

**OFFICE OF GRANT MANAGEMENT**  
**TEMPORARY TIP JAR LICENSE APPLICATION**  
**(Short Form)**

*Note: This abbreviated application may only be used if all information on file with the Office is correct and two years has not elapsed since your last full application was completed.*

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

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

Address of Organization: \_\_\_\_\_

Contact Person Name and Phone Number: \_\_\_\_\_

State specifically the charitable, athletic, or educational purpose for which the organization desires to raise money through the sale of tip jars and list the name and address of the organization(s) that will benefit:

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

Where will this event be held (Location name and Address):

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

Date and Time of the Event:

Date(s): \_\_\_\_\_ Time(s) \_\_\_\_\_

**I do solemnly declare and affirm under the penalties of perjury that the matters and facts contained in the foregoing Tip Jar Application are true and correct to the best of my knowledge, information and belief.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Position; **Must be the highest ranking officer**)

Phone: \_\_\_\_\_

The license fee of **\$30.00** must be paid to the Office when the license is picked up. This payment must be in the form of **check or money order** made payable to the Washington County Treasurer's Office.