

Solicitor for Charitable or Religious Purposes
Permit Application

- Applicants must have written permission or authorization from the location that solicitation will be conducted.
- All food items (non-package) will require a temporary food permit from the Liberty County Environmental Health Department
- Applicants must attach a **copy** of the corporate charter and by-laws, **or** a copy of the tax-exempt status 501-(C)(3) letter from IRS; **or** have maintained in the city a continuous existence as a charitable or religious organization for a period of one year prior to the date of application submitted.
- No fee is required for this permit.
- Application must be turned in at least **3** days prior to the date of the fundraiser.

Name of organization: _____

Address of organization: _____

Name, address, and phone number of person in direct charge: _____

Type of fundraiser: _____

Methods to be used in solicitation: _____

Date and time of solicitation: _____

Location of solicitation: _____

Detailed explanation of use of funds collected and purpose of the charitable work being done by the applicant: _____

Signature

Title of applicant



REQUEST FOR ZONING APPROVAL

- CHARITABLE ORGANIZATION FUNDRAISER
- TRANSIENT MERCHANT/PEDDLER LICENSE

PLEASE NOTE:

- **A COPY OF THE SITE LAYOUT FOR THE PROPOSED ACTIVITY, IF APPLICABLE, MUST BE ATTACHED.**
- Zoning for this activity within **The City of Hinesville** may be restricted to C-2 (General Commercial) or C-3 (Highway Commercial) Districts.
- Any signage for this function must be pre-approved by this office.
- Activity must be conducted in a manner that will not impede or disrupt vehicular traffic.
- All parking must be on-site.
- The setback requirement is 50-feet from the curb or paved edge of the highway.

LOCATION OF ACTIVITY: _____

SIGN DESCRIPTION (if any): _____

PARKING (provide description of parking facilities): _____

SHED, TENT, OR OTHER TEMPORARY STRUCTURE: Yes No

(If "yes", provide description) _____

FOR OFFICIAL USE ONLY

Zoned: _____

This request has been reviewed by the Department of Inspections, the Liberty Consolidated Planning Commission, and the Fire Department, and is herewith APPROVED DISAPPROVED

Date

Director of Inspections

Date

Zoning Administrator

Date

Fire Department

Comments/Conditions: _____

**City of Hinesville
Site Authorization Form**

Site Owner Information

Owner Name: _____

Owner's Representative: _____

Representative's Title: _____

Site Information

Address: _____

Business Name: _____

Description of Area Authorized for Use (attach sketch for clarity):

Event/Activity Information

Name of Event/Activity Sponsor: _____

Type of Event/Activity: _____

Date of Event/Activity From: _____ To: _____

Hours of Event/Activity From: _____ To: _____

Description of any Limitations placed on Event/Activity:

I hereby provide permission for the above named sponsor to use the site as described above.

Signature: _____

Name (printed or typed): _____

Title: _____

Date: _____