

Charitable Services Section  
Commission Investigation Division  
Los Angeles Police Commission  
100 West First Street, Room 147  
Los Angeles, CA 90012  
(213) 996-1260  
(213) 996-1279 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.

TELEPHONE NO. \_\_\_\_\_  
City State Zip Code

LICENSED PROFESSIONAL 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 LICENSE 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 must submit an Exemption From Mandatory Electronic Fingerprint Submission Requirement (BCII 9004).

I UNDERSTAND THAT, whether a solicitation is conducted in person or over the telephone, I must tell each potential donor my true name, the true name of my employer and the true name of 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 PROFESSIONAL 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.

PROFESSIONAL FUND-RAISER’S SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

Date \_\_\_\_\_