



SOLICIATION APPLICATION
CITY OF WINTER SPRINGS, FLORIDA
1 126 EAST STATE ROAD 434
WINTER SPRINGS, FL 32708
TELEPHONE: 407.327.1800
FAX: 407.327.4755
WWW.WINTERSPRINGSFL.ORG

Applicant shall complete the following application accompanied by a fee of one hundred dollars (\$100.00).

Name: _____

Address: _____

Date of Birth: _____

Copy of photographic identification of applicant:

____ Driver License ____ State-Issued Identification Card

Name, address and date of birth for each person seeking to conduct solicitation activities under this application:

1. **Name:** _____

Address: _____

Date of Birth: _____

2. **Name:** _____

Address: _____

Date of Birth: _____

3. **Name:** _____

Address: _____

Date of Birth: _____

Copy of valid state and/or local occupation license or work permit issued to conduct commercial or business solicitations or the solicitation for funds: yes no

Documentation reflecting that solicitation is to be performed on behalf of an active, bona fide company, corporation, group, or foundation:

- ____ articles of incorporation
- ____ certified letter containing corporate seal
- ____ business registration with State of Florida

Company Name: _____

Address: _____

Telephone: _____

What is the nature of the solicitation?

Dates and location in which the solicitation is to occur:

From ___/___/___ To: ___/___/___

Location: _____

THE APPLICANT IS ADVISED THAT SOLICITATION IN ANY PART OF THE CITY OF WINTER SPRINGS IN WHICH SOLICITATION IS PROHIBITED BY A RESTRICTIVE COVENANT OR FORMAL DECLARATION BY A HOMEOWNERS ASSOCIATION CONSTITUTES TRESPASS, AND MAY RESULT IN TRESPASS ACTION AGAINST THE APPLICANT.

THE APPLICANT IS ADVISED THAT SOLICITATION ON PRIVATE PROPERTY OF ANY TYPE POSTED WITH A "NO SOLICITATION" NOTICE CONSTITUTES TRESPASS, AND MAY RESULT IN A TRESPASS ACTION AGAINST THE APPLICANT.

THE APPLICANT IS ADVISED THAT IT IS THE APPLICANT'S SOLE RESPONSIBILITY TO DETERMINE AREAS OF THE CITY AND INDIVIDUAL PROPERTY IN THE CITY IN AND UPON WHICH SOLICITATION WOULD CONSTITUTE TRESPASS OF PROPERTY, AND TO ACT ACCORDINGLY.

THE UNDERSIGNED APPLICANT HEREBY SWEARS AND AFFIRMS THAT THE FOREGOING INFORMATION IS CORRECT AND THAT HE/SHE WILL ABIDE BY ANY AND ALL PERMIT REQUIREMENTS SHOULD A PERMIT BE ISSUED BY THE CITY OF WINTER SPRINGS.

Applicant Signature

**STATE OF FLORIDA
COUNTY OF SEMINOLE**

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, of _____, who executed the foregoing expressed and who is personally known to me OR who has produced _____ as identification and who did not take an oath.

Notary Seal _____

Notary Signature

To be completed by the City of Winter Springs:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____ Kevin Smith, City Manager