

City of Roanoke Rapids

Roanoke Rapids Police Department

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Roanoke Rapids, N. C. 27870

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Permit for Solicitation of Alms

Please Print

Date:	Permit Number: (staff only)	
Name & Address of Nonprofit Organization:_		
Nature of Nonprofit Organization's Business:_		
Applicant-representative's Current Address:		
Applicant-representative's Phone Number:	Mobile Phone Number:	
Please specify the time period during which so	licitation shall occur:	
A PERMIT IS SUBJECT TO	REVOCATION IF ANY INFORMATION IS FALSIFIED	D.
Signature of Applicant	Title	Date
	Office Use Only	
POLICE DEPARTMENT:		
Recommended Approval:	Recommended Denial:	
Date:	By:Police Chief or Designee	
Safety Vest Required: Yes	□ No	
Special Conditions/Comments:		