



City of Paris

APPLICATION FOR PERMIT TO SOLICIT

CHECK ONE:	Charitable <input type="checkbox"/>	Religious <input type="checkbox"/>
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Name of Person or Organization	
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Address	Street	Apt #
	City	State Zip Phone

Names of Applicant's principal officers and managers (if any):	
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President	Address
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Vice President	Address
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Secretary	Address
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Director	Address
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Manager	Address
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Attach a copy of the resolution (if any) authorizing the applicant to undertake the proposed solicitation covered by the application.	Copy Attached <input type="checkbox"/>
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Please give the purpose for the solicitation:	
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	Amount expected to be raised:	
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How will the funds be used?	
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Names of Persons Conducting Solicitations
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Name of Person In Direct Charge of Solicitation	Address	Date of Birth	Social Security #
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Names of Other Solicitors	Address	Date of Birth	Social Security #
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Attach Additional sheets if necessary

