

Charitable Services Section
Los Angeles Police Commission
Commission Investigation Division
200 N. Spring Street, Room 1513
Los Angeles, CA 90012
(213) 978-1144
(213) 978-1155 Fax

License No. _____

Date issued _____

SOLICITOR LICENSE APPLICATION

PLEASE TYPE OR PRINT **ALL** INFORMATION

NAME IN FULL _____
Last Name First Name Middle

HOME ADDRESS _____
Number Street Apt. No.

City State Zip Code TELEPHONE NO. _____

LICENSED COMMERCIAL FUND-RAISER UNDER WHOSE DIRECTION YOU WILL SOLICIT:

NAME _____

BUSINESS ADDRESS _____

TYPE OF SOLICITATION: Telephone _____ Door-to-Door _____

Other (Explain) _____

ADDRESSES FROM WHICH YOU WILL BE SOLICITING:

PLEASE DESCRIBE IN DETAIL HOW AND WHAT YOU WILL BE PAID. ATTACH COPY OF ANY WRITTEN COMPENSATION AGREEMENT

PERSONAL DATA

Soc. Sec. No. (Optional) _____ Place of Birth _____
City State County

Date of Birth _____ Height _____ Weight _____ Hair Color _____ Eye Color _____

Sex: Male _____ Female _____ Driver's License No. _____

How long have you been a resident of the Los Angeles area? _____

List other names you have used. _____

*Have you ever been convicted of a felony or misdemeanor other than minor traffic violations? _____

If so, give details: _____

***NOTE: NO LICENCE WILL BE ISSUED TO ANYONE CONVICTED OF A CRIME WITHIN THE LAST 7 YEARS**

EMPLOYMENT RECORD
(Past Five Years)

Employer Name and Address	Nature of Employment	Period of Employment			
		From Month	Year	To Month	Year

This application for a Solicitor's License must be accompanied by:

- a. One Full-Face photograph approximately 1" X 1 ½"
- b. Completed Live Scan Form for each person. *(Out of state residents may submit an Exemption From Mandatory Electronic Fingerprint Submission Requirement (BCII 9004).*

NOTE: For a list of agencies that provide live scan services, please visit the web site for the Department of Justice (<http://ag.ca.gov/fingerprints/publications/contact.htm>) or you may call our office.

I UNDERSTAND THAT, whether a solicitation is conducted in person or over the telephone, I must tell each potential donor my true name and the true name of my employer and the charitable organization, which will benefit from the appeal. I FURTHER UNDERSTAND THAT if a solicitation is to be conducted over the telephone I must disclose to each potential donor the information contained on the applicable INFORMATION CARD.

I hereby certify that all statements on this application are true and correct to the best of my knowledge.

APPLICANT'S SIGNATURE _____

PRINT NAME _____

Date _____

CERTIFICATE OF COMMERCIAL FUND-RAISER

I HEREBY CERTIFY that this applicant will work under my direction. I will notify the Charitable Services Section, Commission Investigation Division, Los Angeles Police Commission, upon termination of the solicitor. I will maintain the Solicitor's License and surrender it to the Charitable Services Section upon termination of the solicitor.

COMMERCIAL FUND-RAISER'S SIGNATURE _____

PRINT NAME _____

Date _____