



..CITY OF DUBLIN

Division of Planning
5800 Shier-Rings Road
Dublin, Ohio 43016-1236

Phone/TDD: 614-410-4600
Fax: 614-410-4747
Web Site: www.dublin.oh.us

RIGHT-OF-WAY SOLICITATION APPLICATION

PERMIT # _____

DATE ISSUED _____

APPROVED FOR _____

NOTE: Applicants are highly encouraged to contact Code Enforcement at (614) 410-4600 for assistance. Permits for soliciting in the public right-of-way shall be issued for no more than one (1) day each calendar year and is permitted between one hour after sunrise until one hour before sunset. The City Manager and/or the City Manager's designee shall have the authority to revoke the permit to solicit contributions, and the City Manager, Manager's designee, or the Chief of Police in their sole discretion may order any and all of the applicant's agents to cease all activity at any time if conditions become hazardous and/or inclement or if the agents fail to comply with the requirements of this application and/or applicable regulations.

I. PLEASE SUBMIT THE FOLLOWING:

- ONE (1) ORIGINAL SIGNED APPLICATION
- ONE (1) COPY OF CURRENT 501(C)(3) LETTER recognizing the organization as tax exempt
- ONE (1) COPY OF PAID LIABILITY INSURANCE POLICY OR CERTIFICATE OF INSURANCE IN THE AMOUNT OF NO LESS THAN \$1,000,000.00
- SIGNED WAIVER OF LIABILITY for each person soliciting on behalf of the organization
- LIST OF NAMES indicating all members of the organization who will be soliciting funds

II. APPLICANT INFORMATION: *This section must be completed.*

| |
|---|
| Name of Applicant: |
| Local Mailing Address: (Street, City, State, Zip Code) |
| Telephone: |
| Email or Alternate Contact Information: |

III. CHARITABLE ORGANIZATION INFORMATION: *This section must be completed.*

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|---|
| Name of Organization: |
| Local Mailing Address: (Street, City, State, Zip Code) |
| Telephone: |
| Email or Alternate Contact Information: |

IV. LOCATIONS AT WHICH YOUR ORGANIZATION WILL BE SOLICITING: *No more than two (2) locations are permitted.*

| |
|--------------------------------|
| Location: |
| Location: |
| Date and Time of Solicitation: |

V. STATEMENT OF ACKNOWLEDGEMENT:

| | |
|--|-------|
| I _____ hereby state that the information submitted within this application is true and correct. I, furthermore, testify that I will abide by all regulations that govern peddlers and solicitors within the City of Dublin. I also have been informed of and agree to all other conditions that are attached to the approval of my application. | |
| Signature of Applicant: | Date: |

VI. WAIVER OF LIABILITY: *To be completed by the Applicant.*

| | |
|--|-------|
| I, _____, on behalf of myself and _____ (Name of Organization), hereby waive and release the City of Dublin, Ohio, its elected officials, employees, and agents from any and all liability for any claims and/or demands resulting from my charitable solicitation on behalf of _____ (Name of Organization), on _____ (Date). | |
| Signature of Applicant: | Date: |

WAIVER OF LIABILITY: *To be completed by the Applicant.*

| | |
|--|-------|
| I, _____, on behalf of myself and _____ (Name of Organization), hereby waive and release the City of Dublin, Ohio, its elected officials, employees, and agents from any and all liability for any claims and/or demands resulting from my charitable solicitation on behalf of _____ (Name of Organization), on _____ (Date). | |
| Signature of Applicant: | Date: |

WAIVER OF LIABILITY: *To be completed by the Applicant.*

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| I, _____, on behalf of myself and _____ (Name of Organization), hereby waive and release the City of Dublin, Ohio, its elected officials, employees, and agents from any and all liability for any claims and/or demands resulting from my charitable solicitation on behalf of _____ (Name of Organization), on _____ (Date). | |
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| Signature of Applicant: | Date: |

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| Signature of Applicant: | Date: |

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|-----------------------------|-------|
| FOR OFFICE USE ONLY: | |
| Approved By: | |
| Title: | Date: |