

**The State of South Carolina
Office of the Secretary of State
Jim Miles
Public Charities Division**

**Registration Application for
Professional Solicitor**

Date: _____

Initial Registration **Renewal** **Renewals, Enter Fundraiser Registration #:** _____

Organization Name: _____

GENERAL INSTRUCTIONS

The following supplemental information must accompany this application. Answer all questions completely. Your application is a matter of public record and will be furnished to any person upon request. The information which you furnish may be used by prospective contributors. This office receives numerous requests for information from members of the general public who are contemplating making charitable contributions. It is very important, therefore, that you make a full disclosure on all of the questions contained in this application. If you have any questions whatsoever on the application, or questions as to whether you should disclose a particular item, contact the Public Charities Division at (803) 734-1790.

1. Include \$15,000.00 bond bound unto the State of South Carolina.
2. Enclose a copy of all fundraising agreements effective in South Carolina.
3. Include a \$50.00 filing fee. Make check payable to: "South Carolina Secretary of State.
4. Notify the Public Charities Division of any changes to this application within 10 days of such changes.
5. Include a copy of all disclosures that page 2 and page 3 of this application require. Use extra sheets of paper where necessary.
6. Mail to: Office of the Secretary of State
 Public Charities Section
 P. O. Box 11350
 Columbia, SC 29211
 803-734-1790
7. Please refer to S.C. Code § 33-56-110 (1976) as amended for complete description of registration requirements.

1. Mailing Address: _____
2. Phone Number: (_____) _____
E-mail _____ Web Site _____

3. Indicate whether the applicant is a
Sole Proprietor ____, Corporation ____ or Partnership _____ organized in the State of
_____ on _____ (Date).

4. List on a separate sheet of paper the names, addresses and titles of all principal officers,
directors, individual owners or partners for the preceding three years.

5. Manner of solicitation and type of event to be presented or product to be distributed in
connection with the solicitation campaign. (e.g. door-to-door canvass, telethon,
entertainment event, ad-book, merchandise, etc.) _____

6. Address(es) and telephone number(s) of the office(s) from which the solicitation
campaign will be conducted: (Attach additional sheet if necessary to list all locations)

Address(es): _____

Phone #(s): _____

7. Name(s) and address(es) of the employee or agent of the applicant who will have primary
responsibility for conducting and supervising the solicitation:
(Attach additional sheets if necessary to list all employees/agents)

Name: _____

Address: _____

8. Attach a list of Name(s) of all employees who are conducting solicitations at the time of
the filing of this application. Each employed solicitor operating under your surety bond
must complete the enclosed individual professional fund raiser solicitor application which
must be returned with the organization application and the required \$50.00 filing fee.

9. If prospective donors ask how much of their contribution will go to the charitable
organization, what will they be told? _____

What steps will you take to ensure that your solicitors will say this? _____

10. Are you currently authorized by any governmental authority in this state or in any other state to solicit contributions: Yes ____ No _____. If so, attach a list of the full names and addresses of each State or agency.
11. List on a separate sheet of paper the name and address of the applicant who will have (a) custody of contributions, and (b) custody of the financial records.
12. Is any principal officer, director, owner or partner of the applicant also an officer, director, shareholder, owner or partner of any non-profit or charitable organization? Yes ___ No _____. If so, provide a full description:
13. Is any immediate family member (spouse, child, brother or sister) of a principal officer, director, owner or partner of the applicant an officer, director, owner or partner of any non-profit or charitable organization? Yes ___ No _____. If so, provide a full description.
14. Please list (using extra paper if necessary) all organizations for which you have solicited in the state of South Carolina for the previous three years.

Name: _____ Address: _____

Name: _____ Address: _____

15. Within the previous three years, has the applicant, its directors, principal officers, individual owner, or partners:
 - a. had any fundraising or charity license, permit, registration or application denied, cancelled, revoked or enjoined by any governmental authority or is any such action pending? Yes ___ No _____. If yes, attach a full explanation.
 - b. had a bond request denied, or a bond cancelled or revoked, or has anyone ever sought to recover against a posted bond? Yes ___ No _____. If yes, please attach a full explanation.
 - c. within the previous ten years, ever been convicted of, or plead guilty to, fraud, breach of trust, obtaining property under false pretenses, or any misdemeanor involving any aspect of the charities or fundraising business, or any felony? Yes ___ No _____. If yes, attach a copy of the conviction or plea agreement, and attach a full explanation.
 - d. been permanently or temporarily enjoined by any court from engaging in or continuing any conduct or practice involving any aspect of the charities or fundraising business? Yes ___ No _____. If yes, attach a copy of the Order or Decree, and attach a full explanation.
 - e. been sued by a charity or other fundraising client? Yes ___ No _____. If yes, attach a copy of the complaint or other litigation pleading, and attach a full explanation.

- f. been fined or entered into any agreement with any governmental authority in any state limiting or prohibiting its fundraising activity? Yes___ No___. If yes, attach a full explanation.

16. Please provide your Federal Identification Number: _____.

17. Name, Address, Telephone Number of Registered (Authorized) Agent for Service of Process.

IF APPLICANT HAS A PRINCIPAL PLACE OF BUSINESS OUTSIDE THE STATE OR IS ORGANIZED UNDER AND BY VIRTUE OF THE LAWS OF A FOREIGN STATE AND HAS NOT APPOINTED A REGISTERED AGENT FOR SERVICE OF PROCESS IN THIS STATE, THEN APPLICANT HAS IRREVOCABLY APPOINTED THE SECRETARY OF STATE AS THE AGENT UPON WHOM MAY BE SERVED SUMMONS, SUBPOENA, SUBPOENA DUCES TECUM OR OTHER PROCESS DIRECTED TO APPLICANT FOR ANY ACTION OR PROCEEDING BROUGHT UNDER THE PROVISIONS OF THE SOLICITATION OF CHARITABLE FUNDS ACT. S.C. CODE § 33-56-130 (1976) AS AMENDED.

Please read each of the following items. After reading each item, sign your initials in the space provided at the left of each numbered item. Your application cannot be accepted unless you read and initial each item.

_____ 18. The Solicitation of Charitable Funds Act requires that I, as a paid or professional solicitor or solicitor, disclose my status as a professional or paid solicitor upon solicitation to a potential donor.

_____ 19. The Solicitation of Charitable Funds Act requires that I, as a paid or professional solicitor or solicitor, disclose the name of the professional fundraising organization or charitable organization I represent.

_____ 20. The Solicitation of Charitable Funds Act requires that upon request of the solicited party, that I, as a solicitor, deliver to the solicited party a written statement disclosing: (a) the name and location of the charitable organization, (b) a description of the charitable purpose for which the solicitation is made, and (c) a financial statement of the charitable organization disclosing assets, liabilities, fund balances, revenue, and expenses for the preceding fiscal year. This financial statement must be the one most recently submitted to the Office of the Secretary of State.

_____ 21. I understand that violation of one or more provisions of the law as set forth in items #18, #19, and #20 may result in a temporary and permanent injunction against my activities, administrative fines, and may subject me to criminal prosecution.

_____ 22. I understand that copies of the Solicitation of Charitable Funds Act are available to me as well as all other members of the public.

I, the registrant, certify under the penalty of perjury, that I have read and I understand each of the items #18 through #22, and I have initialed each item accordingly.

I CERTIFY THAT THE INFORMATION FURNISHED IN THIS STATEMENT AND ALL ATTACHED SUPPLEMENTARY INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE , INFORMATION AND BELIEF. FURTHERMORE, I AGREE TO FILE A TRUE COPY OF ALL FUNDRAISING AGREEMENTS EFFECTIVE IN THE STATE OF SOUTH CAROLINA WITHIN TEN (10) DAYS AFTER THE CONTRACT IS MADE.

Signature of Applicant

Sworn to and subscribed before me this
day of _____, 20__

Print Name and Title of Applicant

Notary Public

Date Signed: _____

My Commission Expires: _____