

City of Beverly Hills Police Department
 Charitable Solicitations Commission
 464 North Rexford Drive
 Beverly Hills, CA 90210-4818
 solicitationpermits@beverlyhills.org
 Ph. 310.285.2109
 Fax 310.246.9854



PERMIT NUMBER: _____

Event Category (Choose One): Monetary Drive _____

Event Drive _____

FINANCIAL STATEMENT (FS) OF CHARITABLE SOLICITATIONS ACTIVITY Permit Start Date: _____

****PLEASE READ ALL INSTRUCTIONS PRIOR TO COMPLETION OF FORM****

Permit End Date: _____

 Name of Organization Federal EIN/TIN Address, State and ZIP Code

 Activity Location Date of Event

RECEIPTS:

| | |
|--|----|
| 1. Cash Contributions/Donations: | \$ |
| 2. Membership Fees: | \$ |
| 3. Proceeds from Sales: | \$ |
| 4. Sales of Advertising Space: | \$ |
| 5. Ticket/Admission Sales: Cost per person: Number of People: | \$ |
| 6. Donor Packages: | \$ |
| 7. In-Kind Donations that correspond to expenses below: Describe: | \$ |
| 8. Outstanding Pledges: | \$ |
| 9. Other Receipts: | \$ |
| TOTAL RECEIPTS | \$ |

INSTRUCTIONS

Include all direct contributions/donations received.
Include all proceeds received from membership dues, etc.
Include proceeds from sales/auctions/boutiques.
Include sales for ad books, tribute books, etc.
Total amount received from ticket/admission sales, meals, etc.
Include sales of combination(s) of tables, tickets, advertising, etc.
Only include and describe in-kind donations that offset expenses.
Use a separate sheet if necessary.
You must notify the Commission in writing upon the receipt of outstanding pledges
Describe and itemize all amounts received from other sources on a separate sheet

EXPENSES:

| | |
|--|----|
| 1. Advertising/Publicity: | \$ |
| 2. Decorations/Table Favors/Gift Bags: | \$ |
| 3. Entertainment: | \$ |
| 4. Hotel or Catering Expenses: | \$ |
| 5. Music/DJ: | \$ |
| 6. Photography: | \$ |
| 7. Postage, Printing & Stationary Supplies: | \$ |
| 8. Rentals: | \$ |
| 9. Salaries, Wages & Commissions: To Whom: | \$ |
| 10. Security: | \$ |
| 11. Fees Paid to the City of Beverly Hills: | \$ |
| 12. Miscellaneous: | \$ |
| TOTAL EXPENSES: | \$ |
| NET FOR CHARITABLE PURPOSES: | \$ |

Enter actual expenses. DO NOT ESTIMATE.
If underwritten, attach a list of corresponding expenses not reflected in this table.
Include all advertising, publicity or marketing expenses.
Do not include music or DJ expenses here.
Include tax and tips.
Include both still and video photography.
Include cost of invitations, labels, programs, etc.
Include tables, chairs, or other items rented for the event.
List the name of the individual(s), company, or event planner who received salaries, wages, and/or commission payments as a result of this solicitation only.
Include fees paid for street closures, City staff, etc.
Describe and itemize all miscellaneous expenses over \$500 on a separate sheet.
Total receipts minus total expenses.

DISTRIBUTION OF FUNDS:

To Whom: _____ Date Released: _____ Amount: \$ _____

THIS REPORT MUST BE SIGNED BY AN OFFICER OF THE ORGANIZATION AND FILED WITH THE CHARITABLE SOLICITATIONS COMMISSION WITHIN 60 DAYS AFTER PERMIT EXPIRATION DATE

Please mail, email, or fax the completed form to our office no later than 60 days after the permit expiration date. No original is required.

I certify (or declare) Under Penalty of Perjury under the laws of the State of California that the foregoing is true and correct

 Print Name of Officer of Organization Signature of Officer of Organization Title Phone Number Date Signed