Charitable Solicitation Permit Application



TAXES & LICENSES 808 W SPOKANE FALLS BLVD SPOKANE WA 99201-3336 (509)625-6070

taxesandlicenses@spokanecity.org

		Date:		
		License Number:		
		Issued by:		
Organization Name:				
Local Address:				
Phone:	2 nd Phone:			
Local Contact:				
Contact's Address:				
Phone:	2 nd Phone:			
List names, addresses and telep	hone numbers of the	officers and managing age	nts (RCW 19.09.075(c):	
Name		Address	Phone	
State the charitable work bei solicitation:	ng done and the us	e or disposition to be ma	de of the receipts from this	
Solicitation Period: Beginning Date:		Ending Date:		
Solicitation Method:				
(I elephone method n	iust list address of e	each location solicitation	calls are made from)	

I understand, by my signature, that the sale of tickets to events is subject to 5% admissions tax, subject to the terms of SMC Chapter 8.03.

I understand this is not a permit; issuance of a permit is dependent upon approval of the reviewing officer and may take up to 30 days.

I understand a copy of the current registration on file with the state department of licensing; and a certified statement from the state director of licensing that the organization is currently registered is required.

Charitable Solicitation Permit Page 2 of 2

State of Washington County of Spokane City of Spokane

I,, upon oath do hereby depose and state: I am the
of the above named organization and I make this affidavit for the
purpose of obtaining from the City of Spokane a Charitable Solicitation Permit in accordance with the provisions of the
License Code. I have personal knowledge of the matter stated in the foregoing application, and the statements contained
herein are true.
Further, it is understood that a permit, if granted, will not be used or represented as an endorsement by the City of
Spokane, WA.
Signed:
Subscribed and sworn to before me this day of
Subscribed and sworn to before the this day or
Ву
By Notary Public in and for the State of Washington