



**CHARTER TOWNSHIP OF WATERFORD
CLERK'S OFFICE**

5200 Civic Center Dr. • Waterford, MI 48329

Phone 248-674-6266 • Fax 248-674-5455

Web Page www.waterfordmi.gov

**CHARITABLE FUNDS SOLICITATION
REGISTRATION FORM**

CLERK'S USE ONLY

Date Received: _____ Date of Validation: _____ Non-Refundable Registration Fee \$10.00 ☐ Paid

Registration Number: _____ Date Issued: _____

1. This registration will be issued to:

- ☐ Individual (**Attach** copy of any Assumed Name Certificate)
☐ Partnership (**Attach** a copy of Partnership Certificate)
☐ Corporation (**Attach** a copy of Articles of Incorporation)
☐ Booster / Organization (Attach By-Laws)

2. Identify the organization conducting this solicitation and attach a copy of the 503(c) or tax exempt authorization from the IRS and indicate the charitable purpose for which these funds will be used

NAME OF ORGANIZATION

CHARITABLE PURPOSE FOR FUNDS

3. List all Individuals, Partners, Officers, Trustees or Directors and individuals authorized to disburse the proceeds of the solicitation (attach additional sheet if needed):

NAME	TITLE	PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
EMAIL ADDRESS			

NAME	TITLE	PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
EMAIL ADDRESS			

NAME	TITLE	PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
EMAIL ADDRESS			

4. List the schedule of locations (2 lane roads only and, per PA 112 of 2017, only at intersections with traffic control devices), dates and times that the solicitations will occur. (Maximum of 3-12 hour periods) **NOTE: THIS FORM MUST BE SUBMITTED AT LEAST 30 DAYS PRIOR TO THE FIRST DATE INDICATED BELOW.**

Location	Date	Time

5. Provide information for all people soliciting funds (attach a separate sheet if needed):

NOTE: all individuals soliciting must wear the ID badge provided by the Township.

Name	Address	City	State	Zip

6. Describe the methods and means by which the solicitation of funds is to be accomplished:

7. **Attach** a signed statement to the effect that 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.
8. **Attach** a copy of General Liability Insurance showing Waterford Township and the Solicitors as additional insured.
9. I, the undersigned applicant, have read and understand each and every provision and requirement of **Waterford Township Code Chapter 10 Section 510** regarding the regulation of charitable funds solicitation activities in the Township and I will provide such other information that the Township requests and deems necessary, in its reasonable discretion, to discover the truth of the matters required to be set forth in this registration or required by Township Ordinances.

In the event that a group, organization or individual 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 Section 10-404 sub sections (c) and (d) of the Waterford Township Code. However, the 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 agency registering is a partnership the statement must be signed by the partner charged with disbursing funds solicited. If the agency registering is a corporation or an association the statement must be signed by the 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/she has carefully read the registration statement and that all the information contained therein 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.

All individuals soliciting must wear the ID badge provided by the Township.

DATE: _____

SIGNED: _____

PRINT NAME: _____

Note: If signer is signing on behalf of a corporation, partnership or LLC, identify the signer's position and authority to sign in such capacity.

Acknowledged before me on _____

By _____

Notary Public

Acting in _____ County, Michigan

_____ County, Michigan

My Commission Expires: _____