SOUTH CAROLINA SECRETARY OF STATE

PUBLIC CHARITIES DIVISION

REGISTRATION APPLICATION PROFESSIONAL FUNDRAISING COUNSEL

Filing Instructions

- All lists, attachments and documents requested in this application must accompany the application or it will be returned for correction—they are not optional.
- This application must be signed by the CEO/President <u>and CFO/Treasurer</u>. If the persons signing this form are not listed as currently holding those positions, this form will be returned for correction.
- Include the \$50.00 filing fee, payable to South Carolina Secretary of State, with this application.
- Please contact our office with any questions regarding this form at 803-734-1790 or charities@sos.sc.gov.
- Mail to: South Carolina Secretary of State, Public Charities Division, 1205 Pendleton St., Suite 525, Columbia, SC 29201.

| | Check one: [] Initial Registrati | ion []] | Renewal | Fundraiser ID: | ! | |
|----|--|-------------|---------------|-----------------|----------------|--|
| 1. | Legal Name of Fundraising Counsel: _ | | | | (Renewal only) | |
| 1. | | | | | | |
| | A. DBA (if applicable): | | | | | |
| | B. EIN: | | | | | |
| | C. Physical Address: | | | | | |
| | D. Mailing Address (if different): | | | | | |
| | E. Phone Number: | | | | | |
| | F. E-mail: | | | | | |
| | G. Website: | | | | | |
| 2. | Please provide a contact person for the company: | | | | | |
| | Name | Title | | | | |
| | Address, City, State, Zip Code | | | | | |
| | Daytime Phone | Email | | | | |
| 3. | Fundraising Counsel is operating as: | | | | | |
| | [] Individual [] Sole Proprietor | [] Corpora | ation [] Par | rtnership [] (| Other: | |
| | ** Companies who have a principal pregistered agent in South Carolina, m | | | | | |
| | Name | | | | | |
| | Street Address (PO Box cannot be acce | epted) Cit | y | State | Zip Code | |
| | Organized in the State of: | | Date organ | nized: | | |

4. Please provide a list of all charitable organizations for which you have an active contract in South Carolina.

| 5. | Please provide a list of all <u>current</u> officers and directors, a | , along with their addresses and phone numbers. | | | | | |
|---------------------------|---|--|---|--|--|--|--|
| 6. | Please provide a list of all officers, directors, individual or | al owners or partners for the <u>preceding three years</u> . | | | | | |
| 7. | Please provide a list of all employees, their job titles, and | ir job titles, and whether full time, part-time, or contracted. | | | | | |
| 8. | lease attach a list of all charitable organizations with which you have contracted in the State of South Carolina for the previous three years. | | | | | | |
| 9. | Are you currently registered in any other state as a Profess Fundraising Counsel?No Yes If yes, provide | te as a Professional Fundraiser, Professional Solicitor, or a Professional Syes, provide a list of all states where registered. | | | | | |
| 10. | | cial records of contributions of the charitable organization with covide a list of individuals who serve as couriers or employees I parties. | | | | | |
| 11. | Is any principal officer, director, owner or partner of the a owner or partner of any nonprofit or charitable organization | | | | | | |
| 12. | administrative action, including an injunction concerning with a commercial co-venturer by another local, state, or f | officers, individual owners, or partners been the subject of a legal or n concerning a charitable solicitation, fundraising campaign, or campaign cal, state, or federal governmental authority including, but not limited to ines, injunctions, suspensions, or voluntary agreement to discontinue anyYes If yes, provide a full description. | | | | | |
| 13. | . Has the applicant, or its directors, principal officers, individual owners, or partners been the subject of a criminal conviction, including guilty or nolo contendere pleas, involving any charitable solicitations act, fraud, dishonesty, or false statement, forgery, or theft, including identity theft, in a jurisdiction within the United States?No Yes If yes, provide a full description and the date of any such conviction. | | | | | | |
| 14. | Are any of the officers, directors, trustees, or board members of the professional fundraising counsel applicant related to each other?No Yes If yes, provide a full description. | | | | | | |
| 15. | Are any of the officers, directors, trustees, or board members of the professional fundraising counsel applicant related to any director, agent, or employee of a charitable organization under contract with the professional fundraising counsel? NoYes If yes, provide a full description. | | | | | | |
| the con imp felo | best of my knowledge, information and belief. I under stitute a misdemeanor carrying a penalty upon conviction or isonment for not more than one year, or both, for a first only carrying a penalty upon conviction of a fine of not more than five years, or both. CHIEF FINANCIAL OFFICER / TREASURER | estand that the giving of false or it of a fine of not more than two thousest offense. A second or subsequent ore than five thousand dollars (\$5,0) CHIEF EXECUTIVE OFFICE | ncorrect information may sand dollars (\$2,000.00) or t offense may constitute a 00.00) or imprisonment of | | | | |
| | Print Name | Print Name | | | | | |
| | Signature Date | Signature | Date | | | | |
| | Mailing Address | Mailing Address | | | | | |
| | City, State, Zip | City, State, Zip | | | | | |
| | Phone Number | Phone Number | | | | | |
| | | | | | | | |