DATE RECEIVED	
PERMIT #	
CUSTOMER #	
(FOR ADMINISTRATIVE PURPOSES ONLY)	

Town of Palm Beach | Town Clerk's Office 360 S County Rd, Palm Beach, Florida 33480 Phone: (561) 838-5416

Email: TownClerk@townofpalmbeach.com

CHARITABLE SOLICITATION PERMIT APPLICATION

NOTE: If there is any change that would alter the information given in this application while it is pending, the applicant shall notify the Town Clerk's Office within 48 hours of such change

APPLICANT NAME/CONTACT PERSON:	
ADDRESS:	
PHONE: EMAIL:	
EVENT ADDRESS:	
	ESTIMATED ATTENDANCE:
EVENT NAME:	
PURPOSE OF SOLICITATION:	
IS THIS A REPEATED EVENT IN THE TOWN OF PALM BI	EACH? YES NO IF YES, DATE OF LAST EVENT:
	SOLICITATION:
	PHONE/EMAIL:
ADDRESS:	
APPLICANT PRINCIPAL OFFICER/MANAGER:	PHONE/EMAIL:
ORG	ANIZATION INFORMATION
ORGANIZATION NAME:	
	<u>Check-A-Charity</u>
	stration with the State of Florida Department of Agriculture and Consumer Services.
	r information. Out of State residents call (850)-488-2221. NOTE: First verify that the
	passed, as these forms must be renewed annually by the State of Florida.
BUSINESS ADDRESS:	
	PHONE/EMAIL:
501(C)(3) NON-PROFIT STATUS: YES NO	If yes, documentation must be submitted with this application.
If a professional promoter or solicitor will be used for your	
PROMOTER/SOLICITOR NAME	
STATEMENT OF AMOUNT OF WAGES, FEES, COMMIS	SSION, EXPENSES OR EMOLUMENTS TO BE PAID TO THIS INDIVIDUAL:

Please attach a resolution granting authority to hold this fund-raising event. The resolution **must** state the location and date of the event, and can be signed by any single board member or the entire board. Minutes of the Board Meeting where authority was given are also acceptable if the location and time were documented.

RESOLUTION

Please do not submit this application without attaching a copy of this individual's contract.

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CHECK ALL THAT APPLY

☐ FOOD WILL BE SERVED	If yes, please attach a copy of the caterer's license if applicable.
☐ ALCOHOL WILL BE SERVED	If yes, please attach a copy of the liquor license unless at a private residence.
☐ EVENT INCLUDES ANIMALS	If yes, a <u>Temporary Animal Permit</u> may be required.
☐ TEMPORARY SIGNS WILL BE UTILIZED	If yes, these are only allowed between April 1-October 31.
□ A TENT WILL BE UTILIZED□ A TEMPORARY STAGE WILL BE UTILIZED□ GENERATORS WILL BE UTILIZED	If yes, a Construction Permit may be required. Please contact 561-838-5431 after this Charitable Event Permit is accepted for more information. Please specify size of tent if applicable:
☐ OUTDOOR LIGHTING WILL BE UTILIZED	If yes, outdoor lighting will not be permitted in close proximity to the beaches between March 1-October 31 due to sea turtle nesting season.
☐ FIREWORKS WILL BE UTILIZED	If yes, a Pyrotechnic Display Permit will be required. Please contact 561-227-6440 after this Charitable Event Permit is accepted for more information.
☐ VALET SERVICES WILL BE UTILIZED	If yes, a <u>Valet Permit</u> may be required, please see Traffic/Parking section.
If buses or trolleys will be used in correlation with the ex	vent, please specify the drop-off and pickup locations:
Where will the attendees park?	
Provide a reasonable estimate of parking volume general Note: Temporary valet services require a separate perm	it unless the location of the special event possesses a current Town annual ary valet services permit may result in a fine and/or shut down of the non-
permitted valet services.	CHECKLIST
 □ Truthfully complete all necessary information □ Attach a valid copy of the Florida Department of Registration □ Attach any applicable licenses (caterer, liquor, at Attach organization's 501(c)(3) documentation if □ Attach a resolution or board minutes granting at Note any separate permits needed according to □ Sign authorization below 	f applicable uthority to hold the fund-raising event the checklist above
<u>A</u>	<u>UTHORIZATION</u>
	ns prior to application submission and contact the Town Clerk's Office at used, the applicant must pay an administrative processing fee. The Town
	s relating to the regulation of Charitable Solicitation and agree to abide by all isions set forth therein.
PRINTED NAME:	

DATE: _____

APPLICANT SIGNATURE:_____