

**CAMPAIGN INFORMATION
ST. LOUIS COUNTY**

DATE: _____

Organization Name: _____

Campaign Name: _____
(If different)

Dates of Campaign: _____

Description of Campaign:

Location & Area to be covered:

Number of Solicitors: _____
(No. of I.D. needed \$.10/each)

The signature of the applicant shall constitute an agreement that the applicant will assume compliance with the provisions of this code Chapter 804 and acknowledges the receipt of Schedule I Designated Intersections for Restricted Solicitation list and instructions stating no soliciting at Designated Intersections 804.165.

Signatures of Officer or
Authorized Agent

Instructions for Completion of Non-Profit Campaign Information Form

Complete organization name, dates of campaign, description of campaign, and the location and area to be covered.

Fill in the number of solicitor id cards needed and submit with \$.10 per card payable to St. Louis County Department of Revenue.

The solicitation campaign form is to be mailed to:

St. Louis County Department of Revenue
License Division
41 South Central Avenue
St. Louis, Missouri 63105