

EXHIBIT D

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) 805-5416
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: _____
CITY STATE ZIP

PHONE: _____ EMAIL: _____

EVENT ADDRESS: _____

EVENT DATE(S): _____ ESTIMATED ATTENDANCE: _____

EVENT NAME: _____

PURPOSE OF SOLICITATION: _____

IS THIS A REPEATED EVENT IN THE TOWN OF PALM BEACH? ☐ YES ☐ NO IF YES, DATE OF LAST EVENT: _____

PERSON(S) IN DIRECT CHARGE OF CONDUCTING THE SOLICITATION: _____

CHAIRMAN OF THE EVENT NAME: _____ PHONE/EMAIL: _____

ADDRESS: _____
CITY STATE ZIP

APPLICANT PRINCIPAL OFFICER/MANAGER: _____ PHONE/EMAIL: _____

ORGANIZATION INFORMATION

ORGANIZATION NAME: _____

STATE REGISTRATION NUMBER: _____ [Check-A-Charity](#)

Please provide with this application the organization's registration with the State of Florida Department of Agriculture and Consumer Services. Florida residents call 1-800-435-7352 for forms and further information. Out of State residents call (850)-488-2221. **NOTE: First verify that the expiration date on your State Registration Form has not passed, as these forms must be renewed annually by the State of Florida.**

BUSINESS ADDRESS: _____

OWNER'S NAME: _____ PHONE/EMAIL: _____

501(C)(3) NON-PROFIT STATUS: ☐ YES ☐ NO ☐ If yes, documentation must be submitted with this application.

If a professional promotor or solicitor will be used for your event, please fill out the section below:

PROMOTER/SOLICITOR NAME _____

STATEMENT OF AMOUNT OF WAGES, FEES, COMMISSION, EXPENSES OR EMOLUMENTS TO BE PAID TO THIS INDIVIDUAL: _____

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

RESOLUTION

Please attach a resolution giving authority to hold this 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.

CHECK ALL THAT APPLY

<input type="checkbox"/> FOOD WILL BE SERVED	If yes, please attach a copy of the caterer's license if applicable.
<input type="checkbox"/> ALCOHOL WILL BE SERVED	If yes, please attach a copy of the liquor license unless at a private residence.
<input type="checkbox"/> EVENT INCLUDES ANIMALS	If yes, a Temporary Animal Permit may be required.
<input type="checkbox"/> TEMPORARY SIGNS WILL BE UTILIZED	If yes, these are only allowed between April 1-October 31.
<input type="checkbox"/> A TENT 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: _____
<input type="checkbox"/> A TEMPORARY STAGE WILL BE UTILIZED	
<input type="checkbox"/> GENERATORS WILL BE UTILIZED	
<input type="checkbox"/> 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.
<input type="checkbox"/> 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.
<input type="checkbox"/> VALET SERVICES WILL BE UTILIZED	If yes, a Valet Permit may be required, please see Traffic/Parking section.

TRAFFIC/PARKING INFORMATION

Will support facilities such as traffic control and crowd control be needed? If yes, please specify: _____

If buses or trolleys will be used in correlation with the event, please specify the drop-off and pickup locations: _____

Where will the attendees park? _____

(Royal Poinciana Plaza parking is not permitted. Please see [here](#) for more parking information.)

Provide a reasonable estimate of parking volume generated by the event and the type of parking that will be used: _____

Note: Temporary valet services require a separate permit unless the location of the special event possesses a current Town [annual valet parking services permit](#). Failure to secure a temporary valet services permit may result in a fine and/or shut down of the non-permitted valet services.

CHECKLIST

Before you submit your charitable solicitation application, please make sure that the following steps have been completed:

- ☐ Truthfully complete all necessary information
- ☐ Attach a valid copy of the Florida Department of Agriculture & Consumer Services – Solicitation of Contributions State Registration
- ☐ Attach any applicable licenses (caterer, liquor, auctioneer, and/or promoter's license)
- ☐ Attach organization's 501(c)(3) documentation if applicable
- ☐ Attach a resolution or board minutes granting authority to hold the fund-raising event
- ☐ Note any separate permits needed according to the checklist on Page 1
- ☐ Sign authorization below

AUTHORIZATION

Please review [Chapter 78, Article III. Charitable Solicitations](#) prior to application submission and contact the Town Clerk's Office at (561) 227-6300 with any questions. Before a permit is issued, the applicant must pay an administrative processing fee. The Town Clerk's office will be in contact with payment instructions.

I have read the provisions of the Town Code of Ordinances relating to the regulation of Charitable Solicitation and agree to abide by all provisions set forth therein.

PRINTED NAME: _____

APPLICANT SIGNATURE: _____ DATE: _____