COLLIER COUNTY TRANSPORTATION DEPARTMENT'S
APPLICATION FOR PERMIT TO SOLICIT CHARITABLE
CONTRIBUTIONS AT PUBLIC ROAD INTERSECTIONS

Application for Permit to conduct in-the-road charitable solicitations in Collier County, Florida, pursuant to Collier County Ordinance No. 87-60, as amended. The Applicant affirms that (1) it has received a copy of this Ordinance and a copy of the County’s Informed Consent and Waiver, (2) that the Applicant shall inform all “participants” of the requirements of that Ordinance; and (3) that the Applicant will ensure that each participant shall fully and continuously comply with the Ordinance.

1. Applicant Names is: _______________________________________________________.

2. Applicant street (and mailing) address is: _________________________________.

3. The name and title of the individual for County Staff to contact is: _________________________________.

4. Applicant’s telephone number is: _________________________________.

5. Applicant’s facsimile telephone number is: _________________________________.

6. Applicant’s e-mail address is: _________________________________.

7. The “requested duration” of Applicant’s applied-for in-the-road charitable solicitations is from __________ on the ____ day of __________, 20__ until __________ on the ____ day of __________, 20__; a cumulative total of _______hours. (The total duration shall not exceed seventy-two (72) hours). Applicant requests to conduct its in-the-road solicitations during the following dates: _________________________________________________. No in the road solicitation shall commence before 7:00 A.M. and shall cease not later that 7:00 P.M., and all shall be within the applied-for intersections. Each date (as specified above) is either a Saturday, a Sunday, a holiday of the State of Florida, or a federal holiday.
8. The Applicant hereby applies to conduct its charitable solicitations at the following intersections:

_______________________________________________________
_______________________________________________________
_______________________________________________________

9. Proof of required insurance is attached as Exhibit “A.”

10. Applicant plans to have the following number of participants _______. The names of all now known individuals (each being at least 21 years of age) who plan to participate are listed below. Specify (by the identifying letter) how each participant is (or has been) either: (A) Fireman, (B) Police Officer; (C) Military Police, (D) other law enforcement officer who has ever been trained regarding the physical dangers of in the road activity when roads are open to traffic, or (E) other individual who has satisfactorily completed a safety training course appropriate to the safety considerations of in-the-road solicitation and the course was sponsored by the National Safety Council or other similar organization. Also, specify whether the individual is to be a Solicitor (“SOL”) or Supervisor (“SUP”) or (“BOTH”). (Extend this list as an attached Exhibit “B” (if needed.)

_______________________________________________________
_______________________________________________________
_______________________________________________________
_______________________________________________________
_______________________________________________________
_______________________________________________________
_______________________________________________________
_______________________________________________________

Indicate whether an Exhibit “B” (is) (is not) attached: ____________

11. Applicant affirms that no individual associated with the Applicant shall participate in any in-the-road solicitation until each such individual has personally signed the County’s Informed Consent
and Waiver, and each such signed Informed Consent and Waiver has been delivered to, and has been received by, Collier County’s Transportations Department.

DATED: __________________

I verify that all information in this application, including its Exhibit(s), is correct and complete.

Signature, Printed Name and Title of Applicant’s Authorized Representative

ALL PARTICIPANTS MUST WEAR A SAFETY VEST OR UNIFORM FOR VISIBILITY PURPOSES.

For Staff Use Only

Date Original Application was received by Staff: _____________
Date Complete Application was received by Staff: _____________
Date Permit was (issued) OR (denied): _____________
Date Notice of Staff’s decision delivered to Applicant: _____________

STAFF NOTES:________________________________________
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