

**CITY OF WESTERVILLE**

**APPLICATION FOR PERMIT TO SOLICIT FUNDS  
IN THE PUBLIC RIGHT OF WAY**

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

**APPLICATION INFORMATION**

The following items must accompany your application for permission to solicit funds in the public right-of-way:

1. Copy of current 501(c)(3) letter recognizing the organization as a tax exempt organization.
2. Copy of paid liability insurance policy or certificate of insurance in the amount of not less than \$1,000,000.
3. Signed waiver of liability from each person soliciting on behalf of the organization.
4. List of names of those members of the organization who will be soliciting funds.

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ City/State Telephone No. \_\_\_\_\_

Charitable Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ City/State Telephone No. \_\_\_\_\_

Date and time for which Permit is requested:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

(A permit shall not be issued for more than one (1) day each calendar year between the hours of 8:00 a.m. and 5:00 p.m. on said date.)

Locations at which organization members will be soliciting: (No more than three (3) locations.)

1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_

Names and addresses of all agents authorized to solicit. (Attach list)

**CITY OF WESTERVILLE**

**WAIVER OF LIABILITY**

In consideration of the issuance of a permit to \_\_\_\_\_  
\_\_\_\_\_ to solicit funds in the public right-of-way in the City of  
Westerville (the "Activity"), I hereby forever waive, release, discharge and  
hold harmless the City of Westerville, its successors, officers, employees,  
servants and agents whether or not caused by their negligence, from and  
against any and all claims, causes of action, demands, damages, loss of  
service, expenses and costs (including attorneys' fees) arising from or in  
connection with damages for death, personal injury or property damage  
which I may have, or which any subsequently accrue to me, as a result of my  
participation in the activity.

I further understand that serious personal or mortal injury and  
property damage could result from the Activity and having knowledge of  
and understanding the nature of these risks, I nonetheless hereby agree to  
assume those risks and to forever waive, release, discharge and hold  
harmless the City of Westerville, its successors, officers, employees,  
servants and agents in the manner and to the extent provided for in the  
preceding paragraph.

It is further agreed and understood that this waiver, release, discharge  
and assumption of risk is binding upon my heirs and assigns.

\_\_\_\_\_

Name: \_\_\_\_\_  
(Printed)

\_\_\_\_\_  
(Signature)

Name of Organization:  
\_\_\_\_\_

Date: \_\_\_\_\_