



CITY OF MONTCLAIR
5111 Benito Street
Montclair, CA 91763

APPLICATION FOR CHARITABLE SOLICITATION OR CANVASS PERMIT
Without Fee

Date_____

Name of Applicant_____ Home Phone_____

Applicant's Home Address_____ City, State, Zip_____

Name of Organization_____ Phone_____

Local Address_____ City, State, Zip_____

Headquarters Address_____ City State, Zip_____

Date Organized_____ Incorporated_____ Tax Exempt No._____

Attach proof of 501 (c) (3) status.

The purpose for which the solicitation is to be made:_____

The total estimated amount of funds to be raised is_____

The need for the contributions to be solicited is as follows:_____

The following persons will be in direct charge of conducting the solicitation:

Name

Title

Address

Business Phone

The method or methods to be used in conducting the solicitations are as follows:

The proposed dates for the beginning and ending of the solicitations are:

Date begin _____ through _____

The estimated total cost of the entire solicitation campaign is _____

Have you attached 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, together with the cost of raising it and the final distribution thereof? _____

If the answer is "No", give date when this statement will be submitted _____

A full statement of the general character and extent of the charitable or religious work being done by the applicant and also the character and extent of such work being done or to be done with the City of Montclair is as follows:

Does applicant certify that if a permit is granted, it will not be used or represented in any way as an endorsement of the City of Montclair or by any department or officer thereof? _____

If promoters, paid agents, paid solicitors, or performing groups are to be used, attach list of names, addresses, and a copy of the contracts to this application.

Attach a list of all solicitors to this application. List of solicitors must include home address and phone.

NOTE: This application is for a permit only. A business license application must also be completed by the applicant and approved by the City prior to commencement of operations.

Recommended _____ Date _____
Business License Clerk

Recommended _____ Date _____
Police Department

Approved _____ Date _____
City Treasurer/License Official