Can-Shake Fundraising Application

Complete all sections to request permission for an organization to conduct a can-shake fundraiser at this store. Please submit the application before the requested event date. Approval is not guaranteed until confirmed by store management.

1. Organization and Applicant Information	
Organization name	
Organization type	☐ Nonprofit ☐ School/Team ☐ Civic/Faith Group ☐ Other: _____
Tax ID / EIN	
Primary contact name and title	
Phone number	
Email address	
Mailing address	

Store/location		**Date received**	

Provide complete information for the proposed event. The store may request proof of nonprofit status, authorization from the organization, or other supporting documents before making a decision.

2. Fundraising Request	
Preferred date	_____ Alternate date: _____
Requested time	From: _____ ☐ a.m. ☐ p.m. To: _____ ☐ a.m. ☐ p.m.
Expected participants	Adults: _____ Minors: _____ Total: _____
Adult supervisor(s)	

Purpose and use of funds	
About the organization	

3. Applicant Acknowledgment

I certify that the information in this application is accurate and that I am authorized to submit it on behalf of the organization. If approved, the organization will follow store-management instructions; use only the assigned area and approved date and time; keep entrances, exits, parking areas, and walkways clear; provide appropriate adult supervision; interact with customers courteously and without pressure; and remove all materials and litter at the end of the event. We understand that approval may be withdrawn and the activity may be ended at any time for safety, operational, or conduct concerns.

Authorized representative signature: _____ Date: _____

Printed name and title:

_____

Store Use Only

Decision: ☐ Approved ☐ Denied **☐ More information needed** **Approved event date: _____** **Approved hours: _____ to _____**	**Assigned location:** **_____** **Reviewed by:** **_____** **Decision date:** **_____** **Applicant notified:** ☐ Yes ☐ No
Conditions, restrictions, or notes:	