



CITY OF NEWPORT BEACH  
**POLICE DEPARTMENT**  
 870 SANTA BARBARA DR.  
 NEWPORT BEACH, CA 92660  
 (949) 644-3681  
 www.NBPD.org

**SOLICITORS REGISTRATION CARD APPLICATION**

Fee: \$50.00 per person. \_\_\_\_\_ # of person(s) X \$50.00 = \_\_\_\_\_

*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 \_\_\_\_\_ Ending Time \_\_\_\_\_

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

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**2. Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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**3. Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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**4. Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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**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.

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**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 \_\_\_\_\_