



# City of Palm Springs

## Business License Division

3200 E. Tahquitz Canyon Way • Palm Springs, California 92262  
Tel: (760) 323-8289 • Fax: (760) 322-8344 • Web: [www.palmsprings-ca.gov](http://www.palmsprings-ca.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 and 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. \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_ Sex \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_ Date of Birth \_\_\_\_\_

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 goods or products are located at the time of this application: \_\_\_\_\_

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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. A 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 2 X 2" 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 \$28.00

BACKGROUND CHECK FEE \$150.00

**\*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 \_\_\_\_\_