

**CITY OF NOVATO
APPLICATION FOR
CHARITABLE SOLICITATION PERMIT**



Applicant's True Name in Full _____

Date of Birth _____

Home Address _____

Home Phone _____

Applicant Organization _____

Address _____

Business Phone _____

BUSINESS ORGANIZATION:

Subsidiary or affiliate:

Name & address of parent organization _____

Corporation:

Name as set forth in the Articles of Incorporation, business address and telephone number. _____

(Attach copy of Articles of Incorporation)

Are you authorized to solicit on behalf of this organization?

YES

NO

Is your organization tax exempt? YES

NO

Federal or State? _____
(Attach valid Proof of Exemption)

Person(s) who will have direct authority and/or control of the solicitation:

True Name: _____ Date of Birth: _____

Address: _____ Hm. Phone: _____

Who will receive these charitable contributions? What will the funds be used for? _____

The dates of your solicitation: _____

The method and location of your solicitation: _____

Describe any collection boxes or receptacles to be used and their location: _____

Individually list all agents involved in the solicitation:

Name	Home Address	Home Phone

Will agents be soliciting door-to-door in:

Residential areas? YES NO
(The Chief of Police may require each agent be fingerprinted and/or photographed.)

Have you ever had a solicitation permit revoked or suspended?

 YES NO

If you are unable to provide any of the requested information, why not? _____

I have read the provisions of Section 14-9 of the Novato Municipal Code (attached).

I understand that a copy of the police permit must be carried by all agents while soliciting within the limits of the City of Novato.

I understand that the granting of a charitable solicitation permit is not an endorsement by the City, or any of its departments, officers, or employees.

I understand that this permit is applicable only within the limits of the City of Novato and that a permit is required from the County Clerk for solicitation in unincorporated areas.

I declare under the penalty of perjury that the foregoing information is true and correct.

Signature of Applicant

Date

NOTE: Non-refundable Permit and Application Fees. You are required to notify the Chief of Police within one day of any changes in the information provided on this application form, including any changes of names, addresses, or phone numbers of any agents.

DEPARTMENT USE ONLY

		<u>Receipt #</u>	<u>Amount</u>
I.	Fees Paid		
	Application for Permit	-----	-----
	Business License Fee	-----	-----

- II. Fingertprints
- Photographs
- Health Department Certificate
- N/A Work Permit (under 18 years)
- N/A Park Permit
- Proof of Tax Exemption

III. Review for Planning Department:

Signature Date

Review for Building Department:

Signature Date