



**CHIEF OF POLICE**  
**Matt Jenkins**

**CITY OF HEALDSBURG**  
**Police Department**  
238 Center Street  
Healdsburg, CA 95448-4402  
**(707) 431-3377**  
FAX (707) 431 - 3106

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## **Peddler's Solicitor's & Street Vendors Exemption**

### **Application Instructions:**

1. Fill out the application form completely and return it, with: (1) a colored driver's license size photograph, and (2) a Solicitor's Information form on each solicitor to the Police Department. Print or type all the information requested.
2. If any item is inapplicable to you, insert "N/A". Mark all spaces. If you need more space than is provided, attach a separate sheet. Show the number of the question you are answering and print or type your response.
3. These instructions or some items may require that you attach separate documents. Attach the documents in the same order as requested and indicate at the bottom of the attached document the item on the instruction sheet and / or application form to which it refers.
4. You are responsible for initiating a renewal application each year. Plan to come to the Police Department approximately 45 calendar days before the expiration date shown on the current letter.
5. The Police Department requires 30 calendar days to process your application.

If you have any questions regarding the application process, you may contact the Healdsburg Police Department at the number listed.

### **New Applicants:**

A new application needs to be completed by the person who will be in direct charge of the solicitors for the organization. If applicable, in addition this application the following documents and information must be submitted:

- Copy of IRS letter of exemption
- Copy of State Franchise Tax Board non-profit status letter
- Certificate of incorporation from the Secretary of State
- Copy of registration with Attorney General's Registry of Charitable Trusts Division
- Copies of literature and / or materials given to the public in the course of your solicitation
- Copy of sample of script used during solicitation
- Information on each person soliciting for your organization. There is a sheet attached for you to record this information.
  - ▶ Name
  - ▶ Date of Birth
  - ▶ Address
  - ▶ Phone Number
  - ▶ Driver's License
  - ▶ Social Security Number
  - ▶ Physical Description

**Renewal:**

The renewal application needs to be completed by the person who will be in direct charge of the solicitors for the organization. In addition to this application, the follow documents and / or information must be submitted:

- If any changes have been made to the following two items since your last application, please attach a copy:
  - ▶ Any literature and / or materials given to the public in the course of your solicitation.
  - ▶ The script used during solicitation.
- Information on each person soliciting for your organization. There is a sheet attached for you to record this information:
  - ▶ Name
  - ▶ Date of Birth
  - ▶ Address
  - ▶ Phone Number
  - ▶ Driver's License
  - ▶ Social Security Number
  - ▶ Physical Description



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## Solicitor's and Peddler's Application

Please Print or Type:

DATE OF APPLICATION / /	<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL
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**This application is to be completed by the person who is in direct charge of the solicitors.**

### Organization Information

ORGANIZATION NAME <b>1.</b>	LOCAL PHONE NUMBER <b>3.</b> ( ) -
ORGANIZATION'S LOCAL ADDRESS <b>2a.</b>	CITY/STATE/ZIP <b>2b.</b>
LOCATION AND PHONE NUMBER OF HEADQUARTERS (IF DIFFERENT FROM ADDRESS / PHONE NUMBER LISTED ABOVE) <b>4.</b>	

**5. If applicable, list all charitable work performed by your organization in the City of Healdsburg:**

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**6. Please describe the manner in which solicitations and / or sales are to be made:**

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**7. Please list the cities in which solicitations have been conducted in the past six months:**

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**8. Please list the dates and times solicitations will be conducted:**

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**CHIEF OF POLICE**  
Kevin Burke

**CITY OF HEALDSBURG**  
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## Solicitor's and Peddler's Application Supplement

(THIS FORM TO BE COMPLETED BY EACH ONE OF THE SOLICITORS)

### Solicitor's Personal Information:

YOUR NAME 1a.		OTHER NAMES, MAIDEN NAMES, ALIASES, OR NICKNAMES 1b.	
YOUR STREET ADDRESS 2a.		CITY / STATE / ZIP 2b.	
HOME PHONE NUMBER 3.	WORK PHONE NUMBER	MOBILE PHONE NUMBER	
BIRTH DATE (MM/DD/YYYY) 5. / /	YOU MUST BE A CITIZEN OF THE UNITED STATES OR A PERMANENT RESIDENT ALIEN WHO IS ELIGIBLE AND HAS APPLIED FOR 5. CITIZENSHIP. CAN YOU PROVIDE SUCH DOCUMENTATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
SOCIAL SECURITY NUMBER 6.		DRIVER'S LICENSE NUMBER 7.	

8a. For the purposes of identification, please provide the following:

HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
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8b. Scars, tattoos, or other distinguishing marks:

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9a. Have you ever been convicted for any criminal offense, to include any felony or misdemeanor involving injury to person(s) property, theft, fraud, or misrepresentation within the last ten (10) years:  YES  NO

9b. If you marked yes, explain fully:

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**Business History:**

10. Your title and position with the organization:

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11. List in chronological order, most recent first, your employment history for the past five years preceding the date of this application and the position(s) held:

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12. Other information if applicable:

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13. I declare under penalty of perjury that the foregoing is a true and correct statement. I further declare under penalty of perjury that I have omitted no item requested to be answered and have included a full and correct answer to each to the best of my knowledge and belief. I hereby authorize the Police Department of the City of Healdsburg to make whatever inquiries are necessary to verify the truth of these matters stated herein. I understand that any intentional misrepresentation of a material fact shall subject me to possible penalties for perjury and shall be grounds to deny or revoke the exemption sought by this application. If this exemption is granted, I promise it will not be used or represented in any way as an endorsement by the town or by any department.

Signature of applicant: \_\_\_\_\_

Executed on:

DATE / /	CITY	COUNTY	STATE CALIFORNIA
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