



**CITY OF ENCINITAS**  
 Development Services Department  
 505 S. Vulcan Ave  
 Encinitas, CA 92024  
[www.encinitasca.gov](http://www.encinitasca.gov)  
 Phone: 760-633-2708  
 Email: [permits@encinitasca.gov](mailto:permits@encinitasca.gov)

# NON-CHARITABLE SOLICITOR APPLICATION SUPPLEMENTAL

Company Name: \_\_\_\_\_

Owner(s) of Company\*: \_\_\_\_\_  
 \_\_\_\_\_

**\*Each partner/business associate must complete a Background Application and Authorization to Release Information form.**

Description of Articles to be sold or Services to be Offered:

Solicitation Location:

Date Beginning: \_\_\_\_\_ Date Ending: \_\_\_\_\_

Days of the Week (check all that apply):  M  T  W  Th  F  Sa  Su

Hours of Operation: From \_\_\_\_\_ AM PM To \_\_\_\_\_ AM PM

Solicitation Methods (check all that apply):

- Door to Door (9AM-6PM only)  Mail  Temporary Stand  Phone  
 Personal Approach  Door Hangers  Volunteers  Pamphlets

Are you selling beverages or food?  Yes\*  No \*If yes, attach a copy of Health Department permit.

By checking this box, I certify under penalty of perjury that the statements made in this application are true and correct to the best of my knowledge. I understand any false statements or information are grounds for denial of this application or revocation of the permit. I acknowledge I will adhere to the conditions as stated on the permit. Any misuse of privileges or multiple complaints received by the City may constitute violations of this permit resulting in fines and/or revocation of the permit.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_