

City of Flushing

725 E. Main Street
 Flushing, Michigan 48433
 810-659-3130
www.flushingcity.com

DONATION SOLICITATION IN THE STREET RIGHT OF WAY APPLICATION

Name of Charitable Organization			
Date(s) of Event		From:	To:
Applicant's Name			
Address	City	MI	Zip Code
Phone Number	Email Address		
Number of Volunteers	Insurance Carrier (Proof of Insurance is REQUIRED naming the City of Flushing as additional insured)		

Terms:

1. All requests shall comply with the Donation Solicitation in the Street Right of Way Policy
2. Solicitors within the street right of way must wear identification that indicates the charity / nonprofit that they are collecting for and wear a reflective vest
3. Volunteers shall be at minimum 18 years old
4. Volunteers shall not impede the normal flow of traffic
5. The applicant will be required to file a proof of liability insurance in the amount no less than \$1 million for each occurrence and \$1 million general aggregate. The proof of liability insurance must include the City of Flushing as a certificate holder and additional insured.
6. Applicants may attach additional information that may assist staff in evaluating your request

Date of Application:	
Applicant Signature:	