

**CITY OF DEARBORN HEIGHTS**  
**Application for Solicitation License**  
**City Code – Ordinance H-03-10**

*\*\*\*Please Print Clearly and Legibly\*\*\**

\_\_\_\_\_ Date of Application

Name of Applicant: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purpose for which contributions will be used:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Days of Solicitation (limit – 3 days): \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Location (streets) where solicitation will take place:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE OF APPLICANT** \_\_\_\_\_