

## CITY OF DE PERE

☐ **NON-PROFIT SOLICITOR PERMIT APPLICATION** (Door-to-Door)

**Valid for one month**

☐ **NON-PROFIT DIRECT SELLER PERMIT APPLICATION**

(Temporary permanent location such as parking lot or ice cream trucks)

**Valid for:** ☐ **one month -or-** ☐ **12 months – at the direction of the applicant**

**Non-refundable Processing Fee: \$20.00**  
**(police background check)**

**Part A - APPLICATION INSTRUCTIONS:** File this completed application and the required fee with the Clerk's Office, 335 S. Broadway, De Pere, WI 54115. Answer all questions completely. Use an additional sheet of paper if you cannot answer a question within the space provided. Please allow up to 10 business days for processing.

### Part B - TO BE COMPLETED BY APPLICANT

#### APPLICANT INFORMATION

1.	Applicant Name:  First: Middle: Last: Previous:
2.	Applicant Phone Number:
3.	Applicant Permanent Address: Street Address: City, State, Zip:
4.	Applicant Local Address (if different): Street Address: City, State, Zip:
5.	Driver's License or ID Number: State of Issuance:
6.	Date of Birth:
7.	Have you been convicted of any felony, misdemeanor, or ordinance violations (other than minor traffic violations) in the last five years? (IF YES, supply dates and convictions):

#### ORGANIZATION INFORMATION

8.	Name of Organization:
9.	Organization Phone Number:
10.	Organization Address: Street Address: City, State, Zip:
11.	Officer/Director's Name:
12.	Purpose of Solicitation:

13.	Commissions, Fees, Wages, or other Emoluments <input type="checkbox"/> will <input type="checkbox"/> will not be expended in connection with this solicitation.
14.	Anticipated Use of Funds:
15.	A Financial Statement of Organization <input type="checkbox"/> is <input type="checkbox"/> is not available for submission with this application.
16.	Applicant <input type="checkbox"/> does <input type="checkbox"/> does not have authority to guarantee filing of a report within thirty (30) days showing total contributions received in City.
17.	Dates applied for:
18.	Identification to be used by persons soliciting on behalf of Organization:
19.	Certificate of Registration as Charitable Organization under §440.41 Wis. Stats: <input type="checkbox"/> yes <input type="checkbox"/> no

### Part C - TO BE COMPLETED AT THE CITY CLERK'S OFFICE

READ CAREFULLY BEFORE SIGNING. The undersigned, being duly sworn, states that each of the above questions has been truthfully answered to the best of my knowledge. I understand that any activity engaged in is limited to the time, date, location and inventory representations made on this application and by the provisions of Chapter 114 De Pere Municipal Code. I hereby designate the City Clerk for the City of De Pere as my agent for the purposes of accepting service in any civil action arising out of or in conjunction with the use of this license.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Clerk/Notary Public: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

### D - FOR CITY USE ONLY

Police Department Recommendation is based upon information received from police organizations willing to submit criminal history background information for license checks.

☐ No information received upon which to recommend denial of license.

☐ Denial (reasons): \_\_\_\_\_

Police Chief Signature: \_\_\_\_\_

Clerk Signature: \_\_\_\_\_

Rec.# \_\_\_\_\_

Date: \_\_\_\_\_

License #: \_\_\_\_\_