



# CITY OF KELOWNA FUND RAISING DRIVE APPLICATION

NAME OF ORGANIZATION: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

DATE OF DRIVE: Saturday \_\_\_\_\_ to Sunday \_\_\_\_\_

LOCATION(S) WHERE PUBLIC WILL BE SOLICITED: \_\_\_\_\_  
**(Maximum of 3 areas per weekend)** (as per attached map)

- |                     |                        |                   |                        |
|---------------------|------------------------|-------------------|------------------------|
| 1. North Glenmore   | 4. North End - East    | 7. Black Mountain | 10. South Central      |
| 2. Clifton Road     | 5. Dilworth/W. Rutland | 8. Springfield    | 11. South East Kelowna |
| 3. North End - West | 6. East Rutland        | 9. KLO            | 12. Mission            |

PLEASE CIRCLE NATURE OF FUND RAISING DRIVE:

**BOTTLE DRIVE**

**CANDY DRIVE**

**CANVASS**

**OTHER**

STATE HOW THE PROCEEDS WILL BE USED:

\_\_\_\_\_

IF ANY OF THE FUNDS RAISED WILL BE USED FOR WAGES, FEES, COMMISSIONS, OR ANY OTHER EXPENSES PAID TO ANY OTHER PERSON, WHAT PERCENTAGE WILL BE RETAINED BY YOUR ORGANIZATION? \_\_\_\_\_%

**COMPLETE THE FOLLOWING ONLY IF A PROFESSIONAL FUND RAISING ORGANIZATION IS BEING USED TO CONDUCT THE FUND RAISING CAMPAIGN:**

COMPANY NAME: \_\_\_\_\_

OFFICIAL POSITION: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**FORWARD APPLICATION TO:**  
 City Clerk  
 1435 Water Street  
 Kelowna, BC V1Y 1J4  
 Fax: 862-3315

cc: Oi/c Kelowna Detachment RCMP  
Licensing & By-Law Enforcement Supervisor