



DEPARTMENT OF  
COMMUNITY SERVICES

# CITY OF OCEAN CITY

AMERICA'S GREATEST FAMILY RESORT

## NON-PROFIT ORGANIZATION PERMIT RENEWAL FORM

Reference# \_\_\_\_\_

RENEWAL MUST BE SUBMITTED IN THE CALENDAR MONTH PRIOR TO PERMIT MONTH.

NAME AND ADDRESS OF NON-PROFIT ORGANIZATION:

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

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

TAX ID#: \_\_\_\_\_

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

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FEE: \$25.00

CHECK #: \_\_\_\_\_ CASH  CREDIT CARD

Received By: \_\_\_\_\_ Date: \_\_\_\_\_