SOLICITORS PERMIT 5.28 (Ord. 247; 748; 935; 1003; 1064)

Applicant Requirements

- Business License Application Fee (Varies, refundable if denied)
- Business License Processing Fee (Approximately $61.00, non-refundable)
- Solicitors Permit Application ($21 per Solicitor)
- Fingerprinting (Approximately $60.00 per person and non-refundable)
- Letter of Authority from organization
- Two (2) Passport Pictures of each Solicitor taken within 60 days

Required Approval(s):

- Planning Department
  *Obtained by the City of Bellflower

Permit Renewal:

N/A
APPLICATION FOR SOLICITORS (BMC 5.28)

BMC 5.28.010 It is unlawful for any person, firm, partnership, corporation or association within the City to engage in the activity of peddling, selling or offering for sale any goods or commodities or to make any “charitable solicitation” as defined in Section 5.28.040, or to go from house to house, or place to place, other than commercial business houses, or at, on, or along the public streets, sidewalks or public places, selling or taking orders for, or offering to sell or take orders for goods or for services to be performed in the future, or for things of value to be delivered in the future, or performing services which require further development, consummation or completion elsewhere than at the place where performed, unless said person, firm, partnership, corporation or association has a valid permit and identification card to do so issued by the City Manager, and each person has upon his/her person or with him/her an identification card showing the existence of such a valid permit issued by the City Manager.

• **Please print all required information clearly and legibly.** A permit to solicit in the City of Bellflower is requested by:

  Organization:______________________________________________________________

  Address:______________________________________________________________

  Telephone:_________________________ Date:_________________________

  Contact:______________________________________________________________

  Date(s) and Place(s) of solicitation:______________________________________________

• **Method of Solicitation:**

  □ Door-to-Door    □ Telemarketing

  □ Direct Sales    □ Direct Mail Fundraising

  □ Other:______________________________________________________________

• **Describe Purpose of Solicitation:**

  ________________________________________________________________

  ________________________________________________________________

Has your organization ever been granted a license by the L.A. Social Services Commission?

  □ No    □ Yes    Date:______________________________________________

Has your organization been issued an Internal Revenue Services exemption certificate?

  □ No    □ Yes

Has your organization been denied a permit by any other government agency?

  □ No    □ Yes    If yes, organization:______________________________________
Name, Home Address, Home Phone, Social Security Number, Driver’s License Number of all solicitors and organization’s officers is required.

- **Organization’s Officers Information:**
  - **President:**
    - Phone: __________________
    - Street Address: __________________
    - City: __________ State: ______ Zip: ______
    - Social Security No: __________ Driver’s License: __________
  - **Vice President:**
    - Phone: __________________
    - Street Address: __________________
    - City: __________ State: ______ Zip: ______
    - Social Security No: __________ Driver’s License: __________
  - **Secretary:**
    - Phone: __________________
    - Street Address: __________________
    - City: __________ State: ______ Zip: ______
    - Social Security No: __________ Driver’s License: __________
  - **Treasurer:**
    - Phone: __________________
    - Street Address: __________________
    - City: __________ State: ______ Zip: ______
    - Social Security No: __________ Driver’s License: __________

- **Solicitors Information:**
  - **Solicitor 1:**
    - Phone: __________________
    - Street Address: __________________
    - City: __________ State: ______ Zip: ______
    - Social Security No: __________ Driver’s License: __________
  - **Solicitor 2:**
    - Phone: __________________
    - Street Address: __________________
    - City: __________ State: ______ Zip: ______
    - Social Security No: __________ Driver’s License: __________
Solicitors Information: (Cont.)

Solicitor 3: ____________________________ Phone: ________________
Street Address: ________________________________________________
City: ____________________________ State: ____________ Zip: ____________
Social Security No: ________________ Driver’s License: __________
Solicitor 4: ____________________________ Phone: ________________
Street Address: ________________________________________________
City: ____________________________ State: ____________ Zip: ____________
Social Security No: ________________ Driver’s License: __________

P.O. Box is not permissible

Attach additional sheets if extra space is needed.

Additional Information Required to be Submitted with Application:

☐ Completed Business License Application with required fees.
☐ Two (2) 1” x 1” photos of each solicitor taken within the last sixty (60) days
☐ Letter of Authority from organization when individual solicitor is representing another organization. (If applicable)

The above applicant acknowledges that he/she has read the provisions of the Bellflower Municipal Code relating to the stated permit for which an application is being made and will observe, abide by, and be bound by such provisions:

Applicant (Please Print) ____________________________ Date __________

Applicant Signature __________________________________________________________________________

*Application Fee: $21.00/Per Solicitor*

Notice: Upon completion of such solicitation, you are advised that a sworn statement setting forth the amount of money collected and the disbursement of said funds is required. This solicitor’s permit is required under the provision of the Bellflower Municipal Code as amended. You are cautioned that the license does not permit business or solicitors operations in violation of other Municipal Code sections. Your operations may be checked by Planning, Sheriff, Fire and Health Department officials. If you have any doubt that your operations do not conform with the requirements of the Municipal Code, you are urged to contact the officials of those departments for further information before filing your application.

For Internal Use:
Date Received: ____________________________ By: __________________
Receipt #: ____________________________ Amount: __________________
SOLICITOR FINANCIAL REPORT (BMC 5.28.040 (C))

Dates of Solicitation: ______________________

ORGANIZATION: _______________________________________________________

TOTAL GROSS COLLECTED: $_____________________________________________

TOTAL DISTRIBUTION: $______________________________________________

NET PROFIT ☐/NET LOSS ☐: $___________________________________________

_________________________ Date: _________________________________
Secretary or Authorized Representative, Title (Sign)

*YOUR FINANCIAL STATEMENT IS DUE IN THE FINANCE DEPARTMENT WHEN SOLICITATION HAS BEEN COMPLETED*