



CITY OF LOS ANGELES SOLICITOR LICENSE APPLICATION

License Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

PLEASE TYPE OR PRINT ALL INFORMATION

Applicant's Full Name: \_\_\_\_\_ Last Name First Name Middle

Applicant's Address: \_\_\_\_\_

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

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

APPLICANT'S 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

### ***LICENSED PROFESSIONAL FUND-RAISER UNDER WHOSE DIRECTION YOU WILL SOLICIT***

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:

1. One full-face passport photo (size: 2x2); and
2. California residents must complete a Live Scan Form for each applicant; or
3. 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