



# 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: \_\_\_\_\_

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

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, City Planner

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

Approval: \_\_\_\_\_

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

Dan Luttenegger, Police Chief

**Note:** Must submit application to City Clerk's office two-weeks prior to event for consideration.

**BURLINGTON, IOWA POLICE DEPARTMENT**  
**Employment Check Waiver**

TO: Chief of Police

FROM: \_\_\_\_\_  
Name of Business or Organization Street Address City State

We are reviewing the employment qualifications of:

Name: \_\_\_\_\_  
First Middle Maiden Last

Address: \_\_\_\_\_  
Street City State Zip

Birth Date: \_\_\_\_\_ Social Security # \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Official of Organization

\_\_\_\_\_  
Title

**GENERAL WAIVER**

I have made application for employment with the above organization and I hereby authorize their officers, employees or their agents to investigate and compile a complete history of my former employment together with any and all information concerning my ability, personal character, credit, arrest record, etc. I hereby request the Burlington Police Department to submit any and all information concerning me to the above organization. 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 Applicant Witness

The Records Section 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 Officer or Clerk

\_\_\_\_\_  
Date Badge Number or Position

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