



TOWN OF PARADISE

POLICE DEPARTMENT

5595 Black Olive Drive, Paradise, CA 95969 • 24-Hour (530) 872-6241 • General (530) 872-6161 • FAX (530) 872-4950

INSTRUCTIONS TO APPLICANT

Solicitor Permit – Initial or Renewal

In order to obtain or renew your local regulatory permit as a Solicitor in the Town of Paradise, please complete the following items and return them to the Paradise Police Department.

- Completed and Signed Solicitor Permit Application
- Solicitor License fee
 - Initial Fee made payable to the Town of Paradise (See current Master Fee Schedule)
 - OR**
 - Renewal Fee made payable to the Town of Paradise (See current Master Fee Schedule)
- Completed Live Scan fingerprint application
- Payment of Live Scan fees

When a solicitor represents or is sponsored by a charitable or nonprofit organization based within the boundaries of the Town, the Town Council may grant a license to this organization without payment of a fee.

A Live Scan fingerprint appointment will be made at the time the completed application is submitted. Payment for Live Scan services is payable at the time of the Live Scan appointment. Live Scan fees are non-refundable. No applications will be approved until the fingerprint results are returned by the Department of Justice. Please note: There is no specific time frame in which the Department of Justice is required to return results of fingerprints.

You will be notified when your application has been approved. At that time an appointment will be scheduled to have your photograph taken and to receive your Solicitor license.

- Approval by Police Department
- And/or**
- Approval by Town Council

Solicitor licenses are valid until December 31st of the year next succeeding the year in which issued. To renew, please submit an updated application and follow the process above.

It is the responsibility of the applicant to know and understand the relevant Town municipal code section and any other state or federal codes which may apply.

The Town of Paradise Municipal Codes and current Master Fee Schedule can be found at www.townofparadise.com.

• It is unlawful for any person or entity to violate or fail to comply with the provisions of chapter 5.13 of the Paradise Municipal Code. Such violation shall be punishable as an infraction. • Under Federal and State law, a One Dollar (\$1.00) fee may be collected in addition to any other fees for compliance with disability access laws.

Revised 7/10/2014

TOWN OF PARADISE

Administrative Services Department, 5555 Skyway, Paradise, CA 95969 -- (530) 872-6291
Paradise Police Department, 5595 Black Olive Dr. Paradise, CA 95969 -- (530) 872-6241 or (530) 872-6161

Town of Paradise License Application

Initial

Renewal

TO BE COMPLETED BY APPLICANT

Applicant
Name: _____

Home
Address: _____

City: _____ State _____ ZIP: _____

Home
Phone: _____

DOB: _____

SSN: _____

CDL: _____

State _____ Expires: _____

Mobile _____

E-Mail _____

Business
Name: _____

Business
Location: _____

City: _____ State _____ ZIP: _____

Phone: _____

Business Mailing
Address: _____

Tax Exempt?

Charitable?

Charitable Purpose? _____

List All Residences in the Last Five Years

Address: _____ From _____ To _____

Address: _____ From _____ To _____

Address: _____ From _____ To _____

Have you ever been convicted of a felony, as defined by California law?

YES NO

If YES, Date of conviction: _____

Offense _____

Have you ever been required to register with a law enforcement agency pursuant to Section 290 of the Penal Code?

YES NO

If YES, Date _____

Law Enforcement Agency _____

It shall be unlawful for any person knowingly to falsify or conceal any fact or make any false or fraudulent statement or misrepresentation in any matter or proceeding within the jurisdiction of any department or agency of the Town (Ordinance 16, Section 15-11).

I declare under the penalty of perjury that the foregoing is true and complete to the best of my knowledge and belief.

Signature: _____

Date _____

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Town Hall, 5555 Skyway, Paradise, CA 95969 -- (530) 872-6291
Paradise Police Department, 5595 Black Olive Dr. Paradise, CA 95969 -- (530) 872-6241 or (530) 872-6161

Application Specific Information - Solicitor

Merchandise being sold _____

Date(s): _____

Times: _____ to _____
Times: _____ to _____

TOWN OF PARADISE USE ONLY

SIGNED TOWN OF PARADISE 5.13 LICENSE APPLICATION

RECEIVED BY: _____ DATE: _____

RECEIPT OF INITIAL OR RENEWAL LICENSE FEES PAID

RECEIVED BY: _____ DATE: _____

AMOUNT PAID: _____ RECEIPT # _____

LIVE SCAN FINERPRINT COMPLETED/FEES PAID

FBI RESULTS RECEIVED

DOJ RESULTS RECEIVED

PROOF OF TAX EXEMPT STATUS (ATTACHED)

PROOF OF CHARITABLE ORGANIZATION

LICENSE FEE WAIVED

BY: _____ DATE: _____

APPROVED
By Police Department

REJECTED

BY: _____ DATE: _____

APPROVED
By Town Council For Waiving of Fees only

REJECTED

BY: _____ DATE: _____

PERMIT LICENSE # _____ ID CARD _____ EXPIRATION DATE _____

Copies Routed To: Police Town Mgr. (FYI Only) _____

COMMENTS REGARDING REJECTION OR OTHER: _____



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

CA0040500
ORI (Code assigned by DOJ)

SOLICITOR
Authorized Applicant Type

LICENSE
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

PARADISE POLICE DEPARTMENT
Agency Authorized to Receive Criminal Record Information

06068
Mail Code (five-digit code assigned by DOJ)

5595 BLACK OLIVE DRIVE
Street Address or P.O. Box

V. LYNCH
Contact Name (mandatory for all school submissions)

PARADISE CA 95969
City State ZIP Code

(530) 872-6161
Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name (AKA or Alias) Last

First Suffix

Date of Birth Sex Male Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number 100170
(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number
(Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number _____

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number Amount Collected/Billed