

6000 Heritage Trail, Clayton, CA 94517 (925) 673-7300

## Solicitor's Permit – Organization Information

## **Please Print**

1.	Full Name of Applicant:	Phone:	
	Other Names Used:		
2.	Principal Business Address:	Phone:	

3. Residential Address: \_\_\_\_\_ Phone: \_\_\_\_\_

- 5. Relationship between applicant and Organization:
  - (attach written proof that applicant is authorized to make application on behalf of Organization)
- 6. If the Organization (The person on whose behalf the solicitation will be conducted) is a sole proprietorship (individual), complete the following:

Full Name:				
Business Address:	Phone:			
Residential Address:	Phone:			

7. If the Organization is a partnership, complete for up to 4 partners:

Full Name:	
Business Address:	Phone:
Residential Address:	Phone:
Full Name:	
	Phone:
Residential Address:	Phone:
Full Name:	
	Phone:
	Phone:
Full Name:	
	Phone:
	Phone:

- 8. If the Organization is a Corporation, list on a separate sheet the full name, mailing address, principal business address and phone number of the corporation and of all (4 maximum) Officers/Directors. If a Foreign Corporation, list the place of incorporation and above information on all individuals in charge of the local office.
- 9. If the Organization is an association, list on a separate sheet the information required in #9.
- 10. Has the Organization, within three years immediately prior to the date of this application, had a permit revoked pursuant to Chapter 9.11, or any ordinance or statute of any governmental entity outside the City? Yes\_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:
- 11. Will the Organization use paid solicitors to solicit on their behalf? Yes\_\_\_No\_\_\_\_
- 12. Person in charge of supervision of solicitation in Clayton:

Full Name:				
Business Address:	Phone:			
Residential Address:	Phone:			
Mailing Address:				

- 13. Explain the exact purpose of the solicitation and the exact geographic area in which the solicitation will be conducted:
- 14. The proposed dates for the beginning and ending of the solicitation are: From: \_\_\_\_\_\_ To: \_\_\_\_\_\_
- 15. The proposed time during which the solicitation will be conducted: From: \_\_\_\_\_\_ To: \_\_\_\_\_
- 16. The method or methods to be used in conducting the solicitations:

17. Total number of Solicitors or Peddlers to be used: \_\_\_\_\_.

- 18. On a separate sheet, list full name, mailing address, principal business address, residential address and phone number of all individuals to whom the Permitting Authority shall send any required notices to.
- 19. If the purpose of the solicitation is or includes the solicitation of contributions, include current documentation from the United States Internal Revenue Service or from the California Franchise Tax Board stating the Organization is tax exempt under Federal or State Income Tax Laws.

## **AFFIDAVIT**

The Organization hereby states that none of the solicitors have been convicted of any of the crimes specified in Section 9.11.070. The Organization assumes responsibility that all solicitors will comply with all requirements of Chapter 9.11, regarding manner of solicitation. Furthermore, the Organization agrees that if the permit is granted, it will not be used or represented in any way as an endorsement by the City or any Department, Officer or Employee thereof. The Organization acknowledges that he has received and read a copy of Chapter 9.11. If while the application is pending or during the term of any permit granted, there is a change of fact that is inconsistent with the information and documentation given on the application, the applicant shall notify the permit authority in writing of the change within two (2) days after such change.

THIS APPLICATION IS SIGNED UNDER PENALTY OF PERJURY

Signature

Date

Title