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

Applicant Requirements

- Business License Application Fee (Varies, refundable if denied)
- Solicitors Permit Application ($68 per Solicitor)
- Fingerprinting (Approximately $60.00 per person and non-refundable)
- Letter of Authority from organization
- Two (2) Passport Size Photos 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: ________________________________

16600 CIVIC CENTER DRIVE, BELLFLOWER, CA 90706, 562/804-1424
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: $68.00/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*