



**OFFICE OF CONSUMER AFFAIRS**  
6751 Columbia Gateway Drive, Box 220  
Columbia, MD 21046  
410-313-6420

**APPLICATION FOR CHARITABLE / NON-PROFIT SOLICITOR IDENTIFICATION CARD**

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Description of soliciting activity: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

In what area(s) of Howard County will your solicitations occur? \_\_\_\_\_

\_\_\_\_\_

Number of Individuals Soliciting (number of ID Cards requested) \_\_\_\_\_ Date(s) \_\_\_\_\_

**Please attach: a copy of any official Tax Exemption Statement and a copy of your Maryland Secretary of State's Registration form.**

**I certify that the information I have provided is true and correct to the best of my knowledge.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**If you need this document in an alternate format, please call 410-313-6420 (voice/relay)  
or e-mail [consumer@howardcountymd.gov](mailto:consumer@howardcountymd.gov)**