



**All groups and organizations that intend to solicit cash or donations within the Town of South Windsor in the name of and for veterans shall complete this application and submit it to the South Windsor Police Department prior to any solicitation.**

Instructions: Please complete all sections.

**Applicant's Information:**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

**Organization Information:**

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Department of Consumer Protection Registration Number: \_\_\_\_\_

**Organization Members (Those actively soliciting):**

NAME	Date of Birth	Veteran (Yes or No)	Being Paid (Yes or No)

If there are additional, names please complete another application form.

Veteran Group Benefitting: \_\_\_\_\_

Minimum percentage donated to veterans (filed with the Department of Consumer Protection): \_\_\_\_\_

**AGENCY USE ONLY**

Review: (EIN) \_\_\_\_\_

Approved  Denied (EIN) \_\_\_\_\_

DATE: \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

RMS/CAD ENTRY DATE & EIN \_\_\_\_\_

Reason(s) for denial (if applicable): \_\_\_\_\_

Case Number