



TOWN OF PALM BEACH

Office of the Town Clerk

GUIDELINES ON THE SUBMISSION OF AN APPLICATION FOR A CHARITABLE SOLICITATION PERMIT

- Organizations planning to conduct charitable solicitation activities in the Town of Palm Beach are **required** (Sec. 78-102) to submit the application **at least** sixty (60) days prior to the proposed effective date of the permit. **You must submit one application per event.**

As of July 16, 2014, if the application is received:

| | |
|--|-------------------|
| 60 Days or More in Advance: | |
| Events Estimated to Raise \$5,000 or less: | \$200 <i>each</i> |
| First Event Estimated to Raise over \$5,000: | \$420 |
| Second Event Estimated to Raise over \$5,000: | \$200 |
| 31-59 Days in Advance: | |
| Events Estimated to Raise \$5,000 or less: | \$250 <i>each</i> |
| First Event Estimated to Raise over \$5,000: | \$525 |
| Second Event Estimated to Raise over \$5,000: | \$250 |
| 16-30 Days in Advance: | |
| Events Estimated to Raise \$5,000 or less: | \$300 <i>each</i> |
| First Event Estimated to Raise over \$5,000: | \$630 |
| Second Event Estimated to Raise over \$5,000: | \$300 |
| 15-8 Days in Advance: | |
| Events Estimated to Raise \$5,000 or less: | \$350 <i>each</i> |
| First Event Estimated to Raise over \$5,000: | \$735 |
| Second Event Estimated to Raise over \$5,000: | \$350 |
| 7 Days or Less in Advance (Including After the Fact Permits): | |
| Events Estimated to Raise \$5,000 or less: | \$400 <i>each</i> |
| First Event Estimated to Raise over \$5,000: | \$840 |
| Second Event Estimated to Raise over \$5,000: | \$400 |

- The information contained in said application shall be available to the public. The application must be accompanied by the following:

| | |
|----|--|
| A. | On page 5, the applicant's signature needs to have a witness. You may email your application. It will be date stamped the date received. |
| B. | A Resolution giving authority for the fund-raising event. A resolution can be signed by any single board member or the entire board. Minutes of the Board Meeting where authority was given are also acceptable. |
| C. | A copy of the State Registration form. The Town of Palm Beach requires a registration with the State of Florida Department of Agriculture and Consumer Services prior to engaging in any solicitation activities. Florida residents call 1-800-435-7352 for forms and further information. Out of State residents call (850)-488-2221. NOTE: Check the expiration date on your State Registration Form as these forms are renewed annually by the State of Florida. |
| D. | "Schedule" for last year's fund-raising activity in the Town of Palm Beach. (Items 15 & 16 on page 4 of the application) NOTE: This requirement does not apply to first time solicitations. |
| E. | A check in the amount to cover the permit fee and any late fees. Make checks payable to Town of Palm Beach. |
| F. | A copy of the liquor license needs to be included if alcohol will be served and the event is not at private residence. |

- If you expect to have a drawing at the charitable event, furnish a copy of Form 501 (c) (3) filed with the IRS.
- Save this application form to your local computer from the Town's website, fill it out and save it. This will save you time filling out your next application.

Mailing: Post Office Box 2029, Palm Beach, Florida 33480 • **Location:** 360 South County Road, Palm Beach, Florida 33480
 (561) 838-5416 • Fax No. (561) 838-5417 • townclerk@townofpalmbeach.com • www.townofpalmbeach.com



Town of Palm Beach • Office of the Town Clerk

APPLICATION FOR PERMIT TO SOLICIT FUNDS FOR CHARITABLE PURPOSES

ORDINANCE 11-73 AS AMENDED BY ORDINANCE 11-81, 4-86, 6-91, 15-92, 4-95, 12-97, 27-02, 6-08, 25-08, and 28-10: TOWN OF PALM BEACH CODE OF ORDINANCES

| | | |
|----------|--|---------------------------------|
| 1 | Applicant Given Name: <small>*the person filling out this form</small> | |
| | Date of Birth: / / | Phone #: () - |
| | Address: | |
| | Email: | |

| | | |
|----------|--|---|
| 2 | Organization Name: | |
| | Phone #: () - | |
| | Address: | |
| | State Registration Number: <small>*click this link to lookup</small> | Educational or Religious Exemption: ___ Yes |

| | | |
|----------|---|-----------------|
| 3 | Applicant's principal officers and managers: <small>*attach a list if necessary</small> | |
| | Name: | Address: |
| | | |
| | | |
| | | |

| | | |
|----------|---|--|
| 4 | Methods of Solicitation <small>*One application per event</small> | |
| | Event Name: | |
| | Location Name: | |
| | Address: | |
| | Start Date: / / | End Date: / / <small>*use only with mailers and drives</small> |
| | Check all methods that apply: | <input type="checkbox"/> ticket sales <input type="checkbox"/> mailings <input type="checkbox"/> percentage of sales <input type="checkbox"/> auction (live) <input type="checkbox"/> sponsorship <input type="checkbox"/> request donations <input type="checkbox"/> auction (silent) <input type="checkbox"/> raffle Other: Other: |
| | Check all that apply: | <input type="checkbox"/> Food will be served (additional requirements/licenses may be required) <input type="checkbox"/> Alcohol will be served (copy of liquor license will be required unless at a private residence) <input type="checkbox"/> Event includes animals (Temporary Animal Permit may be required) <input type="checkbox"/> Temporary signs will be utilized (only allowed between April 1-October 31) |

| | | |
|---|--|--|
| 5 | Methods of Solicitation (continued) | |
| If the event is held at a private club, the sponsoring member's name: | | |
| Approx. number of attendees: | | |
| Will the event be indoors or outdoors? | <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/> Not Applicable | |
| If any portion of the event will be outdoors, please check all that apply: | <input type="checkbox"/> Tents will be utilized (Tent Permit may be required) <input type="checkbox"/> There will be a generator <input type="checkbox"/> There will be outdoor lighting <input type="checkbox"/> There will be fireworks (Pyrotechnic Display Permit will be required) | |
| Valet Services? | <input type="checkbox"/> Yes <input type="checkbox"/> No *If yes, a valet permit is required | |

| |
|---|
| Where will attendees park? *Note that offsite parking on private property is currently prohibited |
| |
| |
| |

| | | |
|--|---|--|
| 6 | Persons in direct charge of conducting the solicitation: | |
| <small>*attach a list if necessary</small> | | |
| Legal, Given Name: | Date of Birth: | |
| | / / | |
| | / / | |

| | | |
|-------------------------------------|--|-----------------------------|
| 7 | Name of Person(s) who will disburse proceeds from solicitation: | |
| <small>*attach if necessary</small> | | |
| Name: | | |
| Date of Birth: | / / | Phone #: () - |
| Address: | | |
| Email: | | |

| | | |
|-----------------|--------------------------------|--|
| 8 | Chairman of event Name: | |
| Phone #: | () - | |
| Address: | | |

| | |
|----------------------|---------------------------------|
| 9 | Purpose of Solicitation: |
| *attach if necessary | |
| | |
| | |
| | |

| | | |
|--|-----------------------------------|----|
| 10 | Donation / Cost Estimates: | |
| *attach if necessary | | |
| Estimation of total funds to be raised: | | \$ |
| Estimation of in kind donations: | | \$ |
| Estimation of cost of the solicitation: | | \$ |

| | |
|----------------------|---|
| 11 | A specific statement, with reasons, that shows need for the funds to be solicited. Support with figures, if available. |
| *attach if necessary | |
| | |
| | |
| | |
| | |

| | |
|----------------------|---|
| 12 | Disposition of funds to be raised: |
| *attach if necessary | |
| | |
| | |
| | |
| | |

| | | |
|--|--|--|
| 13 | Will you use a professional promoter or solicitor for your event? | |
| <input type="checkbox"/> No / <input type="checkbox"/> Yes | | |
| | | If your answer was yes, fill out section 13 below. |

| | | | |
|--|---------------------------------|--|--|
| 14 | Promoter/Solicitor Name: | | |
| *attach list if necessary | | | |
| Date of Birth: | / / | A copy of their contract has been included? | <input type="checkbox"/> Yes / <input type="checkbox"/> No |
| Address: | | | |
| Statement of amount of wages, fees, commission, expenses or emoluments to be paid to this individual: | | | |
| | | | |
| | | | |
| | | | |

| | |
|-------------------------------|---|
| 15 | If an applicant cannot furnish some of the information required by the preceding paragraphs, a detailed statement on a separate sheet shall be given why such information cannot be furnished. |
| Have you included this sheet? | ___ Yes / ___ No |

| | | |
|---|---|---|
| 16 | Schedule of last season's events | |
| Total value of donations collected under all events: | \$ | Permit # 1: Permit # 2: |
| Total cost of all events: | \$ | *This includes wages, fees, commissions, expenses, and cost of any publication |
| Net Proceeds Distributed: | \$ | |

| | | |
|--|---|---|
| 17 | Schedule of last season's events (continued) | |
| AMOUNT OF MONIES AND PERCENTAGE OF NET PROCEEDS APPLIED DIRECTLY TO FUNCTIONS AND ACTIVITIES WITHIN: <input type="checkbox"/> | | |
| Town of Palm Beach: | \$ | % |
| Palm Beach County: | \$ | % |
| State of Florida: | \$ | % |
| Elsewhere: | \$ | % |
| *Percentage of all categories combined should equal 100% | | |
| SPECIFIC STATEMENT AS TO WHERE FUNDS WERE DISTRIBUTED: <input type="checkbox"/> | | |
| | | |
| | | |
| | | |

| | |
|--|--|
| 18 | The applicant from section 1 by endorsement, agrees to the following statement: |
| “That if the permit is granted, it will not be used or represented in any way as an endorsement by the Town of Palm Beach or by the Town Council of the solicitation conducted thereunder.” | |
| I, _____ due hereby solemnly swear (or affirm) that I am a duly authorized agent of _____, and that all of the information contained herein this application is true and correct. | |

WITNESS:

Signature of Applicant

Signature

Print Name

Print Name