## Fairmont State University NON-COMMERCIAL SOLICITATION PERMIT APPLICATION

TODAY'S DATE:			
	(MONTH)	(DAY)	(YEAR)
<b>ORGANIZATION:</b>			
CONTACT PERSON:			
NUMBER OF PARTICI	PANTS :		
ADDRESS:			
PHONE:	(City)	(State)	(Zip)
	(Home)	(Work	)
EMAIL:			
TIME AND DATE OF P	ROPOSED ACTIVI	TY:	
and description of any in	tended sound amplif	ication):	f petition, distribution of literature,
(1	Please attach copy of any	handouts, literature, etc. to	be distributed)
SUBMIT APPLICATION	N TO:		
<b>Director Spencer Flanaga</b>	an		
Office Address: Falcon Co	7-4705	Iall Fairmont, WV 26554	Į.
E-mail: Spencer.Flanagan	@fairmontstate.edu		
I have received and rearepresent (if applicable),			cy. I, and the organization that I id policy.
APPLICANT'S SIGNAT	URE	DATE	
Use Permit Approved: _		Use Permit N	Not Approved:
Reason(s) if Not Approve By:			
Authorized Signatur		Date	