



APPLICATION FOR RELIGIOUS AND CHARITABLE ORGANIZATIONS

City of Burlington
400 Washington Street
Burlington, IA 52601

Kathleen P. Salisbury, MMC - City Clerk

City Clerk's office - (319) 753-8124

Applicant Name: _____

Organization: _____

Telephone Number: _____ Fax Number: _____

Identification of Authorized Representative (e.g. facts from driver's license):
Race: _____ Sex: _____ Date of Birth: _____ Driver's License Number: _____ State license is issued: _____

Permanent Address: _____
address city state zip

Local Address: _____
address city state zip

Purpose of the cause for such activities are sought: _____

Names and addresses of officers and directors of organization:

Location of Activity: _____

Type of Activity: _____

The time period during which such activities are to be carried on: Beginning Date: _____ Ending Date: _____

Are there any commissions fees, or wages to be charged by the solicitor for his/her efforts and the amount:

Tax Exempt Number (Required): _____

Organizations, Institutions, or Charitable Organizations, either directly or through agents, shall not solicit public donations in the State of Iowa unless they have first obtained a permit from the Secretary of State. Exempt from this requirement of a permit from Secretary of State are local organizations, churches and schools soliciting funds or donations from within this county.

Signature of Applicant: _____ Date: _____

Approval: _____ Date: _____
Eric Tysland, Development & Parks Director

Encroachment agreement needed? Yes No (If yes, attach copy of encroachment agreement prior to issuance of permit)

Approval: _____ Date: _____
Marc Denney, Police Chief

BURLINGTON, IOWA POLICE DEPARTMENT
Vendor Background Check Waiver

TO: Chief of Police

FROM: _____
Name of Business or Organization Street Address City State

Vendor permit requires the criminal background and qualifications of owner/operator:

Name: _____
First Middle Maiden Last

Address: _____
Street City State Zip

Date of Birth: _____ Social Security # _____
month/day/year XXX-XX-XXXX

It is requested that you furnish us with any information in your files/database regarding this person.
Your reply will be held in strict confidence.

Signature of Applicant

Title

GENERAL WAIVER

I have made application for a vendor permit with the City of Burlington and I hereby authorize their officers, employees or their agents to investigate and compile a complete history of my local criminal history as it lends to my ability and personal character. I hereby request the Burlington Police Department to submit any and all information concerning me to the City Clerk of Burlington Iowa. I hereby release the Burlington Police Department from all liability for damages whatsoever for furnishing any information concerning me to the above organization. I further waive any right to personally review the above records.

Date Signature of Owner/Opeartor Witness

The records of the Burlington Police Department contains the following information pertaining to a person with the same name as the above applicant.

Positive identification is not possible without fingerprint comparison.

Signature of Records Clerk Date