



## **CITY OF KERMAN**

# **CHARITABLE SOLICITATION APPLICATION**

*All fields below must be filled in to ensure the cost of the solicitation permit is refunded.*

### **Solicitor Information**

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Solicitation Information**

Date of Solicitation: \_\_\_\_\_ Time of Event: \_\_\_\_\_

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

Type of Solicitation: \_\_\_\_\_

Specify reasons and the need for the contribution to be solicited: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total amount to be raised** (estimate if a firm goal is not set): \$ \_\_\_\_\_

Name and address of all persons who will receive compensation from the solicitation (including Board of Directors, Board of Trustees, and governing bodies):

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Bank or place where funds are deposited: \_\_\_\_\_

### **Character References:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Past Activities or Participation if any: \_\_\_\_\_  
\_\_\_\_\_

***I certify under penalty of perjury that the foregoing is true and correct, and understand I must submit a Report of Revenue for this event to the City of Kerman within 30 days of its completion before the cost of this permit can be refunded.***

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Finance Approval:  _____  Date: _____
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08/22/25



## **PROPERTY OWNER CONSENT**

*If the solicitation/sale is to occur at a property other than the solicitor's, written consent must be given by the property owner prior to the date of solicitation/sale.*

Permittee Name: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Address of Proposed Location: \_\_\_\_\_

*As the property owner for the address listed above, I consent permission to the applicant listed above, to hold a charitable solicitation/sale at the address listed.*

\_\_\_\_\_  
Property Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Solicitor's Signature

\_\_\_\_\_  
Date



## **REPORT OF REVENUES**

**Solicitor's Name:** \_\_\_\_\_

**Date(s) of sale:** \_\_\_\_\_

### **Revenue Generated**

*List Revenue separately for each day of solicitation/sale if done over multiple days.*

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

Revenue: \$ \_\_\_\_\_

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

Revenue: \$ \_\_\_\_\_

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

Revenue: \$ \_\_\_\_\_

**Total Revenue Generated: \$** \_\_\_\_\_

**Solicitor's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_