

CITY OF CARSON

Annual

Special Event

N

Organization Name

INSTRUCTIONS: Complete in detail and write "Not applicable" if appropriate. The Signatures of the President and Secretary are preferred. Attach name and address of all other officers and directors of the organization. An audit giving the amount of money raised, the cost of raising it, and the financial

REVENUE DIVISION	License No.:	
OTICE OF INTENTION FOR CHARITABLE SOLICITATION		
BY:		

distribution thereof must be submitted immediately preceding this solicitation. **Business Address** City Phone Zip Mailing Address City Zip Date Incorporated Tax Exempt No. (attach evidence of exempt status) Proceeds to be applied to what purpose/use? Describe in detail the method of solicitation (i.e. business to business, store front, fundraising events). Type of Appeal Type of Donations Date(s) of Solicitation Term of Requested License/Permit Residential (not to exceed six months) (not to exceed six months) ☐ Commercial/Industrial From To From Goals Solicitation will be made by: Indicate Compensation salaries, commissions etc. paid to: Local Newspaper TV/Radio Other П (state details on reverse side) State Paid Solicitors Box Office Conductors Managers National Volunteers Mail Promoters Solicitors Name of organization to benefit: Address: Phone No. Description of what it does: Location of activity: Admission to event by: Number printed: Numbered: Invitation Donation Ticket **Projected Expenditures For This Solicitation:** Prizes Postage Telephone Entertainers Purchase Equipment \$ Rental Building Printing \$ Labor Stationery Reservation Charges Food Costumes Advertising \$ Permits/Licenses (per plate costs) Favors Uniforms Food Resold Transportation Merchandise Sold \$ Publicity Decorations Rental Equipment Other Expenses Music The undersigned declares under penalty of perjury that the information contained herein is to the best of our knowledge and belief, true and correct Officers Name And Title (Two Required) Print Name & Title Address Signature City, State, ZIP Phone No. Print Name & Title Address Signature City, State, ZIP Phone No. Person In Charge Of Appeal (Must Complete a Sheriff License Detail Form) Print Name & Title Address City, State, ZIP Signature Phone No. BELOW FOR OFFICE USE ONLY **INSPECTIONS & INVESTIGATIONS** DATE APPROVED DATE SENT: DATE DENIED Sheriff