City of San Marcos
CHARITABLE SOLICITATION
APPLICATION & PERMIT

Name of Organization: _____

Contact Person: _____

Date of Birth: _____

Valid Driver's License and State ID information: _____

Address: _____

Phone Number(s): Home: _____ Work: _____ Cell: _____

History of Arrest (Misdemeanors & Felony's): _____

_____

Product Sold: _____

Location of Business Records: _____

Information below required for each solicitor. Photo is mandatory for each solicitor.
(Applications will not be processed without a clear photo that includes name of applicant.)

Name	**Age**	**Address**	**Phone #**	**Photo Submitted**

(REVERSE SIDE)

Name	Age	Address	Phone #	Photo Submitted

(Attached separate pages, if necessary.)

I have authority to make this application on behalf of the organization and to bind the organization to indemnify the City of San Marcos and to hold the city harmless from any and all claims, suits, demands, damages and attorney fees arising out of or related to the acts of omissions of person soliciting for the organization.

_____ _____

Signature of individual applying for permit Date

ATTACHMENTS (verification):

_____ IRS Tax Certificate _____ Insurance _____ Charter of Organization

Approved: _____ Disapproved: _____

Chief of Police: _____ Date: _____