C I T Y OF S P R I N G F I E L D

APPLICATION FOR LICENSE TO SOLICIT FUNDS WITHIN THE CITY OF SPRINGFIELD FOR CHARITABLE ORGANIZATIONS

1. **NAMES:** **Date:**

ADDRESS:

CITY: **STATE:** **ZIP:**

2. **<u>STATEMENT OF FINANCIAL CONDITION</u>. (This should include income and expenses for the past fiscal year specifically designating the entire cost of administering said charity during the fiscal year.**

3. **FEE – TWENTY-FIVE DOLLARS ($25.00 per year)**

4. **LICENSE WILL EXPIRE ONE YEAR FROM DATE GRANTED.**

_____

Signature (Person-in-Charge)

Print Name: _____

Telephone #: _____

Rev.: 7-08