CITY OF KERMAN
CHARITABLE SOLICITATION APPLICATION

All fields below must be filled in to ensure the cost of the solicitation permit is refunded.

Solicitor Information

Name: _____

Address: _____

Telephone: _____Email:_____

Solicitation Information

Date of Solicitation: _____ Time of Event: _____

Location:_____

Type of Solicitation: _____

Specify reasons and the need for the contribution to be solicited: _____

_____

_____

_____

Total amount to be raised (estimate if a firm goal is not set): $_____

Name and address of all persons who will receive compensation from the solicitation (including Board of Directors, Board of Trustees, and governing bodies):

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Bank or place where funds are deposited: _____

Character References:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Past Activities or Participation if any: _____

_____

I certify under penalty of perjury that the foregoing is true and correct, and understand I must submit a Report of Revenue for this event to the City of Kerman within 30 days of its completion before the cost of this permit can be refunded.

Applicant Signature_____ Date:_____

Finance Approval: _____ Date: _____

08/22/25

PROPERTY OWNER CONSENT

If the solicitation/sale is to occur at a property other than the solicitor's, written consent must be given by the property owner prior to the date of solicitation/sale.

Permittee Name: _____

Property Owner Name: _____

Address of Proposed Location: _____

As the property owner for the address listed above, I consent permission to the applicant listed above, to hold a charitable solicitation/sale at the address listed.

_____ _____

Property Owner's Signature Date

_____ _____

Solicitor's Signature Date

REPORT OF REVENUES

Solicitor's Name: _____

Date(s) of sale:_____

Revenue Generated

List Revenue separately for each day of solicitation/sale if done over multiple days.

Date: _____ Revenue: $_____

Date: _____ Revenue: $_____

Date: _____ Revenue: $_____

Total Revenue Generated: $_____

Solicitor's Signature:_____ Date:_____