Office of the City Clerk
270 S River Avenue, Holland, MI 49423
P: 616-355-1301 F: 616-355-1490
clerk@cityofholland.com
www.cityofholland.com/clerk

Holland
MICHIGAN

APPLICATION FOR LICENSE TO SOLICIT FUNDS

The undersigned hereby submits the following information to support an application for a license to Solicit Funds in the City of Holland, as required by Chapter 31 of the Ordinance Code of the City of Holland:

Organization

Address _____ City _____ State _____ Zip _____

Purpose or subject of solicitation _____

Period of solicitation: From _____ to _____

Solicitation will be made: On Streets   ☐ Yes ☐ No   From Residences ☐ Yes ☐ No

Name of local person in charge of solicitation _____

Address _____ City _____ State _____ Zip _____

Phone _____

Amount which will be retained by or paid to above person or subordinate collectors out of funds obtained $ _____

Percentage of all funds which will be used to defray the cost of solicitation and collection _____ %.

Required Attachments:

1. This application must be and is accompanied by the identification which will be given to subordinate collectors, if any.
2. This application must be and is accompanied with proof of appointment as promoter if the organization is of National, State, Regional or City Character.
3. THIS APPLICATION MUST BE AND IS ACCOMPANIED WITH EVIDENCE THAT A LICENSE HAS BEEN SECURED OR HAS BEEN APPLIED FOR FROM THE STATE ATTORNEY GENERAL AS REQUIRED UNDER ACT NO. 169, MICHIGAN PUBLIC ACTS OF 1975.

Additional Requirement:

Each solicitor must appear in person at the City Clerk's office, provide a valid Michigan ID or Driver's License for an ICHAT background check, and pay the separate ICHAT fee. ICHAT form is available from the City Clerk website or office. If not a Michigan resident, applicant must show valid photo ID and submit a current background check.

Note: This application must be approved City Council.

I (We) hereby affirm that that the above information is correct to the best of my (our) knowledge, and that I am authorized to make said application.

_____   _____
Date   Applicant Signature

_____
Organization

RETURN COMPLETED FORM TO THE CITY CLERK'S OFFICE