



CITY OF NEWPORT BEACH

REVENUE DIVISION

3300 NEWPORT BOULEVARD • P.O. BOX 1768
NEWPORT BEACH, CA 92658-8915
(949) 644-3141
RevenueHelp@City.Newport-Beach.ca.us
http://www.Newport-Beach.ca.us/Revenue

SOLICITORS REGISTRATION CARD APPLICATION

Fee: \$38.10

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 : _____ FAX Number: _____

Please describe the relationship between you (the applicant) and the solicitation cardholder. Include whether the applicant is a volunteer, paid officer or employee, independent contractor or an agent of the cardholder.

Is written authorization of permission to solicit attached? Yes _____ N/A _____

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 _____ AM / PM Ending Time _____ AM / PM

I am applying as a(n) / on behalf of a(n)

- Individual: Go to Page 5
Partnership: Go to Page 2
Corporation: Go to Page 3
Association: Go to Page 4

Please attach proof of Non-Profit Status

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 principal partners.)

1. Partner's Full Name: _____

Address: _____

City _____ State _____ Zip _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone Number: _____ **FAX Number:** _____

2. Partner's Full Name: _____

Address: _____

City _____ State _____ Zip _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone Number: _____ **FAX Number:** _____

3. Partner's Full Name: _____

Address: _____

City _____ State _____ Zip _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone Number: _____ **FAX Number:** _____

4. Partner's Full Name: _____

Address: _____

City _____ State _____ Zip _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone Number: _____ **FAX Number:** _____

Please continue to Page 5

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: _____ **FAX Number** _____

Local Corporate Contact

Name _____ Telephone _____

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 5

Associations

If you are applying on behalf of an association, please provide the following information:

Full Name of Association: _____

Business Address: _____

City _____ State _____ Zip _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone Number: _____ **FAX Number:** _____

Federal Tax ID Number (FEIN): _____

Please provide the following information for at least three (3) principal members:

If listing more than three (3) members, please attach a separate sheet.

1. Name: _____

Address: _____

City _____ State _____ Zip _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone Number: _____ **FAX Number:** _____

2. Name: _____

Address: _____

City _____ State _____ Zip _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone Number: _____ **FAX Number:** _____

3. Name: _____

Address: _____

City _____ State _____ Zip _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone Number: _____ **FAX Number:** _____

Please continue to Page 5

Supervision

For each person in charge of supervising the solicitation, please provide the following:
Use additional forms as necessary

1. Name: _____
Address: _____
City _____ State _____ Zip _____
Mailing Address: _____
City _____ State _____ Zip _____
Telephone Number: _____ **FAX Number:** _____

2. Name: _____
Address: _____
City _____ State _____ Zip _____
Mailing Address: _____
City _____ State _____ Zip _____
Telephone Number: _____ **FAX Number:** _____

3. Name: _____
Address: _____
City _____ State _____ Zip _____
Mailing Address: _____
City _____ State _____ Zip _____
Telephone Number: _____ **FAX Number:** _____

4. Name: _____
Address: _____
City _____ State _____ Zip _____
Mailing Address: _____
City _____ State _____ Zip _____
Telephone Number: _____ **FAX Number:** _____

Solicitors

For each person soliciting, please provide the following:
Use additional forms as necessary

Full Name _____	Full Name _____
Full Name _____	Full Name _____
Full Name _____	Full Name _____
Full Name _____	Full Name _____
Full Name _____	Full Name _____
Full Name _____	Full Name _____
Full Name _____	Full Name _____
Full Name _____	Full Name _____
Full Name _____	Full Name _____
Full Name _____	Full Name _____

Solicitation Methods

Please outline the method or methods to be used in conducting the solicitation, including the number of solicitors to be used:
Use as many forms as necessary

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's Signature _____

Applicant's Name (Printed) _____ **Date** _____