

CITY OF DUBLIN POLICE SERVICES

CHARITABLE SOLICITATION & SALES PERMIT APPLICATION

Solicitation and Sales activities permitted
between the hours of 9:00AM and 8:00 PM.

PRIMARY APPLICANT INFORMATION

Name: _____
Last First Middle

Aliases Used: _____

Permanent Home Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Birth Date: _____ Drivers License Number: _____ State: _____

Have you been convicted of any felony or misdemeanor involving injury to person(s) or property, theft, fraud or misrepresentation within the past ten years? Yes No

If yes, list each conviction including date, location, charge, court and disposition of the offense:

CHARITABLE ORGANIZATION INFORMATION

Organization Name: _____

Address: _____

Phone: _____ Fax: _____

Items or Services to be Sold: _____

Length of time for which the right to conduct activity is desired: _____

(Attach additional sheets as necessary.)

If applicable, has the California Attorney General issued a permit to the organization for "Commercial Fundraiser for Charitable Purpose" pursuant to Government Code §12599?

Yes (If yes, please attach copy.) No

CHARITABLE SOLICITATION & SALES PERMIT APPLICATION CONTINUED

GROUP APPLICATIONS *

Please provide the names of all individuals engaging in activity in conjunction with this permit.

Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

* Provision of this information is mandatory for Non-Dublin residents and individuals engaged in these activities for non-Dublin based organizations. Applicant must also provide copies of state issued identification and/or student body cards for each person listed above. Attach additional sheets as necessary.

VEHICLE INFORMATION *

Please provide information for any vehicles proposed to be used in conjunction with this permit.

Make/Model: _____ Year: _____
License Plate #: _____ Color: _____
Make/Model: _____ Year: _____
License Plate #: _____ Color: _____
Make/Model: _____ Year: _____
License Plate #: _____ Color: _____

* Provision of this information is mandatory for Non-Dublin residents and individuals engaged in these activities for non-Dublin based organizations. Please attach registration information and proof of insurance for each listed vehicle. Provision of vehicle safety information may also be required. Attach additional sheets as necessary.

APPLICANT CERTIFICATION

I declare under penalty of perjury that the information contained in / or submitted with this application is true and correct.

Signature

Date

Important: Non-Dublin residents and individuals engaged in solicitation and sales activities for non-Dublin based organizations must attach:

- A letter from the Charitable Purpose organization certifying the applicant's authority to engage in the conduct of Charitable Solicitor or Salesperson on behalf of the Charitable Purposes organization.