

SOLICITATION PERMIT APPLICATION

1. APPLICANT INFORMATION

NAME OF PERSON/ORGANIZATION

ADDRESS OR HEADQUARTERS OF APPLICANT

CITY

STATE, ZIP CODE

2. NAMES AND ADDRESSES OF APPLICANT'S PRINCIPAL OFFICERS AND MANAGERS (IF ANY)

PRESIDENT NAME	ADDRESS	CITY	STATE, ZIP CODE
VICE PRESIDENT NAME	ADDRESS	CITY	STATE, ZIP CODE
SECRETARY NAME	ADDRESS	CITY	STATE, ZIP CODE
MANAGER NAME	ADDRESS	CITY	STATE, ZIP CODE
DIRECTOR NAME	ADDRESS	CITY	STATE, ZIP CODE
DIRECTOR NAME	ADDRESS	CITY	STATE, ZIP CODE

3. PLEASE ATTACH A TRUE AND CORRECT COPY OF THE RESOLUTION (IF ANY) AUTHORIZING THE APPLICANT TO UNDERTAKE THE PROPOSED SOLICITATION COVERED BY THE APPLICATION.

RESOLUTION ATTACHED Yes No

4. WHAT IS THE PURPOSE FOR WHICH THE SOLICITATION IS TO BE MADE? PLEASE EXPLAIN IN DETAIL; ATTACH A STATEMENT IF MORE SPACE IS NEEDED.

5. THE TOTAL AMOUNT OF FUNDS TO BE RAISED IS:

\$

6. THE RECEIPTS FROM THE SOLICITATIONS WILL BE USED, OR DISPOSED AS FOLLOWS:

7. THE NEED FOR THE CONTRIBUTIONS TO BE SOLICITED IS AS FOLLOWS (THIS STATEMENT MUST BE SPECIFIC, SUPPORTED BY REASONS AND FIGURES. ATTACH A SEPARATE STATEMENT IF NECESSARY):

8. THE FOLLOWING PERSONS WILL DISBURSE THE RECEIPTS OF THE SOLICITATIONS:

NAME	TITLE	ADDRESS	CITY	STATE, ZIP CODE
NAME	TITLE	ADDRESS	CITY	STATE, ZIP CODE

9. THE FOLLOWING PERSONS WILL BE IN DIRECT CHARGE OF CONDUCTING THE SOLICITATIONS:

NAME	TITLE	ADDRESS	CITY	STATE, ZIP CODE
NAME	TITLE	ADDRESS	CITY	STATE, ZIP CODE

10. THE FOLLOWING PROMOTERS ARE CONNECTED OR WILL BE CONNECTED WITH SOLICITATIONS

NAME	TITLE	ADDRESS	CITY	STATE, ZIP CODE
NAME	TITLE	ADDRESS	CITY	STATE, ZIP CODE

11. THE METHOD(S) TO BE USED IN CONDUCTING THE SOLICITATIONS ARE AS FOLLOWS:

12. THE PROPOSED DATES FOR THE BEGINNING AND ENDING OF THE SOLICITATION ARE AS FOLLOWS:

DATE TO BEGIN	20	DATE TO END	20
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13. THE ESTIMATED COST OF THE ENTIRE SOLICITATION CAMPAIGN IS:

\$

14. THE WAGES, FEES, COMMISSIONS, EXPENSES, OR EMOLUMENTS TO BE EXPENDED OR PAID TO ANY PERSON IN CONNECTION WITH SUCH SOLICITATION AND THE NAME AND ADDRESSES OF ALL SUCH PERSONS ARE:

NAME	TITLE	ADDRESS	CITY, STATE, ZIP CODE	AMOUNT \$
NAME	TITLE	ADDRESS	CITY, STATE, ZIP CODE	AMOUNT \$
NAME	TITLE	ADDRESS	CITY, STATE, ZIP CODE	AMOUNT \$
NAME	TITLE	ADDRESS	CITY, STATE, ZIP CODE	AMOUNT \$

15. PLEASE ATTACH TO THIS APPLICATION A STATEMENT GIVING THE TERMS AND CONTENTS OF ALL AGREEMENTS, BOTH ORAL AND WRITTEN, WITH ALL AGENTS, SOLICITORS, PROMOTERS, MANAGERS, OR CONDUCTORS IN CONNECTION WITH THE PROPOSED SOLICITATION COVERED IN THIS APPLICATION.

STATEMENT ATTACHED Yes No

16. PLEASE ATTACH A FINANCIAL STATEMENT FOR THE LAST PRECEDING FISCAL YEAR OF ALL FUNDS COLLECTED FOR CHARITABLE PURPOSES BY THE APPLICANT, GIVING THE AMOUNT OF MONEY RAISED, THE COST OF RAISING SUCH MONEY, AND THE FINANCIAL DISTRIBUTION THEREOF.

FINANCIAL STATEMENT ATTACHED Yes No

17. A FULL STATEMENT OF THE CHARACTER AND EXTENT OF THE CHARITABLE WORK BEING DONE BY THE APPLICANT WITHIN THE CITY OF SAN FERNANDO IS AS FOLLOWS:

18. WILL THE ACTUAL COST OF THE SOLICITATION EXCEED 25% OF THE TOTAL AMOUNT TO BE RAISED?

Yes No

19. DOES THE APPLICANT CERTIFY THAT IF THE PERMIT IS GRANTED, IT WILL NOT BE USED OR REPRESENTED IN ANY WAY AS AN ENDORSEMENT OF THE CITY OF SAN FERNANDO OR BY THE DEPARTMENT OR OFFICER THEREOF?

Yes No

20. THE FOLLOWING IS ADDITIONAL INFORMATION BELIEVED BY THE APPLICANT TO BE USEFUL TO THE ADMINISTRATIVE OFFICER IN DETERMINING THE KIND AND CHARACTER OF THE PROPOSED SOLICITATION:

21. ALL OF THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

APPLICANT SIGNATURE	APPLICANT NAME (PRINT)	APPLICANT TITLE	DATE
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