exemption is claimed:                      |
| <b>**PLEASE NOTE:</b> Proof of qualification must be submitted with this application** |

#### Section 5: Declaration

|  |  |
|--|--|
| I declare, under penalty of perjury, that I am an authorized officer of the organization listed above and that said organization qualifies as tax exempt under federal or state income tax laws. |  |
| Date: _____  |  |
| Applicant's Signature: _____ Title: _____  |  |

#### Section 6: Approval (For Official Use Only)

|                                  |     |    |           |     |    |       |
|----------------------------------|-----|----|-----------|-----|----|-------|
| Proof of qualification provided: | Yes | No | Approved: | Yes | No | Date: |
| _____<br>Town Clerk              |     |    |           |     |    |       |