



6550 N. High St.
Worthington, Ohio 43085
(614) 436-3100

ROADWAY SOLICITATION PERMIT APPLICATION

PERMIT # _____
DATE ISSUED _____
APPROVED FOR _____

NOTE: 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. Additionally, no roadway solicitation shall occur Monday through Friday 8:00 – 8:30 a.m.; 11:30 a.m.–1:30 p.m.; and 4:30 p.m.–5:00 p.m.

PLEASE SUBMIT THE FOLLOWING:

- ONE (1) ORIGINAL SIGNED APPLICATION
- ONE (1) COPY OF CURRENT 501(C)(3) LETTER recognizing the organization as tax exempt
- ONE (1) COPY OF PAID LIABILITY INSURANCE POLICY OR CERTIFICATE OF INSURANCE IN THE AMOUNT OF NOT LESS THAN \$1,000,000.00. NAME THE CITY OF WORTHINGTON AND ITS OFFICERS, AGENTS, OR EMPLOYEES AS “ADDITIONAL INSURED”.
- SIGNED WAIVER OF LIABILITY for each person soliciting on behalf of the organization.
NOTE: Each person soliciting must be at least 18 years of age or older.
- LIST OF NAMES of those members of the organization who will be soliciting funds.

APPLICANT INFORMATION: *This section must be completed.*

Name of Applicant:

Local Mailing Address:

Telephone:

Email or Alternate Contact Information:

CHARITABLE ORGANIZATION INFORMATION: *This section must be completed.*

Name of Organization

Local Mailing Address:

Telephone:

Email or Alternate Contact Information:

LOCATIONS AT WHICH YOUR ORGANIZATION WILL BE SOLICITING:

No more than two (2) locations are permitted.

Location:

Location:

Date and Time of Solicitation:

STATEMENT OF ACKNOWLEDGEMENT:

I _____ hereby state that the information submitted within this application is true and correct. I, furthermore, testify that I will abide by all regulations that govern solicitors with the City of Worthington. I also have been informed of and agree to all other conditions that are attached to the approval of my application.

Signature of Applicant:

Date:

WAIVER OF LIABILITY: *To be completed by the Applicant.*

In consideration of the issuance of a permit to _____, to solicit funds in the public right of way in the City of Worthington, I hereby forever waive, release, discharge and hold harmless the City of Worthington, 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 may subsequently accrue to me, as a result of my participation in the City of Worthington.

I further understand that serious personal or mortal injury and property damage could result from the City of Worthington and having knowledge of and understanding the nature of these risks, I nonetheless hereby agree to assume these risks and to forever waive, release, discharge and hold harmless the City of Worthington, 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. Additionally, I certify that I am 18 years of age or older.

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Name of Organization:

Date: _____

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Name: _____

Name of Organization:

Date: _____

FOR OFFICE USE ONLY:

Approved By:

Title:

Date: