**Application for Feeding the Homeless**

**For Bona Fide Religious Reasons**

Registration and application for a permit to feed the homeless for bona fide religious purposes within the City of Jacksonville, Florida, pursuant to Chapter 250.106 of the Jacksonville Municipal Code.

(You are not required to have this permit if you are distributing food, beverages, merchandise or services on real property owned by a religious organization and are motivated by bona fide religious beliefs as protected by the *First Amendment* to the United States Constitution, the Florida Constitution, and any Religious Freedom Restoration Act of the state or federal government and if you are otherwise compliant with Duval County Health Department regulations. Section 250.119(b), Ordinance Code.)

(Note: If the event occurs at a City park or recreational facility, an additional permit will be required. Information can be obtained by calling 904.255-7198

|  |
| --- |
|  |

Date:

1. Name of Organization/Individual:

1. Jacksonville Address:

1. Other Address: (National or State)
2. Give Statement(s) of Purpose for Request:
3. Name and Telephone Number of Person(s) to be Contacted for Information:
4. Location/Site for Feeding the Homeless

1. Date/Time Planned for Feeding the Homeless Event:

1. Frequency of Feeding the Homeless Event(s):

|  |
| --- |
|  |

9. Anticipated Duration of the Feeding the Homeless Event/Activity:

The Following are Fee, Signature and notarization Requirements:

( ) $25.00 registration fee for application process attached

Mail completed application to: (Check or Money Order ONLY- City of Jacksonville FL or Duval County Tax Collector)

( ) Request for Waiver (attached form)

Office of Consumer Affairs

Regulatory Compliance Department

214 North Hogan Street, 5th Floor

Jacksonville, FL 32202

Signature and Notarization Requirements

I, the undersigned and having authority to act on behalf of the individual or organization submitting this application, hereby certify that the foregoing representations and statements contained herein are true, correct and complete to the best of my knowledge. Any false representations, misleading information or omission of any material fact may be grounds for suspension and/or revocation of any permit issued hereinafter.

SIGNATURE: DATE:

|  |
| --- |
| **Notary Stamp Information** |

Application for Fee Waiver

Section 250.123 (k) – (l) (1) - Ordinance Code, authorizes the manager of Consumer Affairs to waive permit fees for applicants/individuals who submit an affidavit stating that it is made under oath and under penalty of perjury and that the applicant believes the subject feeding activity’s purpose is exclusively or primarily for bona fide religious motivations, and or First Amendment speech or expression purposes, and that the Applicant has determined that the cost for the permit is so financially burdensome that it would constitute an unreasonable restriction on the right of First Amendment activity, belief or expression or it would be impossible due to the solvency or indigence of the Applicant to conduct the purpose feeding event.

I request that application fee(s) for the required permit waived in accordance to Section 250.123 (k) – (1), Ordinance Code.

Name of Requesting Organization/Individual \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Jacksonville Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Address: (National or State) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach financial affidavit/disclosure:

**AFFIDAVIT**

I, the undersigned and having authority to act on behalf of the individual or organization submitting this application, hereby swear under oath and under penalty of perjury, that the representations and statements contained herein are true, correct and complete to the best of my knowledge. Any false representations, misleading information or omission of any material fact may be grounds for suspension and/or revocation of any permit issued hereafter.

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTARY STAMP**