

DEPARTMENT OF BUILDING AND ZONING SERVICES

LICENSE SECTION

ROADWAY SOLICITATIONS CHECKLIST

Please enclose the following:

____ A notarized Roadway Solicitations application

____ Certificate of Insurance in an amount no less than \$1,000,000 (one million);

which must contain an endorsement providing for 10 day notice of cancellation or change to:

City of Columbus - License Section 4252 Groves Rd, Columbus, Ohio 43232

A completed Results of Activity Form from last year's roadway event

A copy of the IRS 501(C)(3) Exempt Status letter

_____ List of names, addresses and ages of all persons authorized to solicit on behalf of the organization

List of all intersections where soliciting will take place

If you have any questions please contact License Officer, Glenn Rutter at (614) 645-6854.

Be advised that all proceeds must be reported per the City of Columbus Code Chapter 525.24(C) which states, **"If charitable solicitation occurs during the distribution, the permit holder shall notify the public safety director or their designee within sixty (60) days of conclusion of the net proceeds resulting from the solicitation."**

Note: Persons under the age of eighteen (18) are not permitted to solicit in the roadway.

All individuals working in the roadway must wear a reflective vest.



OFFICE USE ONLY	7		THE CI	TY OF	
PERMIT #:	LICENSE	SECTION		LUMBÛS . GINTHER, MAYOR	
ISSUE DATE:		OWAY		TMENT OF BUILDING ONING SERVICES	
EXPIRATION DATE:					
THIS FORM SHALL BE FILLED OUT ONLY BY CHARITABLE ORGANIZATIONS HOLDING AN EXEMPT STATUS PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND ARE SEEKING A PERMIT FROM THE CHARITABLE SOLICITATIONS BOARD TO COLICIT FUNS IN THE ROADWAY PURSUANT TO SECTION 4511.51 OF THE OHIO REVISED CODE AND SECTIONS 525.24 OF THE COLUMBUS CITY CODE.					
	ORGANIZATIO	N INFORMATION			
Official Name:					
Street Address:					
City:	State:		Zip:		
Email:		Phone:			
Date and Time of Roadway Solicitation	n Event:				
Has this Organization previously held a	a roadway permit?	Yes	No		
If yes, when?	Were the proceeds	Were the proceeds reported to the License Section? Yes No			
Does this Organization currently possess a valid Charitable Solicitation permit? Yes No					
If yes, list license number:					
Does this Organization currently have an application for a Charitable Solicitation permit pending approval? Yes No					
The Columbus City Code requires regiunder the	stration with the State provisions of Section			d with the State of Ohio Yes No	
State of Ohio, Attorney General regist	ration number/FID:				
	APPLICANT IN	FORMATION			
Full Name:		Title:			
Residential Address:	-				
City:	State:		Zip:		
Phone:		Email:			
PLEASE ATTACH A L	IST OF SOLICITORS WH	IO WILL BE ASSOCIAT	ED WITH SAID EVE	NT.	

ALL INFORMATION CONTAINED IN THE APPLICATION IS SUBJECT TO DISCLOSUR FALSE STATEMENT MADE OR GIVEN IN THE APPLICATION SHALL RESULT IN THE D REVOCATION OF THIS LICENSE. APPLICANT MAY ALSO BE REFERRED FO	ENIAL OF THE APPLICATION OR FUTURE
State of County of	
being duly sworn deposes and s (Print Applicant's Name)	ays he/she is the individual making
the foregoing application; that he/she is knowledge able with respect and that the answers to the foregoing questions and other stateme his/her own knowledge and belief.	I
(A	pplicant's Signature)
Sworn to before me and subscribed in my presence this day of	, 20
Notary or Agent of Director of Building and Zoning Must be SIGNED, DATED, and NOTA	-

ROADWAY SOLICITATIONS "RESULTS OF ACTIVITY FORM"

Please complete this information regarding your Roadway Solicitations Event held within the City of Columbus, Ohio.

Per Columbus City Code 525.23(C) listed below you must provide the net proceeds to the License Section within sixty (60) days of the conclusion of your Roadway Solicitation event. Once completed mail, fax or E-Mail according to the information listed below.

(*C*) If charitable solicitation occurs during the distribution, the permit holder shall notify the public safety director or their designee within sixty (60) days of conclusion of the net proceeds resulting from the solicitation.

DFFICAL NAME:
ADDRESS:
PERMT #:
DATE & TIME OF EVENT:
TOTAL AMOUNT RAISED:
EXPENSES:
PROCEEDS AFTER EXPENSES:

Mail to: City of Columbus - License Section 4252 Groves Rd Columbus, Ohio 43232 Fax: 614-645-8912 E-Mail to: CharitableSolicitations@columbus.gov

Questions? Call: 614-645-8366