

CITY OF BEATTYVILLE, KENTUCKY

**Application for Solicitation Permit
Section 74.02**

Date _____

APPLICATION INFORMATION:

Name of Person Responsible _____
Last First M.I.

Address: _____
No. Street Apt No.
City State Zip Code

Telephone No. _____

Name of Organization: _____

Date and time requested for fundraiser _____

Number of Participants _____ Ages _____

What are funds solicited to be used for _____

How do you plan on identifying your organization during the event _____

CERTIFICATION:

I hereby declare that I have read the above application and that all of the statements made therein are true to the best of my knowledge and belief. I understand that the issuance of a Solicitation Permit pursuant to this application is not an endorsement by the City of Beattyville or by any of its departments, officers, or agents of the activity authorized to be conducted thereby, and I expressly agree that said permit shall not be used or represented in any way as such an endorsement. I understand that my permit is subject to revocation upon violation of any of the provisions of Chapter 74 of the Codified Ordinances of the City of Beattyville. I understand that safety vests must be worn at all times and safety cones must be used to alert traffic. I understand that no children under the age of 16 will be allowed in the streets and that the City of Beattyville will not be held responsible or liability for any accidents or injuries.

Signature of Responsible Party