



CITY OF ENCINITAS
Development Services Department
505 S. Vulcan Ave
Encinitas, CA 92024
www.encinitasca.gov
Phone: 760-633-2708
Email: permits@encinitasca.gov

CHARITABLE SOLICITOR APPLICATION SUPPLEMENTAL

Company/Charity Name: _____

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

Solicitation Location:

Date Beginning: _____ Date Ending: _____

Hours of Solicitation: From _____ AM PM To _____ AM PM

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

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.

Is this contribution tax deductible? Yes No

Security on the premises? Yes No

Percentage of total gift or price that may be deducted as charitable contribution as allowed by IRS: _____%

Total amount of funds proposed to be raised: _____

Estimated cost of solicitation: _____

Estimated amount remaining for charitable purposes: _____

Name & address of organizations that will receive funds (If no organization, manner in which money collected will be utilized):

By checking this box, I certify under penalty of perjury 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: _____