

## **Logo Use Application**

Name of Organization	
First Name	Last Name
Address	City Dripping Springs State Zip
Phone Number	E-mail Address
City Logo    and / or Additional Logos to use	Not Applicable
<ul> <li>Is the organization requesting use of the City Logo a recognized 501(c)(3) tax-exempt organization?</li> <li>Yes No If yes, please attach evidence of Tax-Exempt Status</li> </ul>	
<ul> <li>Is the organization requesting use of the City Logo a Non-profit organization?</li> <li>Yes No If yes, please attach evidence of Non-Profit Status</li> </ul>	
Please explain what event or advertising material the City Logo will be used for:	
When will your organization use the City's Logo?	
Starting Date Ending	g Date
Where will your organization use the City Logo?	
<ul> <li>Will any promotional materials or items using the City's Logo be given away or sold?</li> </ul>	
No Given Away Sold Both	
Please explain the types of materials or items.	