



SAN DIEGO COUNTY SHERIFF'S DEPARTMENT

LICENSING DIVISION

9621 Ridgehaven Court, PO Box 939062
San Diego, CA 92193-9062



APPLICATION FOR A CHARITABLE SOLICITOR'S LICENSE

FEE: Exempt

(Fees are not refundable. If you can claim Veteran's exemption, please bring documentation)

FILE # SC-_____

YOU ARE REQUIRED TO SUBMIT THE FOLLOWING ITEMS WITH THIS APPLICATION:

1. IRS Exemption form 501©3 and exemption letter from California State Franchise Tax Board
2. Current IRS tax form 990, 99PF, or 199
3. Copy of contract with commercial fundraiser (promoter), if applicable
4. Copy of commercial fundraiser's Annual State Registration Form CF-1, Annual Financial Report CF-2 and Surety Bond declaration filed with the California Registry of Charitable Trusts (Gov. Code Section 12599)
5. Copy of Disclosure Statement: written statement identifying the organization, reasons they're soliciting funds, the fund raising expenses, whether the organization has tax exempt status and whether contribution to the organization are tax deductible. (No Solicitation without a volunteer presenting a written Disclosure Statement to any donor; may be in the form of a brochure)
6. Sample of tickets to be sold (if applicable)
7. Health Permit (if handling food)
8. General Application from manager of promotion
9. Other: List of volunteers names to be sent in monthly.

Name (DBA) _____ Telephone _____

E-mail(Print or Type only) _____

Business Address _____

Business Address _____

Number Street City State Zip

Mailing Address _____

Number Street City State Zip

Check applicable Business Description: _____ Corporation (If yes, corp name _____)

_____ Partnership _____ LLC _____ Sole Proprietorship

(Each business partner associate must complete a Background Application for Sheriff's Regulatory Activities (LIC-05) which must be and submitted along with this application)

Person in charge of Solicitation: _____
(Person in charge must complete a Background Application for Sheriff's Regulatory Activities (LIC-05) which must be and submitted along with this application)

Number of Volunteers/Employees assisting during this promotion: _____
(Attach a list of each volunteer's full name and date of birth; each volunteer/employee must complete a Miscellaneous Information Form which must be and submitted along with this application)

Address/locations where solicitation activities will take place: (May attach separate sheet of locations if more than 3 locations will be used)

Number Street City State Zip

Number Street City State Zip

Number Street City State Zip



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Charitable Solicitation Application

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PLANNED SCHEDULE OF OPERATION

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
OPEN AT:							
CLOSE AT:							

Method(s) of Solicitation

☐ Personal Approach ☐ Merchandise Sales ☐ Door to Door
☐ Paid Promoter ☐ Radio ☐ Other (explain) _____

Complete this section if using a Paid Promoter:

Promoter Business Name _____ Telephone _____

Address of Business Records _____

Number Street City State Zip

Local Business Address _____

Number Street City State Zip

Full Name of employee in charge of this promotion _____

Title _____ DOB _____

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION I HAVE GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND AND AGREE TO HAVING ALL REQUIRED NOTICES, UNLESS OTHERWISE SPECIFIED, SENT BY U.S.MAIL TO THE MAILING ADDRESS SPECIFIED ON THIS APPLICATION. I HAVE READ AND UNDERSTAND THE SECTIONS OF THE SAN DIEGO COUNTY CODE OF REGULATORY ORDINANCES PERTAINING TO SOLICITORS.

Name of Applicant: _____ Date: _____

Signature of Applicant: _____

Application Accepted By: _____ Date: _____