OFFICE OF CAMPUS LIFE  
UNIVERSITY SOLICITATION AND SALES PERMIT

Any registered student organization or University department shall provide the Office of Campus Life a list of the names of the individuals directing sales, solicitation, or fund raising; the time period for the activity; the use of the revenue; and the method, and the location of the activity. There must be a member of the organization present at all times during the fund-raising activity. This material shall be public record in the Office of Campus Life. A copy of the registration form will be filed in the Office of Campus Life as a matter of public record. A copy must be displayed at the site of the solicitation/sale for verification.

ORGANIZATION OR DEPARTMENT SPONSORING

*ITEM TO BE SOLD OR DISTRIBUTED

DATE TIME INDIVIDUALS

LOCATION OF ACTIVITY

If in residence hall, the name of scheduling staff member

If in cafeteria, authorized Food Service staff member

Use of Revenue

TO BE COMPLETED ONLY IF AN OUTSIDE VENDOR IS ENGAGED

Persons not affiliated with the University may not engage in sales or solicitation among the general University population while on University property unless as part of a project sponsored by a registered student organization or University department.

VENDOR: Firm

On-Site Sales Person

Outline financial arrangements between this company and the sponsoring University department or organization on additional forms. Attach copy of State of Ohio Vendor License and complete financial arrangements form.

*Organizations, outside vendors, or University departments may not sell or distribute food within the Kent Student Center or on the Kent Student Center Plaza.

Distribution:

White - Organization
Blue - Scheduling Representative of Group Phone No. Date
Green - Campus Life
Canary - Police Department
Pink - Student Center Operations/ Building Curator
Goldenrod - Adviser

Adviser's Name Address Phone No.

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ORGANIZATION OR DEPARTMENT SPONSORING  
(Full Name - Please no initials)

*ITEM TO BE SOLD OR DISTRIBUTED

DATE TIME INDIVIDUALS  
(Registered Students or University Staff)

LOCATION OF ACTIVITY

If in residence hall, the name of scheduling staff member

If in cafeteria, authorized Food Service staff member

Use of Revenue

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Representative of Group Phone No. Date
Campus Life Staff Member Date

Adviser’s Name Address Phone No.