



Registration for Solicitation by Non-Profit Organizations for Philanthropic, Religious or Educational Purposes

CITY OF EDINA
Police Department
4801 W 50th Street, Edina MN 55424-1394
Phone: (952) 826-1610 Fax: (952) 826-1607

I am a Non-Profit solicitor

Proof of Non-Profit status attached (if applicable)

Name of Organization: _____

Principal of Organization/Contact Name _____

Address _____ Suite # _____ City _____ State _____ Zip _____

Phone Number (____) _____ Supervisor's Phone Number (____) _____

Name of Person Registering (if different than above) _____ Phone: _____

A brief description of the nature of the business and the products being sold (if applicable) _____

Attach flyer, pamphlet, information or other regarding products to be sold.

Attach a list of names of people who will be soliciting for this organization during these dates (if applicable).

Date(s) of soliciting: From _____ To _____

(Registration is valid for a 90 day period)

List two municipalities where you carried on this business immediately preceding the date of this registration and include the address(es) from which business was conducted in those municipalities.

1) _____

2) _____

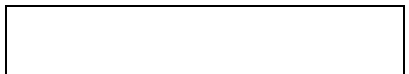
THE MINNESOTA DATA PRACTICES ACT requires that we inform you of your rights about the private data we may be requesting on this form. Private data is available to you, but not to the public. We are requesting certain data for your registration as a non-profit organization in order for you to solicit in the City of Edina. Providing the data may disclose information that could cause your application to be denied. You are not legally required to provide the data however refusing to supply the data may cause your registration to not be processed. This data can be shared by Edina City Staff, Department of Public Safety, and other persons or entities deemed necessary for verification of information submitted in the registration. Your signature on this application indicates you understand these rights.

Signature **X** _____ **Date** _____

I request that my residence address and telephone number be considered private data. My alternative address and telephone number are as follows:

Address _____ *Telephone Number* _____

Processed by _____
Approved _____ **Date** _____
Chief of Police



REGISTRATION NUMBER

For office use only:
Date _____ OCA _____
Fee _____ Rcpt# _____
Credentials (If applicable)
Copy of ID