



CITY OF NEWPORT BEACH

POLICE DEPARTMENT
870 SANTA BARBARA DR.
NEWPORT BEACH, CA 92660
(949) 644-3681
http://www.NBPD.org

SOLICITORS REGISTRATION CARD APPLICATION

Fee: \$22.00 per person. _____ # of person(s) X \$22.00 = _____

This application must be completed 10 days prior to the start of solicitation.

Applicant's Full Name: _____

Principal Address: _____

City _____ State _____ Zip _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone Number: _____ **Email:** _____

Email: _____ **Cell Phone Number:** _____

Driver's License/ID Card: _____ / _____ **Date of Birth:** _____
Number State

Please describe the relationship between you (the applicant) and the solicitation cardholder(s). Include whether the applicant is a volunteer, paid officer or employee, independent contractor or an agent of the primary cardholder, and whether individual solicitors listed on Page 7 are volunteers, paid employees, independent contractors or agents of the applicant or primary cardholder.

Is documentation of compliance with Government Code Section 12599 (Commercial fundraiser for charitable purposes) attached? Yes N/A

Solicitation Period: Start Date _____ Ending Date _____

Solicitation Times: Start Time _____ AM / PM Ending Time _____ AM / PM

I am applying as a(n) / on behalf of a(n)

- Individual (Go to Page 6) Partnership (Go to Page 2) Association (Go to Page 3)
 Corporation (Go to Page 4) Limited Liability Corporation (Go to Page 5)

Please attach proof of Non-Profit Status, if applicable

Partnerships

If you are applying as a partnership please provide the following information:

Use additional sheets as necessary, but do not list more than ten (10) principal partners.

Name of Partnership: _____

Type of Partnership (Select one):

General Partnership **Limited Partnership*** **Limited Liability Partnership (LLP)**

*If applying on behalf of Limited Partnership, name of at least one general partner required.

1. Partner's Full Name: _____ **Date of Birth:** _____

Address: _____

City _____ State _____ Zip _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone Number: _____ **Email:** _____

2. Partner's Full Name: _____ **Date of Birth:** _____

Address: _____

City _____ State _____ Zip _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone Number: _____ **Email:** _____

3. Partner's Full Name: _____ **Date of Birth:** _____

Address: _____

City _____ State _____ Zip _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone Number: _____ **Email:** _____

Please continue to Page 6

Associations

If you are applying as an association, please provide the following information:

Full Name of Association: _____

Business Address: _____

City _____ State _____ Zip _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone Number: _____ **Email:** _____

Federal Tax ID Number (FEIN): _____ **- OR - Corporation Filing No:** _____

Is the association part of a multi-state association? Yes No

If yes, please provide the following for the central office:

Business Address: _____

City _____ State _____ Zip _____

Mailing Address: _____

City _____ State _____ Zip _____

Please provide the following information for principal members:
If listing more than three (3) members, please attach a separate sheet.

1. Name: _____ **Date of Birth:** _____

Address: _____

City _____ State _____ Zip _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone Number: _____ **Email:** _____

2. Name: _____ **Date of Birth:** _____

Address: _____

City _____ State _____ Zip _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone Number: _____ **Email:** _____

3. Name: _____ **Date of Birth:** _____

Address: _____

City _____ State _____ Zip _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone Number: _____ **Email:** _____

Please continue to Page 6

Corporations

If you are applying on behalf of a corporation, please provide the following information:

This Corporation is:

A California Corporation (organized under California law)

A foreign corporation. Please list the place of incorporation. _____

Full Name of Corporation: _____

Business Address: _____

City _____ State _____ Zip _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone Number: _____ **Email:** _____

Local Corporate Contact

Name _____ Telephone Number _____

Federal Tax ID Number (FEIN): _____ **- OR - Corporation Filing No:** _____

Officers of the Corporation:

1. Name _____ Position _____

2. Name _____ Position _____

3. Name _____ Position _____

Please continue to Page 6

Limited Liability Corporations

If you are applying on behalf of a Limited Liability Corporation (LLC), please provide the following information:

Full Name of LLC: _____

Business Address: _____

City _____ State _____ Zip _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone Number: _____ **Email:** _____

Federal Tax ID Number (FEIN): _____

Please provide the following information for principal members:
If listing more than three (3) members, please attach a separate sheet.

1. Name: _____ **Date of Birth:** _____

Address: _____

City _____ State _____ Zip _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone Number: _____ **Email:** _____

2. Name: _____ **Date of Birth:** _____

Address: _____

City _____ State _____ Zip _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone Number: _____ **Email:** _____

3. Name: _____ **Date of Birth:** _____

Address: _____

City _____ State _____ Zip _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone Number: _____ **Email:** _____

Please continue to Page 6

Supervision

For each person in charge of supervising the solicitation, please provide the following:
Use additional forms as necessary.

1. Name: _____ **Date of Birth:** _____

Address: _____

City _____ State _____ Zip _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone Number: _____ **Email:** _____

2. Name: _____ **Date of Birth:** _____

Address: _____

City _____ State _____ Zip _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone Number: _____ **Email:** _____

3. Name: _____ **Date of Birth:** _____

Address: _____

City _____ State _____ Zip _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone Number: _____ **Email:** _____

4. Name: _____ **Date of Birth:** _____

Address: _____

City _____ State _____ Zip _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone Number: _____ **Email:** _____

Solicitors

For each person soliciting, please provide the following:
Use additional forms as necessary.

<u>Full Name</u>	<u>Date of Birth</u>	<u>Full Name</u>	<u>Date of Birth</u>
1. _____	_____	8. _____	_____
2. _____	_____	9. _____	_____
3. _____	_____	10. _____	_____
4. _____	_____	11. _____	_____
5. _____	_____	12. _____	_____
6. _____	_____	13. _____	_____
7. _____	_____	14. _____	_____

Solicitation Methods

Please outline the method or methods to be used in conducting the solicitation (including distribution of handbills). Include the number of solicitors to be used.
Use as many forms as necessary.

Recitations and Signature

_____ Applicant and solicitors agree that the Registration Card will not be used or represented in any way as an endorsement by the City of Newport Beach or any Department, officer or employee thereof.

_____ Applicant verifies that the information provided on this application and all supplemental information is true and correct and acknowledges that the application, including all supplemental information, is signed under the penalty of perjury.

_____ Applicant is aware that Newport Beach Municipal Code (“NBMC”) Chapter 5.42 places time, place and manner restrictions on solicitation within the City, and that soliciting or delivering handbills to residences displaying “no soliciting” or similar signs is a violation of the NBMC and can be prosecuted as a misdemeanor. Applicant is aware of the “Do Not Solicit” registration, which is to provide additional notification to solicitors that residents at specific addresses do not wish to receive handbills or solicitation. Please review the “Do Not Solicit” list at <https://www5.newportbeachca.gov/do-not-solicit/>.

Applicant’s Signature _____

Applicant’s Name (Printed) _____ Date _____