

RIGHT-OF-WAY SOLICITATION APPLICATION

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 are 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 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. APPLICATION REQUIREMENTS

- APPLICATION**
- 501(C)(3) LETTER RECOGNIZING THE ORGANIZATION AS TAX EXEMPT**
- PAID LIABILITY INSURANCE POLICY OR CERTIFICATE OF INSURANCE (NO LESS THAN \$1,000,000)**
- A SIGNED WAIVER OF LIABILITY FOR EACH PERSON SOLICITING ON BEHALF OF THE ORGANIZATION**
- A LIST OF NAMES INDICATING ALL MEMBERS OF THE ORGANIZATION WHO WILL BE SOLICITING FUNDS**

II. APPLICANT INFORMATION

Name of Applicant:
Address:
Address:
Phone Number:
Email:

III. CHARITABLE ORGANIZATION INFORMATION

Name of Organization/Business:
Address:
Permanent Mailing Address:
Phone Number:
Email:

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

Location:
Location:
Date & Time of Solicitation:



V. APPLICANT'S 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.

Original Signature of Applicant:	Date:
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VI. WAIVER OF LIABILITY

I, _____ Applicant _____, 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 _____.

Original Signature of Applicant:	Date:
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I, _____ Applicant _____, 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 _____.

Original Signature of Applicant:	Date:
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Original Signature of Applicant:	Date:
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FOR CITY USE ONLY

Date Received:	Date Approved:	Amount Received:	Receipt No.:
Approved By:		Date Approved:	
Resubmission? <input type="checkbox"/> Yes <input type="checkbox"/> No		Notes:	
<input type="checkbox"/> Approved <input type="checkbox"/> Approved as Noted <input type="checkbox"/> Disapproved as Noted			

For questions or more information, please contact Planning at 614.410.4600 | www.dublinohioUSA.gov