

DEPARTMENT OF PUBLIC SAFETY

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 complete Financial Statement and Results or 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 License #	DEPARTMENT O LICENSE	F PUBLIC SAFET SECTION	THE CITY OF COLUMBUS ANDREW J. GINTHER, MAYOR				
Issue Date	DEPARTMENT OF PUBLIC SAFETY						
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.							
Official Name:							
Street Address:							
City:	State:		Zip:				
Email:		Phone:					
Date and Time of Roadway Solicitation Ev	ent:						
Has this Organization previously held a ro	badway permit?						
If yes, when?	Were the proceeds reported to the Charitable board? Yes No						
Does this Organization currently possess a	a valid Charitable Solicitati	on permit?					
If yes, list license number:							
Does this Organization currently have an a	Does this Organization currently have an application for a Charitable Solicitation permit pending approval by the Board? Yes No						
	tration with the State of C rovisions of Section 171.0		tly registered with the State of Ohio under the d Code?				
State of Ohio, Attorney General registration	on number/FID:						
APPLICANT INFORMATION							
Full Name:		Title:					
Residential Address:							
City:	State:		Zip:				
Phone:	<u>.</u>	Email:	· · ·				
PLEASE ATTACH A LI	ST OF SOLICITORS WI	IO WILL BE ASSO	CIATED WITH SAID EVENT.				

ALL INFORMATION CONTAINED IN THE APPLICATION IS SUBJECT TO DISCLOSURE AS A MATTER OF PUBLIC RECORD. ANY FALSE STATEMENT MADE OR GIVEN IN THE APPLICATION SHALL RESULT IN THE DENIAL OF THE APPLICATION OR FUTURE REVOCATION OF THIS LICENSE. APPLICANT MAY ALSO BE REFERRED FOR CRIMINAL PROSECUTION.							
State of	County of						
(Print Applicant's Name)							
the foregoing application; that he/she is knowledge able with respect to that which is to be licensed; and that the answers to the foregoing questions and other statements contained herein are true of his/her own knowledge and belief.							
		(Applicant's Signature)					
Sworn to before me and subscribed	in my presence this	day of	, 20				
		tor of Dublic Sofoty					
Notary or Agent of Director of Public Safety							