

Street Fundraiser/Community Permit Application

Name of Organization: _____

Contact Person: _____ Contact Number: _____

Is this for a non-profit organization: _____

Specific Fundraising goal or purpose:

Date and Time of Event: _____

Date(s) and Time(s) if Requesting Permission for Saskatchewan Liquor and Gaming Permit:

Date Submitted: _____

Signature: _____

Presented to Council: _____ Approved / Denied by Council _____

Comments of Council:

Administrator _____ Date _____