



City of Lansing, Michigan
Application for Request for Non-Profit Status in the City of Lansing

Organization Name (As Incorporated): _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Main Contact Number: (____) _____ Secondary Contact Number: (____) _____

Email Address: _____

Please include the following with your application:

- a. A copy of your 501(c)3 Designation
- b. A copy of your Articles of Incorporation
- c. A copy of your Bylaws
- d. Non-refundable application fee of \$100.00 or fee waiver request*

I hereby certify that this application is complete and accurate to the best of my knowledge, information and belief.

Signature

Date

*Fee waiver request

I hereby certify that the assets of this non-profit organization are less than \$2,500 and I request the fee be waived. The fee would cause an extreme hardship because:

_____.

Signature

Date

When you are done with this form, please return it to:
Chris Swope, City Clerk
Lansing City Clerk's Office
Ninth Floor, City Hall, 124 W. Michigan Ave., Lansing, MI 48933-1695
clerk@lansingmi.gov