GUIDELINES AND APPLICATION FOR USE OF CECIL COUNTY SEAL

COUNTY USE:
Authorized use of the County Seal by County departments shall be automatic. In the absence of detailed guidelines, such use shall observe commonly accepted criteria for good taste and propriety. In any situation in which the Seal is deemed to damage rather than enhance the County’s image, the Director of Administration may intercede and may request that the department or agency so using the seal recall/remove the item(s) containing the seal until a review is held. Appeal of the Director of Administration’s decision in such cases may be made to the County Executive.

NON-COUNTY USE:
Any organization, which is not directly sponsored by a department or agency of the County, may apply to the Director of Administration for each proposed use of the County Seal. The application must include the following:

1. Official name and address of applicant;
2. Name and address of authorized representative (P.O. Box is not sufficient);
3. Telephone number of authorized representative;
4. Purpose for which the seal is being requested (i.e., how the County Seal relates to the organization or its activities);
5. Manner in which the seal will be represented – size, color, mounting, etc.;
6. Length of time the seal will be used for this purpose.

Applications must be accompanied by a drawing or other graphic representation illustrating-describing the object which the seal is to be placed.

Applications will not be accepted for any proposed use of the seal on an item that will be offered for sale, as gratuity, or for political campaign purposes.

Applications must be submitted to the Director of Administration forty-five (45) days prior to the date on which the intended use of the seal is to commence. Notification of the Director of Administrator’s decision will be sent by certified mail, return receipt requested within two weeks of receipt of the application.

Appeal of the Director of Administration’s decision may be made to the County Executive.
APPLICATION FOR USE OF CECIL COUNTY SEAL

Application for use of the Cecil County Seal must be submitted to the Director of Administration 45 days prior to the date on which the intended use of the seal is to commence. Notification of the Director of Administration’s decision will be sent by certified mail, return receipt requested within two weeks of receipt of the application.

Appeal of the Director of Administration’s decision may be made to the County Executive

Date: _______________________________

Organization Name: ____________________________________________

Address: ______________________________________________________

(P.O. Box is not sufficient) City/Town Zip

Name of Authorized Representative: ______________________________

Address: ______________________________________________________

(P.O. Box is not sufficient) City/Town Zip

Phone Numbers: ________________________________

Office Home Cell

What is the mission/purpose of the organization?________________________

_______________________________________________________________

_______________________________________________________________

How does the use of the County Seal relate to the mission/purpose of the organization?_____

_______________________________________________________________

_______________________________________________________________
What relationship(s), if any, already exist between the organization and Cecil County? (check all that apply)

[   ] Funding source – describe: __________________________________________________________

[   ] Staffing – Name(s) & Title: ________________________________________________________

[   ] Use of Facilities – describe: _______________________________________________________

[   ] Other – describe: _________________________________________________________________

[   ] None

How does the organization plan to use the County Seal? Please describe and attach an illustration or specifications to demonstrate size, color, and on what kind of surface it will be mounted.

__________________________________________________________________________________

__________________________________________________________________________________

Desired start date for use of County Seal: ______________________________

Ending Date: ________________________________________________________________

Application submitted by: ___________________________________________________________

For office use only:

Reviewed by: ___________________________ Date: ________________________________

Application: _____ approved _____ not approved

Notice of decision mailed: ________________ Comments: ____________________________

__________________________________________________________________________________