

HIGHWAY SOLICITATION APPLICATION

PERMIT # _____

DATE _____

Please Print

NAME OF APPLICANT _____ PHONE _____

ADDRESS OF APPLICANT _____

HEADQUARTERS NAME _____ PHONE _____

ADDRESS _____

PRINCIPAL OFFICERS/MANAGERS: Please List (Name, Address, Phone, Drivers License Number and Birth Date of each Principal Officer or Manager)

Person or Persons in direct charge of soliciting:

Please List - Name, Address, Phone, Drivers License Number and Birth Date

List every solicitor, peddler, hawker, seller or distributor (attach list if necessary)

Name	Address	Phone
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Purpose of Solicitation _____

Method of Solicitation _____

Dates of Solicitation _____

Hours of Solicitation _____

HOURS SHALL ONLY BE FROM 9:00 A.M. TO 6:00 P.M. - SEPT. TO MARCH
9:00 A.M. TO 9:00 P.M. - APRIL TO AUGUST

Proposed Street and/or Intersection Locations_____

Percentage of Funds to be used for Expenses_____

Percentage of Funds to Promoter_____

Percentage of Funds for actual charity_____

Specify, in detail, why the solicitation is in the interest of, and not inimical to, the public welfare.

Certificate of Insurance attached, with paid receipt._____(\$500,000.00)

NOTICE: IT IS A CRIMINAL VIOLATION OF THE CITY ORDINANCE FOR ANY PERSON OR PERSONS TO FILE, OR CAUSE TO BE FILED, AN APPLICATION CONTAINING ONE (1) OR MORE FALSE STATEMENTS. ANY PERSON VIOLATING ANY OF THE PROVISIONS OF THE ORDINANCE SHALL BE DEEMED GUILTY OF A MISDEMEANOR AND UPON CONVICTION THEREOF SHALL BE FINED IN AN AMOUNT NOT TO EXCEED ONE HUNDRED (\$100.00) DOLLARS AND/OR IMPRISONED FOR A PERIOD OF NOT MORE THAN THIRTY (30) DAYS.

PLEASE BE ADVISED THAT YOU ARE REQUIRED TO CONTACT THE DEPARTMENT OF PUBLIC SERVICE AT LEAST THREE WORKING DAYS PRIOR TO THE FIRST DAY OF YOUR SOLICITATION AND MAKE ARRANGEMENTS TO USE THE ON-STREET WARNING SIGNS FOR MOTORISTS. YOU WILL BE RESPONSIBLE FOR THE RETURN OF THE SIGNS OR PAY \$40 FOR EACH MISSING SIGN. (Ref. Motion #369 of 10-23-00)

ALSO, PLEASE BE AWARE THAT IT IS A REQUIREMENT FOR ALL SOLICITORS TO WEAR HIGH VISIBILITY VESTS. (This is not furnished by the City)

SIGNATURE OF APPLICANT

OFFICE USE ONLY:

APPROVALS:

CITY MANAGER_____

DATE:_____

POLICE CHIEF_____

DATE:_____

CITY CLERK_____

DATE:_____

Date License Issued_____

Department of Public Services was contacted about making arrangements for the on-street warning signs for motorists on

Date:_____

THIS DOCUMENT MUST BE READ BEFORE SIGNING
RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

As a condition precedent to obtaining a permit, under Chapter 26, Article IV, entitled "Highway Solicitation", of the Ordinances of the City of Madison Heights, the solicitor, peddler, hawker, seller and/or distributor, their officers, agents, servants, employees, and those in active concert or participation with them, hereby agrees to be liable for any and all injuries to any person or persons and/or damage to property and hereby agrees to indemnify and hold harmless the City of Madison Heights from any liability for any and all injuries to any person or persons and/or damage to property during or resulting from the conduct of their activities as provided for in the permit; and, the Applicant further represents that the insurance requirement (s), as specified in Section 26-42 of the aforesaid Ordinance, has been fully complied with, that said insurance is in full force and effect, and that insurance shall remain in full force and effect during the conduct of the applicant's activities.

APPLICANT:

By_____

Subscribed and sworn to before me
this_____day of_____, 20____

Notary Public
Oakland County, Michigan
My commission expires:_____