



Rosemount Police Department  
2875 145<sup>th</sup> Street West  
Rosemount MN 55068  
651-423-4491

## Application for Non-Profit Business Solicitation License

*(One per Organization – No fee for Non-Profit License.)*

Applicant Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Non-Profit Name \_\_\_\_\_

Non-Profit Address \_\_\_\_\_

City / State / ZIP \_\_\_\_\_

Office Phone \_\_\_\_\_

Website \_\_\_\_\_

FEIN / SSN \_\_\_\_\_ MN Tax Exempt # \_\_\_\_\_

Applicant Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City / State / ZIP \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Male / Female \_\_\_\_\_

Expected length of time in Rosemount: \_\_\_\_\_ to \_\_\_\_\_  
*(Date) (Date)*

Names & Title of all Officers and no more than four Directors of the organization:

*Name Title Name Title*

*Name Title Name Title*

*Name Title Name Title*

Purpose of the cause for which registration is sought: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the organization registered with the MN Attorney General's Office under Minnesota Statutes 309.52?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, furnish proof of such registration.

If no, is organization exempt from registration under Minnesota Statutes 309.515 because it is;

- \_\_\_\_\_ A charitable organization which did not receive in excess of \$25,000 exclusive of the direct cost of prizes given to the public by the charitable organization in connection with lawful gambling conducted in compliance with Chapter 349, from the public within or without this state during the accounting year last ended; does not plan to receive in excess of \$25,000 from the public during any accounting year; whose functions and activities, including fund raising, are performed wholly by persons who are unpaid for their service; and none of whose assets or income inure to the benefit of or are paid to any officer.
- \_\_\_\_\_ A religious society or organization which received more than half of the contributions it received in the past accounting year from persons who are members of the organization or from a parent or affiliated organization, or both.
- \_\_\_\_\_ An educational institution under the general supervision of the state board of education, the state university board or accredited by the University of Minnesota or the North Central Association of Colleges and secondary schools or by any other national or regional accrediting association.
- \_\_\_\_\_ A fraternal, patriotic, social, educational alumni, professional, trade or learned society which limits solicitation of contributions to persons who have a right to vote as a member.
- \_\_\_\_\_ A charitable organization soliciting contributions for any person specified by name at the time of the solicitation if all of the contributions received are transferred to the person named with no restriction on his expenditure of it and with no deductions whatsoever.
- \_\_\_\_\_ A private foundation, as defined in section 509(a) of the Internal Revenue Code which did not solicit contributions from more than 100 persons during the last accounting year.

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***The data on this form will be used to approve your license. Some requested data is private. Private data is available to you and the City or State staff who need this information to perform their duties, but is not available to the public. You are not legally required to provide this data, but the City may not be able to approve your license if you do not provide it.***

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By completing this application, Applicant affirms that he/she will strictly comply with all regulations set forth in the Rosemount City Code. The hours of operation will be from 9:00 a.m. to 8:00 p.m. No solicitation should take place until license has been issued.

I certify that the information provided is true and correct, and hereby agree to operate said business in accordance with the laws of Minnesota and the City Code of the City of Rosemount. I authorize the City of Rosemount to investigate the information and contact persons/organizations named on this application.

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Signature of Applicant

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Date