

NON-PROFIT PEDDLER APPLICATION

APPLICATION FOR PERMIT TO SOLICIT FOR A CHARITABLE, EDUCATIONAL, PATRIOTIC, OR PHILANTHROPIC PURPOSE UNDER THE TERMS OF MUNICIPAL CODE, CHAPTER 17.

APPLICATION # _____ **DATE** _____

- a. Answer each question in this questionnaire clearly and completely.
- b. This application for solicitation is to be reviewed by the Ogdensburg Police Department.
- c. Subsidiary organizations must attach written approval of their parent body to conduct the proposed solicitation.
- d. Applications should be filed at least 15 days prior to the proposed beginning date of the solicitation.

INFORMATION CONCERNING SOLICITING ORGANIZATION

Name of Organization _____

Address _____

| | | | |
|-----------------|------|-------|----------|
| Number & Street | City | State | Zip Code |
|-----------------|------|-------|----------|

PRINCIPAL OFFICERS ARE: (name-address-title-phone number)

THE GENERAL PURPOSE OF THIS ORGANIZATION IS: _____

THE SPECIFIC PURPOSE OF THIS PARTICULAR SOLICITATION IS: _____

METHOD OR METHODS BY WHICH THIS SOLICITATION WILL BE CONDUCTED:

PROPOSED SOLICITATION DATES: Beginning _____ Ending _____

PERSON IN DIRECT CHARGE OF THIS SOLICITATION: _____

(name-address-phone number)

List the names and addresses of all workers who will be soliciting. Also, their addresses while they are staying in Ogdensburg, if an out of City organization.

| | |
|-------|--------------|
| _____ | D.O.B. _____ |
| _____ | D.O.B. _____ |
| _____ | D.O.B. _____ |
| _____ | D.O.B. _____ |

(Add additional sheets if necessary)

**AFFIDAVIT
(State of New York)
(City of Ogdensburg)**

I, _____, being duly sworn deposes and says that (s)he is the
_____ of _____
(title) (applicant organization)

named in the application for permit to solicit, that (s)he has knowledge of the facts and that facts set forth in said application are complete and true and that the proposed solicitation is to be conducted in accordance with the method outlined in the application and on other, and that (s)he is authorized to execute the application for said applicant organization.

(Authorized Officer)

Subscribed & sworn to before me on this
_____ day of _____, 20__.

Notary Public – St. Lawrence County

My commission expires _____

**THIS APPLICATION HAS BEEN REVIEWED BY THE OGDENSBURG POLICE
DEPARTMENT.**

Police Chief

Return application to: City Clerk’s Office
330 Ford Street
Ogdensburg, NY 13669

NOTE: If solicitation is to take place on private property such as shopping centers and/or Mall areas, written permission from an officer of said shopping center and/or mall area must accompany this application.