



Office of Tax Administrator  
Tammy M. Hanlon

**Application for a Non-Profit Organization**

Date: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Name of Person Representing Organization: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Location of Charitable Event: \_\_\_\_\_

This application is given to you by The City of Hazard to conduct a non-profit charitable event for the day or days listed below.

From: \_\_\_\_\_ To: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

This application if approved by: \_\_\_\_\_  
Tax Administrator

This certifies that the applicant herein above named has been approved for this type of license applied for and at the premises above specified.