

**CHARTER TOWNSHIP OF WATERFORD
 CHARITABLE FUNDS SOLICITATION
 APPLICATION FOR CERTIFICATE OF REGISTRATION**

Code of Ordinances
 10-400 through 10-411

Application Received: _____ Registration Fee: \$5.00 Paid Dates of Validation: _____
 License Issued: _____ License # _____

NAME (Person(s) and/or organization) _____

Person to Contact: _____ Phone Number(s): _____

E-Mail: _____

PLEASE CHECK ONE OF THE FOLLOWING TO FILE AS:

INDIVIDUAL PERSON

Name	Street Address	City, State and Zip Code	Phone Number

PARTNERSHIP

Please list the following information for ALL Partners. Please use additional side for additional names.

	Name	Principal Business Address	City, State and Zip Code	Phone Number
1.				
2.				
3.				
4.				
5.				

CORPORATION

Organized under the Laws of Michigan

Foreign Corporation

Mailing Address	City, State and Zip Code	Phone Number
Person in Charge of Michigan Location	Phone Number	

List ALL Officers and directors or trustees of said corporation

Name	Address	City, State and Zip Code	Phone Number
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

If a Foreign Corporation provide the place of incorporation _____

If applicable, applicant shall provide a copy of Articles of Incorporation and/or 503 (c) or other tax-exempt authorization from the IRS.

ASSOCIATION

Association's Principal Business Address	City, State and Zip Code	Phone Number
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Show all names and principal business and/or residence addresses, and phone numbers of all members of the association unless they exceed ten in number. In the event you exceed ten members' state the amount of members and list the names and principal business or residence addresses and telephone numbers of the officers and directors or trustees of the association.

	Name	Principal Business Address	Residential Address	City, State and Zip Code	Phone Number
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

If the association is part of a multi-state organization or association, the mailing address and business location of its central office shall be given, in addition to the mailing address and business location of its local office.

Mailing Address of Central Office	City, State and Zip Code	Phone Number
Business Address and Location of Local Office	City, State and Zip Code	Phone Number

PLEASE COMPLETE FOR ALL APPLICANTS:

List a brief description of the charitable purpose for which the funds are to be solicited, and an explanation of the intended use of the funds towards that purpose.

In the event that a group, individual or organization is not registered as a non-profit corporation, or is not a tax-exempt organization under the IRS regulations but does maintain a full-time place of business (other than a home office) within the Township, the said applicant is exempt from subsection (c) and (d) of Section 10-404. However, the said applicant shall provide a written statement of authorization from the charitable, tax-exempt, or non-profit corporation or association for whose benefit the solicitation is intended.

The registration statement must be signed by the applicant, if the person registering is an individual; if the person registering is a partnership, by the partner charged with disbursing funds solicited; if a person registering is a corporation or an association, by its officer charged with disbursing the funds solicited. The individual signing the registration statement shall sign the statement and swear before an office authorized to administer oaths that he has carefully read the registration statement and that all the information contained there in is true and correct. Also, if a Certificate of Registration is granted, such Certificate will not be used as or represented to be an endorsement by the Township or any of its officers or employees.

Signature of Applicant, if applicant is a Corporation, include title of signor

Date

Subscribed and sworn to before me, a Notary Public for the County of Oakland, Michigan, this _____ day of _____ A.D. 20_____.

Notary Public,
Oakland County, Michigan

My Commission Expires: _____

BOARD OF TRUSTEES
Carl W. Solden, Supervisor
Betty Fortino, Clerk
Margaret Birch, Treasurer
Anthony M. Bartolotta, Trustee
David J. Kramer, Trustee
David J. Maloney, Trustee
Bette O'Shea, Trustee

WATERFORD

Betty Fortino
Waterford Township Clerk

A CHARTER TOWNSHIP

5200 Civic Center Drive
Waterford, Michigan 48329-3773
Telephone: 248-674-6266 • Fax: 248-674-5455
www.twp.waterford.mi.us

CHARITABLE FUNDS SOLICITATION ORDINANCE

Ordinance No. 10-400 through 10-411

Applications:

Available at the Clerks Office.

Duration:

3 Days (12 Hour Periods) by date and hours, within a calendar year. No soliciting from 6 p.m. – 6 A.M.

Fees:

\$5.00 per application

Requirements:

Filing as an Individual

- Name, Address, Phone Number

Filing as a Partnership

- List of all Partners
- Principal Business Address and Phone Numbers

Filing as a Corporation

- Mailing and Business Address
- Phone Number
- Person in Charge of MI Location
- Listing of all Directors or Trustees
- If a foreign Corporation, provide place of Incorporation
- Articles of Incorporation and/or 503(c) or other tax exempt authorization from the IRS. If not registered under IRS regulations a written statement of authorization from the charitable, tax-exempt, or non-profit corporation or association for whose benefit the solicitation is intended.

Filing as an Association

- Associations Principal Business Address and Phone Number
- All names and principal or residential address of all association members*
- Phone numbers of all association members
- If part of a multi-state organization or association, the mailing address and business location of its central office shall be given, in addition to the mailing address and business location of its local office.

*If members exceed ten in number, state the amount of members and list the names, principal business and/or residence addresses, and telephone numbers of the officers and directors or trustees of the association.

For All Applicants

- Description of the charitable purpose for which funds are being solicited and intended use of the funds.
- List of all individuals authorized to disburse the proceeds of the solicitation (name, address and phone number).
- List of all individuals who will be indirect charge or control of the solicitation funds (name, address and phone number).
- Daily schedule of location, date, times and names of person where the solicitation of funds is to occur. State beginning of solicitation and its conclusion.
- Description of the methods and means by which the solicitation of funds is to be accomplished.