



City of Palm Springs

Department of Finance & Treasury, Business License Division
3200 E. Tahquitz Canyon Way • Palm Springs, California 92262
Tel: (760) 323-8289 • Fax: (760) 322-8344 • Web: www.palmspringsca.gov

APPLICATION FOR LICENSE TO ENGAGE IN SOLICITING OR CANVASSING

PURSUANT TO ARTICLE 215 OF THE PALM SPRINGS MUNICIPAL CODE

NAME OF APPLICANT: _____

PERMANENT HOME ADDRESS:

EMAIL: _____ TELEPHONE: _____

NAME AND ADDRESS OF AT LEAST TWO RELIABLE PROPERTY OWNERS OF RIVERSIDE COUNTY WHO WILL CERTIFY AS TO APPLICANT'S GOOD CHARACTER AND BUSINESS RESPECTABILITY:

1. _____

2. _____

OR IN LIEU THEREOF, SUCH OTHER AVAILABLE EVIDENCE AS TO APPLICANT'S CHARACTER AND BUSINESS RESPONSIBILITY, AS WILL ENABLE INVESTIGATOR TO PROPERLY EVALUATE APPLICANT'S CHARACTER AND BUSINESS RESPONSIBILITY:

1. _____

2. _____

SOCIAL SECURITY #: _____ DRIVER'S LICENSE # _____ DATE OF BIRTH _____

WEIGHT _____ HEIGHT _____ SEX _____ EYE COLOR _____ HAIR COLOR _____

CITIZEN _____ YES _____ NO. IF NATURALIZED, WHEN _____ WHERE _____

BRIEF DESCRIPTION OF NATURE OF BUSINESS AND GOODS TO BE SOLD:

IF EMPLOYED, NAME AND ADDRESS OF EMPLOYER:

CREDENTIALS ESTABLISHING EXACT RELATIONSHIP: _____

LENGTH OF TIME FOR WHICH RIGHT TO DO BUSINESS IS DESIRED: _____

PLACE WHERE GOODS OR PROPERTY TO BE SOLD ARE MANUFACTURED OR PRODUCED: _____

PLACE WHERE GOOD OR PRODUCTS ARE LOCATED AT THE TIME OF THIS APPLICATION: _____

PROPOSED METHOD OF DELIVERY TO CUSTOMER: _____

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME, MISDEMEANOR OR VIOLATION OF ANY MUNICIPAL ORDINANCE?

YES _____ NO _____. IF YES, INDICATE WHEN AND WHERE _____

NATURE OF OFFENSE: _____

PUNISHMENT OR FINE: _____

PRIOR TO APPLYING FOR A SOLICITING/CANVASSING PERMIT, THE FOLLOWING REQUIREMENTS MUST BE MET. APPLICANT MUST PROVIDE:

1. STATEMENT BY A REPUTABLE PHYSICIAN, DATED NOT MORE THAN 10 DAYS PRIOR TO SUBMISSION OF APPLICATION, CERTIFYING THE APPLICANT IS FREE OF CONTAGIOUS, INFECTIOUS, OR COMMUNICABLE DISEASES.
2. A PHOTOGRAPH OF APPLICANT TAKEN WITHIN 60 DAYS IMMEDIATELY PRIOR TO DATE OF FILING OF APPLICATION. PICTURE SHALL BE 2X2" SHOWING HEAD AND SHOULDERS OF APPLICANT IN A CLEAR AND DISTINGUISHED MANNER (PROFESSIONAL).
3. A COMPLETE SET OF FINGERPRINTS TAKEN BY THE PALM SPRINGS POLICE DEPARTMENT. PLEASE CALL (760) 323-8116 TO SCHEDULE AN APPOINTMENT.

PERMIT FEES*:

PALM SPRINGS RESIDENT: \$200.00 FOR 1-2 PEOPLE; 3 OR MORE, TRIPLE GRADUATED SCALE (PLEASE REFER TO BLOCK #2 ON THE BUSINESS LICENSE APPLICATION INSTRUCTION SHEET & FEE SCALE).

NON-PALM SPRINGS RESIDENT: \$399.00 PER SOLICITOR

ADMINISTRATION FEE: \$31.00

BACKGROUND CHECK FEE: \$168.00

***NOTE: THESE FEES ARE NON-REFUNDABLE**

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT. I AUTHORIZE THE CITY, ITS AGENTS AND EMPLOYEES TO CONDUCT INVESTIGATIONS TO DETERMINE THE TRUTHFULNESS OF THE STATEMENTS AND DOCUMENTS AS SET FORTH IN THIS APPLICATION.

SIGNATURE: _____

DATE: _____

CITY USE ONLY

POLICE DEPARTMENT APPROVAL: YES _____ NO _____

OFFICER: _____ BADGE #: _____

COMMENTS: _____