



Commercial Professional Fundraiser's License

LAMC, Chapter IV, Section 44.14

Business Name: _____

Business Address: _____

| Forms & Documents Needed To Complete Application | | DONE | N/A |
|--|---|------|-----|
| 1 | Checklist | | |
| 2 | Owners & Applicants Form (Ownership should equal 100%. If not, explain in the space provided) | | |
| 3 | Personal Application Form (Each owner must complete this form) | | |
| 4 | Copy of the applicant's valid State Driver's License or Identification | | |
| 5 | A background check is required and must be completed through Live Scan within 30 calendar days of submission; California residents must use an authorized California Live Scan location: https://oag.ca.gov/fingerprints/locations?county=Los%20Angeles | | |
| 6 | Out-of-state applicants must complete a background check using an approved fingerprint card <ul style="list-style-type: none"> • DOJ fingerprint cards are available in our office. These require: <ul style="list-style-type: none"> ○ Check payable to California Department of Justice for \$32 per card; and ○ Completed and signed Request for Exemption form (one per applicant fingerprint card) | | |
| 7 | Requirements for Applicants Applying Through an Aide: Consultant teams will need a letter of authorization from the applicant to submit: If an employee of the applicant is submitting, use a Designation of Qualified Manager form (Page 4) | | |
| 8 | Planned Start Date for soliciting Charitable Contributions (mm/dd/yyyy): | | |
| 9 | Copy of Fictitious Name Statement (if applicable) | | |
| 10 | Entity Checklist: Refer to page 1 to review which documents are applicable to your entity | | |
| 11 | Confirm applicable filing fee (contact pccharity@lapd.online for verification) | | |
| 12 | Provide a complete copy of the fully executed contract between the Commercial Fundraiser and the charitable organization benefiting from the solicitation or activity. The contract must clearly identify both parties and reflect the terms governing the fundraising services. | | |
| 13 | Verification of active registration with the California Office of the Attorney General, valid for the full term of the fundraising contract. | | |
| 14 | Completed Solicitor License Application, and Live Scan form for each individual employed by the company and authorized to solicit on its behalf. | | |

Submission of this checklist does not constitute approval and that additional information may be required to complete the review.

For Office Use Only

Date Received: _____

Reviewed By: _____

Application Status: Complete Incomplete Pending



CITY OF LOS ANGELES APPLICATION FOR COMMERCIAL PROFESSIONAL FUNDRAISER'S LICENSE

*Pursuant to the Los Angeles Municipal Code, Chapter IV, Section 44.14, which regulates the licensing of
Commercial Fundraisers for charitable solicitations.*

An individual, corporation, unincorporated association, firm or partnership principal office located at:

Legal Business Name: _____

Doing Business as (DBA): _____

Business Address: _____

City: _____ State: _____ Zip: _____

The business must be registered in California, either as a domestic or qualified foreign entity and must furnish the following documents (Please check one):

| Ownership and Control Documentation per Business Entity Type | Select Applicable |
|---|--------------------------|
| Sole Proprietorship: -Fictitious Name Statement | <input type="checkbox"/> |
| Partnership: - A fully executed Partnership agreement identifying all general partners; or - Certificate of Limited Partnership, certified by the Secretary of State, identifying all limited partners; and - A current Fictitious Name Statement, if operating under an assumed name. | <input type="checkbox"/> |
| Limited Liability Companies (LLC) - Articles of Organization, filed with and accepted by the Secretary of State; - A fully executed Operating Agreement identifying all members; - Fictitious Name Statement; - All members must submit individual applications | <input type="checkbox"/> |
| Corporation (C-Corp, S-Corp and Professional Corp) - Corporate Resolution identifying all officers, duly executed, and signed by Corporate Secretary. - Articles of Incorporation and By Laws; if the corporation was formed out of State, submit equivalent - Copy of issued Stock Certificates - A current Fictitious Name Statement - All corporate officers and all persons holding a controlling interest in a non publicly traded corporation must submit individual applications | <input type="checkbox"/> |

All forms listed above must be submitted based on the business entity under which the applicant is filing. Any required form or document that is not completed or submitted at the time of filing will result in an incomplete application.

Contact Phone No: _____ Business Phone No: _____
Email of Business: _____



Owners and Applicants Form

A separate, notarized Personal Application must be submitted for each owner or persons required to apply for the license.

For each individual listed, clearly indicate the percentage of ownersh.

Doing Business as (DBA): _____

| Name (All Required Applicants) | Title (President, CEO, CFO, Secretary, etc.) | Percentage of Ownership |
|-----------------------------------|---|----------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Percentage of Ownership | | |

Corporate Ownership Disclosure Requirement

- If any owner or shareholder is a company or other legal entity, including entities operating under an umbrella or holding-company structure, the applicant must provide full disclosure of the ownership chain.
- A clear ownership diagram must be submitted, identifying all parent companies, subsidiaries, affiliates, and intermediate entities, and illustrating the relationship and percentage of ownership at each level.
- The disclosure must identify all members, partners, shareholders, officers, and any individuals or entities with a direct or indirect ownership or controlling interest, regardless of percentage.
- Supporting documentation must be consistent with the diagram and demonstrate transparency of the ultimate beneficial ownership.



Personal Application

All owners and partners must complete the required forms. They must have this application form NOTARIZED. The notary shall stamp and sign this form or provide the proper Acknowledgment/Jurat.

Applicant Personal Information - Do Not Leave Anything Blank

Name of Applicant: _____

Home Address: _____
(Must include: Apartment, Suite, Space, Unit numbers, etc.)

City: _____ Zip Code: _____

Contact Phone No: _____ Business Phone No: _____

Email Address: _____

DOB: _____ Driver's License/ID: _____ State: _____

Gender: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Applicant Acknowledgment and Declaration

I acknowledge that all charitable solicitation activities conducted on behalf of the applicant are subject to the applicant's ownership, management, and control, and that only individuals properly authorized by the City of Los Angeles may solicit charitable contributions on the applicant's behalf. I further acknowledge that the applicant is fully responsible for the conduct and compliance of all solicitors, agents, employees, and representatives acting under its authority, regardless of any private agreement or delegation of duties, and that any violation of the Los Angeles Municipal Code by such individuals is attributable to the applicant.

I acknowledge that, if a Commercial Fundraiser's License is issued, the applicant must maintain ongoing compliance with all applicable requirements of Los Angeles Municipal Code Chapter IV, Article 4, for the full term of the license, and that issuance of the license authorizes the applicant to act as a Commercial Fundraiser for Charitable Purposes within the City of Los Angeles for a period of twelve (12) months.

I declare under penalty of perjury, under the laws of the State of California, that all information contained in this Commercial Professional Fundraiser's Application and any supplemental documents is true and correct. I understand that all information provided and statements made are subject to investigation, and that any false or misleading statement may constitute grounds for denial, suspension, or revocation of any license issued by the Los Angeles Police Commission.

Notary Acknowledgment

State of _____
County of _____

On _____, before me, _____,
a Notary Public in and for said State, personally appeared _____,
who is/are known to me or who has/have produced satisfactory identification and who acknowledged that he/she/they executed the foregoing instrument in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s), or the entity on behalf of which the person(s) acted, executed the instrument.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Signature of Notary Public: _____
Printed Name of Notary Public: _____
My Commission Expires: _____



Designation of Qualified Manager

(I/We) _____
Applicant's Full Legal Name

Doing Business As _____, designate the following _____ person(s)
Business Name (Doing Business As) number

Full Legal Name of Qualified Manager State Identification Number

Full Legal Name of Qualified Manager State Identification Number

as my/our Designated Manager, to represent (me/us) before the Los Angeles (Commission), Los Angeles Police Department, or any office or department of the City of Los Angeles with respect to my Commercial Professional Fundraiser's License.

Said Designated Manager is authorized to receive information about all accounts related to the license held by me/us including applications, history, status, disciplinary action, fees, payments taxes, and other information used by the City. Said Designated Manager is authorized to transact business in connection with police licenses, including opening and closing accounts, giving oral and written information, and to perform any act or thing whatsoever concerning police licenses in every aspect as (I/we) could do were (I/we) personally present. The Designated Manager has the authority to legally and financially bind the license holder.

This Designation of Qualified Manager revokes all earlier Designation of Qualified Manager forms and shall be in full force and effect until written revocation is received by the Commission or until a new form is requested by the Commission and executed by me/us.

The undersigned permit holder(s)/applicant(s) further certifies that this Designation of Qualified Manager was completely filled in at the time of this execution.

I read, write, and understand English, or I have had the process to obtain a license and all documents, including this Designation of Qualified Manager form sufficiently explained to me.

Signed this _____ day of _____
Day Month Year

This form MUST BE NOTARIZED.

Permit Holder's/Applicant's Full Legal Name—Printed or Typed

The NOTARY FORM MUST STATE THE TITLE OF THIS DOCUMENT AS "Designation of Qualified Manager" or the form will not be accepted. Notary, see additional instructions below.

Permit Holder's/Applicant's Signature(s)

Notary must complete the information below:

Notary's street address: _____

Notary's city, state, and zip code: _____

Notary Public's Phone #: _____

Notary Public's email address (optional): _____

After receipt and review of the completed form, this Designation of Qualified Manager will be applied to all permit holder accounts. This form is to be utilized for the establishing of the Qualified Manager only, and the Qualified Manager is responsible for contacting the City to request any information or complete any transaction.



CITY OF LOS ANGELES SOLICITOR LICENSE APPLICATION

Pursuant to the Los Angeles Municipal Code, Chapter IV, Section 44.15.2, which regulates the licensing of Commercial Fundraisers for charitable solicitations.

License Number: _____ Date Issued: _____

PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY:

Applicant's Full Name: _____
Last Name First Name Middle

Applicant's Address: _____

City: _____ State: _____ Zip: _____

Contact Number: _____ Email: _____

APPLICANT PERSONAL INFORMATION

Date of Birth: _____ Driver's License No: _____

Place of Birth: _____

City State Country
Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Sex: Male Female

How long have you been a resident of the Los Angeles Area? _____ years _____ months

List any and all names you have used: 1. _____ 2. _____

Have you ever been convicted of a felony or a misdemeanor (*other than a traffic violation*)? Yes No

If you answered yes, please provide details: _____

***PLEASE NOTE: APPLICANT'S CONVICTED OF A CRIME WITHIN THE LAST 7 YEARS WILL NOT BE ELIGIBLE FOR A SOLICITOR'S LICENSE.**

APPLICANT'S EMPLOYMENT RECORD (Past Five Years)

Employer's Name: _____

Employer's Address: _____ City: _____ State: _____ Zip: _____

Nature of Employment: _____ Employed From: _____ Employed To: _____

Employer's Name: _____

Employer's Address: _____ City: _____ State: _____ Zip: _____

Nature of Employment: _____ Employed From: _____ Employed To: _____

Employer's Name: _____

Employer's Address: _____ City: _____ State: _____ Zip: _____

Nature of Employment: _____ Employed From: _____ Employed To: _____

Employer's Name: _____

Employer's Address: _____ City: _____ State: _____ Zip: _____

Nature of Employment: _____ Employed From: _____ Employed To: _____

Employer's Name: _____

Employer's Address: _____ City: _____ State: _____ Zip: _____

Nature of Employment: _____ Employed From: _____ Employed To: _____



CITY OF LOS ANGELES SOLICITOR LICENSE APPLICATION

Pursuant to the Los Angeles Municipal Code, Chapter IV, Section 44.15.2, which regulates the licensing of Commercial Fundraisers for charitable solicitations.

Licensed Professional Fundraiser Under Whose Direction the Solicitation Will Be Conducted

Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Contact Number: _____ Email: _____

Type of Solicitation: Telephone Door-To-Door Other (*please explain*): _____

In detail, please describe how you will be compensated: _____

****A copy of all written agreements must be submitted with this application***

The items listed below must be submitted with this applications:

- One full-face passport photo (size: 2x2); and
- California residents must complete a Live Scan Form for each applicant; or
 - Out of State residents must submit an Exemption From Mandatory Electronic Fingerprint Submission Requirement (BCII 9004).

I understand, whether a solicitation is conducted in person or telephonically, I shall 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 if a solicitation is to be conducted telephonically, I must disclose each potential donor all information contained on the respective INFORMATION CARD.

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

Applicant's Signature

Print/Type Name

Date

CERTIFICATION OF THE LICENSED PROFESSIONAL FUND-RAISER

I hereby certify this applicant will work under my direction and should the solicitor become terminated, I will immediately notify and the Los Angeles Police Commission, Commission Investigation Division, Charitable Services Section. I will maintain the Solicitor's License and will surrender it to the Charitable Services Section upon termination.

Licensed Professional Fund-Raiser's Signature

Print/Type Name

Date

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

*****FOLLOW INSTRUCTIONS BELOW*****

ORI: CA0194200 Type of Application: LICENSE CERT OR PERMIT
Job Title or Type of License, Certification or Permit: *****-> **POLICE COMMISSION PERMIT**

Agency Address Set Contributing Agency:

LAPD (CAPDLOS ANGELES)

Agency authorized to receive criminal history information

700 E. TEMPLE ST. STE B22

Street No. Street or P.O. Box

LOS ANGELES CA 90012

City State Zip Code

14923 **←LAPD has many codes. Use this.**

Mail Code (five digit code assigned by DOJ)

Contact Name (Mandatory for all school submissions)

(213) 996-1210

Contact Telephone No.

*****ENTER INFORMATION FOR 1 – 11b*** Live Scan Operator: Be sure to enter all items.**

Name of Applicant: 1
(please print) Last First MI
Alias: 2 Last First 5 Driver's License No. 3
Date of Birth: 4 Sex: Male Female Misc. No. BIL- N/A
Height: 6 Weight: 7 Agency Billing Number
Eye Color: 8 Hair Color: 9 Misc No: _____
Place of Birth: 10 Home Address: 11a
Street or P.O. Box
11b City, State and Zip Code
SOC: *****DO NOT ENTER SOCIAL SECURITY*****

*****MAKE TWO COPIES. GO TO LIVE SCAN CENTER.*****

Your Number: TRC# Level of Service DOJ FBI
OCA No. (Agency Identifying No.)
If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

Employer Name

Street No. Street or P.O. Box

City State Zip Code

*****DO NOT USE THIS SECTION*****

Mail Code (five digit code assigned by DOJ)

() Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____ Date: _____
Name of Operator
Transmitting Agency _____ ATI No. _____ Amount Collected/Billed

LAPD 02/2016

GIVE COPIES OF FORM:

ORIGINAL-Live Scan Operator;

SECOND COPY-SEND TO LAPD;

THIRD COPY-Keep

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