

PERMIT #

City of San Gabriel

PO Box 130

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www.sangabrielcity.com



SOLICITATION NOTICE OF INTENTION

BUSINESS/ORGANIZATION/ASSOCIATION NAME		BUSINESS PHONE		DATE	
BUSINESS ADDRESS	STREET	CITY	STATE	ZIP	
MAILING ADDRESS, IF DIFFERENT FROM ABOVE					
TYPE OF OWNERSHIP <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC <input type="checkbox"/> CORPORATION					
LIST FULL LEGAL NAME, HOME ADDRESS AND PHONE OF <u>EACH</u> OWNER, PARTNER OR CORPORATE/LLC OFFICER. ATTACH ADD'L. SHEET IF NECESSARY					
1. NAME		HOME PHONE		CELL	
HOME ADDRESS	STREET	CITY	STATE	ZIP	
2. NAME		HOME PHONE		CELL	
HOME ADDRESS	STREET	CITY	STATE	ZIP	
3 .NAME		HOME PHONE		CELL	
HOME ADDRESS	STREET	CITY	STATE	ZIP	
FOR CORPORATIONS AND LLCs:					
STATE OF INCORPORATION OR ORGANIZATION		ADDRESS & PHONE OF CORPORATE HEADQUARTERS			
MAILING ADDRESS OF LOCAL OFFICE, IF ANY		LOCAL CONTACT PERSON NAME & PHONE			
NAME OF EACH OFFICER, DIRECTOR, AND TRUSTEE					
FOR ASSOCIATIONS:					
PRINCIPAL BUSINESS ADDRESS			BUSINESS PHONE		
LOCAL CONTACT PERSON			LOCAL PHONE		
PURPOSE OF SOLICITATION - PLEASE DESCRIBE IN DETAIL THE PURPOSE OF THE SOLICITATION & USE OF CONTRIBUTIONS:					
SOLICITATION START DATE:			SOLICITATION END DATE:		
TYPE OF SOLICITATION AND HOW IT WILL BE CONDUCTED (FOR EXAMPLE: DOOR TO DOOR, PHONE, FLIERS, ETC.):					
HAS ANY OFFICER, DIRECTOR, TRUSTEE, PARTNER, OR CURRENT AGENT OR EMPLOYEE ENGAGING IN THE SOLICITATION OF FUNDS BEEN CONVICTED OF A FELONY OR A MISDEMEANOR INVOLVING MORAL TURPITUDE WITHIN THE PAST SEVEN (7) YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO					
I DECLARE, UNDER PENALTY OF PERJURY, THAT THIS APPLICATION IS A TRUE AND CORRECT STATEMENT OF FACTS					
DATE: _____ SIGNATURE _____ TITLE _____					
CONDITIONS: NO SOLICITING BETWEEN 7:00 P.M. AND 9:00 A.M. NO SOLICITING AT ANY PREMISES SO MARKED. NO DISTRIBUTING, SOLICITING OR ADVERTISING ON PUBLIC PROPERTY, VACANT PROPERTY, OR VEHICLES. SEE ORDINANCE #616 C.S. FOR COMPLETE CONDITIONS.					
DATE RECEIVED:		FOR OFFICE USE ONLY: APPROVED BY:		DATE APPROVED:	