

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: \_\_\_\_\_  
Drivers License Number: \_\_\_\_\_ State ID Number: \_\_\_\_\_

Secretary: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth \_\_\_/\_\_\_/\_\_\_ Telephone Number: \_\_\_\_\_  
Drivers License Number: \_\_\_\_\_ State ID Number: \_\_\_\_\_

Treasurer: \_\_\_\_\_  
Address: \_\_\_\_\_  
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.**

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**OFFICE USE ONLY**

Account Number \_\_\_\_\_

Police \_\_\_\_\_  
Planning \_\_\_\_\_  
Building & Safety \_\_\_\_\_  
Community Services \_\_\_\_\_