

STATE OF MAINE

CHARITABLE SOLICITATIONS

APPLICATION FOR REGISTRATION

PROFESSIONAL SOLICITOR COMMERCIAL CO-VENTURER PROFESSIONAL FUND RAISING COUNCIL



Department of Professional and Financial
Regulation

Office of Licensing and Registration
35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8624
HEARING IMPAIRED (207) 624-8563

Office located at: 122 Northern Avenue, Gardiner, Maine

APPLICATION INSTRUCTIONS
Professional Solicitor, Commercial Co-Venturer,
Professional Fund-Raising Counsel

1. **REGISTRATION AND RENEWALS** – All Professional Solicitors, Commercial Co-Venturers, Professional Fund-Raising Counsels must register prior to engaging in solicitation activities in Maine and renew annually thereafter.
2. **COMPLETING THE REGISTRATION FORM** – Answer all applicable questions. If not applicable, so indicate. Attach a separate sheet where necessary. When using the term “see attached”, be specific and clear, referencing the page and item number.
3. **CONTRACTS** – All contracts entered into between a charitable organization and a professional fund-raising counsel, professional solicitor, commercial co-venture must be filed in writing with the Office prior to services being performed under the contract. This applies whether or not the organization is exempt under section 5006. NOTE: If Organization is exempt , professional fund-raising counsel, professional solicitor, commercial co-venture must still register and contracts must be submitted with registration.
4. **AFFILIATION WITH A CHARITABLE ORGANIZATION** - The Professional Solicitor, Commercial Co-Venturer, Professional Fund-Raising Counsel must be affiliated with a charitable organization before registering or reregistering. **This applies whether or not the organization is exempt under section 5006.**
 - ➔ **ATTACHMENT "A"** - Must be completed by persons or entities applying for registration or reregistration as a professional solicitor. A separate sheet must be submitted for each charitable organization.
 - ➔ **ATTACHMENT "B"** - Must be completed by persons or entities applying for registration or reregistration as a professional fund-raising counsel. A separate sheet must be submitted of each charitable organization.
 - ➔ **ATTACHMENT "C"** - Must be completed by persons or entities applying for registration or reregistration as a commercial co-venturer. A separate sheet must be submitted for each charitable organization.
5. **FEES** - Professional Solicitors, Commercial Co-Venturers, Professional Fund-Raising Counsel shall pay an initial and renewal registration fee of \$200 and an application fee of \$50.00 for original registration.
6. **BONDING** - A \$25,000 bond must be provided with registration or renewal and must be written to expire annually 11/30.



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ANGUS S. KING, JR.
 GOVERNOR

ANNE L. HEAD
 DIRECTOR

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA section 175 as authorized by the Tax Reform Act of 1976 (42 USC section 405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRSA section 191.

Make checks payable to: "TREASURER STATE OF MAINE"

- ✓ REGISTRATION TYPE: COMMERCIAL CO-VENTURER
 PROFESSIONAL FUND-RAISING COUNSEL
 PROFESSIONAL SOLICITATOR

	TYPE OF APPLICATION	FEE
	APPLICATION 1446	\$50
	REGISTRATION 1422	\$200
	RENEWAL FEE 1428	\$200

1. FEDERAL ID # (Filer EIN) (_____ - _____)

2. NAME OF INDIVIDUAL OR FIRM:

3. ALL OTHER NAME (S) USED(d/b/a): _____

4. BUSINESS PHYSICAL LOCATION:

STREET CITY STATE ZIP
 PHONE: (_____) _____ (W) PHONE: (_____) _____ (H)

4. BUSINESS MAILING ADDRESS:

ST or P.O. BOX CITY STATE ZIP
 PHONE: (_____) _____ (W) PHONE: (_____) _____ (H)

5. BUSINESS LEGAL ADDRESS:

ST or PO BOX CITY STATE ZIP
 PHONE: (_____) _____ (W) PHONE: (_____) _____ (H)

6. NAME AND ADDRESS WHERE RECORDS ARE KEPT:

STREET	CITY	STATE	ZIP
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**7. NAME AND ADDRESS OF PARTNERSHIP OR EXECUTIVE OFFICERS OF THE ABOVE #1
(Attach a separate sheet if necessary)**

STREET	CITY	STATE	ZIP
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STREET	CITY	STATE	ZIP
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STREET	CITY	STATE	ZIP
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STREET	CITY	STATE	ZIP
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8. Has the above individual/firm had any license/registration/permit/certification denied or revoked?
 YES NO

9. Has action been taken against the individual/firm in connection with solicitation of funds?
 YES NO

If answered "yes" to either of the above questions, please answer the following:(use an additional sheet if necessary)

10. Government agency city/state nature of action, (Please send court documents/Judgements/consent agreements): _____

STREET	CITY	STATE	ZIP
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By my signature, I affirm that all information provided in connection with this application is true to the best of my knowledge and belief, with the understanding that any omissions, inaccuracies or failure to make full disclosure may be deemed sufficient reason to suspend or recommend revocation of a license issued by the Department. I further authorized all law enforcement agencies and officials thereto to release to the Department any and all criminal history record information pertaining to myself.

Name (printed)

Name (printed)

Name (signature)

Name (signature)

Title (printed)

ATTACHMENT "A" - PROFESSIONAL SOLICITOR

➔ List names, address and registration number of all Charitable Organizations soliciting funds for:
 (Use a separate sheet for each charitable organization, please photo copy as necessary)

Charitable Organization Name:		
Address:		
City:	State:	Zip Code:
Registration Number:		Telephone #: (____) _____ - _____
Campaign Dates (From - To)		Description of Campaign:



(FILL OUT THE INFORMATION BELOW ONLY IF RE-REGISTRATING)



Total dollar amount raised by Professional Solicitor for the campaign listed above \$ _____	Total dollar amount paid to Professional Solicitor from Charitable Organization during the previous year \$ _____
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Total paid to the Charitable Organization from the Professional Solicitor for the campaign listed above \$ _____	% of amount paid to Charitable Organization from Professional Solicitor for campaign listed above % _____
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ATTACHMENT "B" - PROFESSIONAL FUND-RAISING COUNSEL

→ A professional fund-raising counsel that for flat fee under written agreement or for a fee computed under written agreement on the basis of funds actually raised or to be raised, or for any financial consideration of any kind or amount, plans, conducts, manages, or carries on, advises or acts as a consultant, whether directly or indirectly, in connection with soliciting contributions for or on behalf of any charitable organization must provide the following:

(Use a separate sheet for each charitable organization, please photo copy as necessary)

Charitable Organization Name:		
Address:		
City:	State:	Zip Code:
Registration Number:		Telephone #: (_____) _____ - _____
Campaign dates or date of contract (From - To)		Description of Campaign:



(FILL OUT THE INFORMATION BELOW ONLY IF RE-REGISTRATING)



Flat fee paid to the Professional Fund-Raising Counsel From the Charitable Organization (if applicable) \$ _____	Fee computed and paid to the Professional Fund-Raising Council from the Charitable Organization (if applicable) \$ _____
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Total amount received by Charitable Organization (if applicable) € _____

ATTACHMENT "C" - COMMERCIAL CO-VENTURER
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→ Any person or entity who, for profit or other commercial consideration, shall conduct, promote, underwrite, arrange or sponsor a sale, performance or event of any kind which is advertising in conjunction with the name of the charitable organization must provide the following solicitation activity for the previous year:

(Use a separate sheet for each charitable organization, please photo copy as necessary)

Charitable Organization Name:		
Address:		
City:	State:	Zip Code:
Registration Number:		Telephone #: (____) _____ -
Campaign dates or date of contract (From - To)		Description of Campaign:



⇐ **(FILL OUT THE INFORMATION BELOW ONLY IF RE-REGISTRATING)** ⇒

→ Total dollar amount paid to the Commercial Co-Venturer from Charitable Organization and amount received by the Charitable Organization during previous year.

Dollar amount paid to the Commercial Co-Venturer From the Charitable Organization. \$ _____	Dollar amount received by the Charitable Organization \$ _____
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**SURETY BOND
 OF
 PROFESSIONAL SOLICITATOR, PROFESSIONAL FUND RAISING COUNSEL,
 OR COMMERCIAL CO-VENTURER**

BOND EXPIRATION DATE: _____
 (Bond Must Written to Expire 11/30/2000)

BOND NUMBER #: _____

KNOW ALL ME BY THESE PRESENT that _____
 (Name of Applicant)

of _____ as principal, and _____
 City and State (Name of Surety Company)

of _____
 (Place of Business)

As Surety, are held and firmly bound unto the State of Maine, as Obligee in the sum of **Twenty-five Thousand Dollars (\$25,000.00)** to the payment of which we bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally and by these present.

The conditions of this obligation is such that if the above name Professional Solicitor, Professional Fund Raising Counsel, or Commercial Co-Venture who has been registered in accordance with Title 9 M. R. S. A., complies with all requirements of Title 9, §5008, and shall be conditioned upon the full accounting and due payment of those entitled thereto, of funds coming into the Professional Solicitor, Professional Fund Raising Counsel, or Commercial Co-Venture's possession through solicitation transactions under said registration, then this obligation shall be void, otherwise to remain in full force and effect.

This bond shall remains in force until the Insurance Company releases the surety from liability or until cancelled by the surety. Without prejudice to any prior liability accrued, the surety may cancel this bond upon 30 days advanced written notice to the Registrant and the Department.

The aggregate liability of the surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.

Signed, Sealed and Dated this _____ Day of _____ 19____

Witnessed:

 (Must be signed by witness)

 (Signature of Applicant)

 (Name of Surety Company authorized to do Business in Maine)

BY: _____

SEAL



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AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

Name: (applicant fees being paid for)		
Mailing Address: (applicant fees being paid for)		
City:	State:	Zip Code:
County:	Telephone #: (____) _____ - _____	
Name of cardholder: (if other than applicant)		
Mailing Address: (if other than applicant)		
City:	State:	Zip Code:

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

Visa MasterCard _____
Card number

Expiration date: ____/____/____ in the amount of: \$ _____

Signature: _____ Date: ____/____/____