

**CITY OF ENCINITAS**

Development Services Department  
505 S. Vulcan Ave  
Encinitas, CA 92024  
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Phone: 760-633-2708  
Email: [permits@encinitasca.gov](mailto:permits@encinitasca.gov)

## APPLICATION SUPPLEMENTAL CHARITABLE SOLICITOR PERMIT

Company/Charity Name: \_\_\_\_\_

Description of Articles to be sold or Services to be Offered: \_\_\_\_\_

\_\_\_\_\_

Solicitation Location: \_\_\_\_\_

\_\_\_\_\_

Date Beginning: \_\_\_\_\_ Date Ending: \_\_\_\_\_

Hours of Solicitation: From \_\_\_\_\_ ☐ AM ☐ PM To \_\_\_\_\_ ☐ AM ☐ PM

Days of the Week (check all that apply): ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su

Solicitation Methods (check all that apply):

☐ Door to Door (9AM-6PM only) ☐ Mail ☐ Temporary Stand ☐ Phone  
☐ Personal Approach ☐ Door Hangers ☐ Volunteers ☐ Pamphlets

Are you selling beverages or food? ☐ Yes\* ☐ No \*If yes, attach a copy of Health Department permit.

Is this contribution tax deductible? ☐ Yes ☐ No Security on the premises? ☐ Yes ☐ No

Percentage of total gift or price that may be deducted as charitable contribution as allowed by IRS: \_\_\_\_\_ %

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

Estimated cost of solicitation: \_\_\_\_\_

Estimated amount remaining for charitable purposes: \_\_\_\_\_

Name & address of organizations that will receive funds (If no organization, manner in which money collected will be utilized): \_\_\_\_\_

\_\_\_\_\_

- ☐ By checking this box, I certify under penalty of perjury that the statements made in this application are true and correct to the best of my knowledge. I understand any false statements or information are grounds for denial of this application or revocation of the permit. I acknowledge I will adhere to the conditions as stated on the permit. Any misuse of privileges or multiple complaints received by the City may constitute violations of this permit resulting in fines and/or revocation of the permit.

Name: \_\_\_\_\_ Date: \_\_\_\_\_