



**City of Claremont**

P. O. Box 880 | 207 Harvard Avenue | Claremont, CA 91711-0880  
909-399-5398

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**NON-COMMERCIAL SOLICITATION PERMIT APPLICATION**

***FOR CHARITABLE, POLITICAL & RELIGIOUS SOLICITATION***

Name of person or organization: \_\_\_\_\_

Address or headquarters of applicant: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of applicant's principal officers and executive (if any):

President: \_\_\_\_\_ Address: \_\_\_\_\_

Vice-Pres: \_\_\_\_\_ Address: \_\_\_\_\_

Secretary: \_\_\_\_\_ Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_ Address: \_\_\_\_\_

The following persons will be in charge of conducting the solicitation (*attach additional pages as needed*):

<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>Business Telephone</u>
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\_\_\_\_\_  
\_\_\_\_\_

Purpose of solicitation (*attach a statement if more room is needed*):

\_\_\_\_\_  
\_\_\_\_\_

General description of charitable or religious work done by the organization and what, if any, such work will be done in the City of Claremont (*explain on attached statement as needed*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Beginning and ending dates of solicitation will be: \_\_\_\_\_, 20\_\_ through \_\_\_\_\_, 20\_\_

Method(s) to be used in conducting solicitations will be: \_\_\_\_\_

Total estimated amount of funds to be raised: \_\_\_\_\_

Estimated total cost of the solicitation campaign: \_\_\_\_\_  
*(Include all costs such as mailing, advertising, printing, fees, commissions, expense allowances, etc.)*

The following must be attached to this application:

- £ A copy of your non-profit status with the I.R.S. and California Franchise Tax Board.
- £ Financial statement for the preceding fiscal year of all funds collected for charitable purposes, giving the amount of money raised, the cost of raising it, and the final distribution.

By signing and notarizing this document below, the applicant certifies that if a permit is granted, it will not be used or represented in any way as an endorsement of the City of Claremont or by any department or officer thereof.

\_\_\_\_\_  
Applicant's Signature and Title

\_\_\_\_\_  
Date

Subscribed and sworn to (or affirmed) before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by \_\_\_\_\_, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

\_\_\_\_\_  
Notary Public Signature (Seal)

-- Submit application with original signatures and attachments by mail or in person to the address at the top of this form --

FOR OFFICE USE ONLY	
In accordance with Chapter 5.40 of the Claremont Municipal Code, I hereby:	<input type="checkbox"/> DENY <input type="checkbox"/> APPROVE
_____ Assistant City Manager's Signature	_____ Date
Permit No. _____ issued on _____, 20__	
_____ Business License Technician Signature	_____ Date