

**CITY OF FONTANA
8353 SIERRA AVE.
FONTANA, CA 92335**

**APPLICATION FOR CHARITY SOLICITATION
ANNUAL PERMIT**

**APPLICANTS MUST SUBMIT THE FOLLOWING:
(Per FCC Sec. 15-1 (a))**

- Articles of Incorporation and/or Bylaws
- Determination Letter of Exempt Status, U.S. Treasury
- Determination Letter of Exempt Status, State Franchise Tax Board

Legal Name of Organization: _____

State or Federal I.D. Number _____

Type of Organization _____

Date Organized _____

Contact Person & Title _____

Permanent Meeting Address _____

Days and Times of Meetings _____

Mailing Address _____

Telephone Number _____

E-mail Address _____

Funds raised will be for the purpose of:

- Charitable Religious Veterans Patriotic
- Civic Betterment Welfare Scholastic Other _____

Whenever, in the opinion of the collector, the activity for which the charity solicitation license is requested results in any expense to the City, such as police protection or any other direct or indirect expenses, the collector shall refer the request for such license to the City Council for its decision, in which event the City Council shall have the right to impose a reasonable charge to cover such expense. (FCC Sec. 15-1 (e)).

PLEASE COMPLETE BOTH SIDES

LIST OF OFFICERS:

President: _____

Address: _____

Date of Birth / / **Telephone Number:** _____

Drivers License Number: _____ State ID Number: _____

Vice President: _____

Address: _____

Date of Birth / / **Telephone Number:**

Secretary: _____

Address: _____

Date of Birth: / / Telephone Number:

Driver's License Number: _____ Telephone Number: _____ State ID Number: _____

Treasurer: _____

Address: _____

Date of Birth: / / Telephone Number:

Date of Birth: _____ Telephone Number: _____
Drivers License Number: _____ **State ID Number:** _____

I, _____ the _____ of _____
Applicant Name **Office Held** **Organization**

Do hereby declare under the penalty of perjury that this application and any attachment thereto have been examined by me and to the best of my knowledge and belief represent a true and complete statement of facts.

Signature _____ Date _____

Print name

NOTE: THIS PERMIT DOES NOT AUTHORIZE THE ORGANIZATION TO CONDUCT CARWASHES, BINGO, CARNIVALS, DANCES, OR PARTICIPATE IN THE FONTANA DAYS CELEBRATION.

OFFICE USE ONLY

Account Number _____

Police [View Details](#) [Edit](#) [Delete](#)

Planning

Building & Safety

Community Services
