



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
CHARITABLE SOLICITATIONS APPLICATION**

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME			
FEIN OR SSN			
PHYSICAL ADDRESS			
CITY	STATE	ZIP	COUNTY
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ()	FAX # ()	E-MAIL	
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Licensing and Registration will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.			
SIGNATURE		DATE	

CHARITABLE SOLICITATIONS PROGRAM

Charitable Organization Application
Required Fee: \$50.00
or \$25.00 if renewal

<input type="checkbox"/>	CHARITABLE ORGANIZATION - NON-PROFIT & TAX-EXEMPT (CO1421)
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Please check appropriate boxes:

<u>Initial License</u>	<u>Renewal</u>
<input type="checkbox"/> Application Fee of \$25	<input type="checkbox"/> Renewal Fee of \$25
<input type="checkbox"/> Initial License Fee of \$25	<input type="checkbox"/> Late Fee of \$50 (if received after 11/30)

Office Use Only:
1421 - \$25.00
1427 - \$25.00
1446 - \$25.00
2090 - \$50.00

<i>Office Use Only:</i>	
Check #	_____
Amount:	_____
Cash #	_____
Lic. #	_____
Issue Date	_____
Exp. Date	_____

PAYMENT OPTIONS:			
Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:			
NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
I authorize the Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my			
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	the following amount: \$ _____	
Card number:	XXXX-XXXX-XXXX-XXXX	Expiration Date	mm / yyyy
SIGNATURE		DATE	

Frequently Asked Questions

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How long does it take to process an application?** You can check our website: www.maine.gov/professionallicensing. Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.

What if I have other questions? Visit our website at: <http://www.maine.gov/pfr/professionallicensing/professions/charitable/organization.htm> or contact Marlene McFadden, Office Specialist I, Tel. 207/624-8624, e-mail: Marlene.McFadden@Maine.gov or Elaine Thibodeau, Program Administrator, Tel. 207/624-8617, e-mail: Elaine.M.Thibodeau@Maine.gov

NOTICE

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.

For Your Information

The State of Maine accepts, and you may submit, either the Unified Registration Statement or this State of Maine Charitable Organization Application.

What is the Unified Registration Statement?

The Unified Registration Statement (URS) represents an effort to streamline the collection of information and data by states that require licensure/registration of nonprofit organizations performing charitable solicitations within their jurisdictions. The National Association of State Charities Officials and the National Association of Attorneys General together have established the Standardized Reporting Project to facilitate and simplify compliance with State laws.

The Unified Registration Statement form and instructions can be downloaded from the following Internet website (Please be sure to complete the entire form.):

<http://www.multistatefiling.org/>

If you decided to use the URS, then please note that --

- The first page of this form should be attached to the front of the URS, and the information on the second page, noted.
- A notarized signature is required.

What is the Charitable Organization Application?

This State of Maine's Charitable Organization Application is an alternative to the Unified Registration Statement. It can be downloaded from the Charitable Solicitations website:

<http://www.maine.gov/pfr/professionallicensing/professions/charitable/>

Application, Renewal, and Annual Fundraising Activity Report forms are available at that site.

Fees

The fees which must accompany either application are:

- New License: \$25 application, \$25 initial license.
- Renewal: \$25 license, \$50 late fee (if applicable -- pertains to renewal within 90 days following the expiration date).
- No fee attaches to the financial report covering the most-recently audited fiscal year.

Definitions

A Charitable Organization must be licensed with this office prior to conducting solicitation activities, or having contributions solicited on its behalf, in the State of Maine. Qualification as a "Tax Exempt Organization" under IRS regulations does not exempt a Charitable Organization from the licensure requirement.

"Charitable Organization" is defined as: "Any person or entity, including any person or entity organized in a foreign state, that is or holds itself out to be organized or operated for any charitable purpose or that solicits, accepts or obtains contributions from the public for any charitable purpose and by any means, including, but not limited to, personal contact, telephone, mail, newspaper advertisement, television or radio. Status as a tax-exempt entity does not necessarily qualify that entity as a charitable organization. A chapter, branch, area office or similar affiliate or any person soliciting contributions for any charitable purpose within the State for a charitable organization that has its principal place of business outside the State is considered a charitable organization. However, an organization established for and serving bona fide religious purposes is not a charitable organization."

"Contribution" is defined as: "The promise or grant of any money or property of any kind or value, including the payment or promise to pay in consideration of a sale, performance or event of any kind which is advertised in conjunction with the name of any charitable organization. This definition does not include:

A. Payments by members of an organization for membership fees, dues, fines or assessments, or for services rendered to individual members, if membership in the organization confers a bona fide right, privilege, professional standing, honor or other direct benefits, other than the right to vote, elect officers or hold offices;

B. Money or property received from any governmental authority; or money or property received from a foundation established for charitable or educational purposes."

Instructions for Application and Renewal

- Licenses will not be issued to prospective licensees who submit incomplete applications, or whose applications omit required documentation. All questions on the application must be answered, and supporting documentation must be provided, where requested. Otherwise, the application will be considered incomplete and returned for completion. If you need additional room to answer a question, then please attach a separate sheet of paper to the application and state on the application that you have done so.
- The principal officer of the organization must sign this document. Signatures must be original, and all applications must be notarized.
- If this is an initial license, or if there have been any changes, please submit a photocopy of the organization's IRS determination letter.
- If your organization contracts with, or otherwise engages the services of, any outside fundraising professional (such as a paid "Professional Solicitor," "Fundraising Counsel," or Commercial Co-venturer"), then attach a list, including their names, addresses (street & P.O.), telephone numbers, e-mail addresses and the physical location of offices used by them to perform work on behalf of your organization. Also include fees, expenses and any other costs paid to the fund-raising professional(s). Each entry must include a simple statement of: services provided, dates of contract, date of campaign/event, whether the professional solicits on your behalf, and whether the professional at any time has custody or control of donations.
- Before you enter into a contract with an entity to provide fundraising services on your behalf in the State of Maine, please confirm that it is properly licensed here. (You can verify the entity's license status at: <http://pfr.informe.org/almsonline/almquery/welcome.aspx?board=4076>.)

It is illegal for a Charitable Organization to enter into a contract with an unlicensed Professional Solicitor, Professional Fundraising Counsel, or Commercial Co-venturer, and doing so could subject you to disciplinary action (9 M.R.S.A., Section 5005-B(3)). Note: An entity that, in exchange for a fee or other compensation, solicits contributions from the public on behalf of a Charitable Organization, exercises custody or control over contributions, or employs someone who does so, must become licensed as a Professional Solicitor, and not as a Professional Fundraising Counsel.

- Licenses expire on 11/30 of each year. If your renewal license application is postmarked after that date, then it will be considered late, and you will be charged a \$50 late fee. This would make the total renewal fee \$75. In this event, you would remain eligible to be considered for renewal only until March 1st, or within the first 90 days after your license has lapsed. During the interim (November 30th to March 1st), you may not conduct activities in Maine. Thereafter, you would be required to make application to become a new licensee, as you would not be eligible for renewal.
- An application for a license or renewal of a license can be denied for fraud, misrepresentation or deception on an application, or for a violation of any provision of the Charitable Solicitations Act or rules adopted under authority of the Act.

Financial Information

The following financial documents should be filed with your renewal application:

- A copy of your most-recent IRS Form 990 and Schedule A or Form 990 EZ; and
- A copy of your organization's audited financial statement for your most-recently audited fiscal year. (Please contact this office if your organization does not have one.)
- Your Annual Fundraising Activity Report ("AFAR") for the previous calendar year should already have been filed by September 30 of the current year. Failure to file it by November 30 will prevent renewal and may result in penalties. You may submit the AFAR and the renewal application together, if you file them by the earlier due date of September 30th.

Regulations

Please read the laws and rules governing Charitable Solicitations prior to submitting your application. These are available at the following website:

<http://www.maine.gov/pfr/professionallicensing/professions/charitable/laws.htm>

REQUIRED INFORMATION

1. License Period of one year to begin on November 30, 20____ and end on November 30, 20____

2. If the Legal Name has changed since prior filings, provide the name previously used:

All other name(s) under which Charity intends to solicit contributions:

3. Does your organization have other offices/chapters/branches/affiliates within the State of Maine?

Yes

No

Contact Person: _____

Street or P. O. Box: _____

City: _____ County: _____

State: Maine Zip Code: _____ - _____

Telephone number(s): _____

Fax number (if available): _____

E-mail (if available): _____

Web site (if available): _____

4. Person having custody of financial records:

Title: _____

Street or P. O. Box: _____

City: _____ County: _____

State: _____ Zip Code: _____ - _____

Telephone number(s): _____

Fax number (if available): _____

E-mail (if available): _____

Web site (if available): _____

5. Fiscal year begins / ends: ____ / ____ / ____ - ____ / ____ / ____

6. Date incorporated: _____ State of incorporation: _____

If not incorporated, indicate legal structure (type of organization), jurisdiction, and date established:

7. Has the organization been granted IRS tax-exempt status?

Yes No

Please specify section of IRS Tax Code under which exempt status was granted, if other than 501 (C) (3): _____

(If this is your initial application for license in Maine as a Charitable Organization, please attach a photocopy of the IRS Determination Letter.)

8. Has your organization been licensed or registered to solicit funds in any other State?

Please attach list.)

Yes No

9. Indicate all methods of solicitation:

Mail Phone E-mail Website Personal Contact Radio/TV Appeals

10. Identify the primary purpose of your organization (check one):

- | | | |
|----|------------------------|--------------------------|
| CH | CHILDREN'S ASSISTANCE | <input type="checkbox"/> |
| CU | CULTURAL | <input type="checkbox"/> |
| ED | EDUCATIONAL | <input type="checkbox"/> |
| EM | EMERGENCY RELIEF | <input type="checkbox"/> |
| EN | ENVIRONMENTAL | <input type="checkbox"/> |
| HE | HEALTHCARE | <input type="checkbox"/> |
| HI | HISTORIC PRESERVATION | <input type="checkbox"/> |
| HU | HUMANITARIAN RELIEF | <input type="checkbox"/> |
| LA | LEGAL ASSISTANCE | <input type="checkbox"/> |
| PH | PHILOSOPHICAL | <input type="checkbox"/> |
| PO | POLITICAL | <input type="checkbox"/> |
| RE | RELIGIOUS | <input type="checkbox"/> |
| SA | SAFETY PROMOTION | <input type="checkbox"/> |
| SP | SPORTS PROMOTION | <input type="checkbox"/> |
| TR | TRAINING & DEVELOPMENT | <input type="checkbox"/> |
| VA | VETERANS' ASSISTANCE | <input type="checkbox"/> |
| WP | WILDLIFE PRESERVATION | <input type="checkbox"/> |
| OT | OTHER | <input type="checkbox"/> |

11. Describe the programs for which funds are solicited. (Attach a separate sheet, if necessary.)

12. On a separate sheet, list the names, titles, addresses (street or P.O. Box), telephone numbers and E mail addresses (if available) of current officers, directors, trustees and principal salaried executive staff officer of your organization.

13. On a separate sheet, list the names, titles, addresses (street or P.O. Box), telephone numbers and E-mail addresses (if available) of individual(s) –

- Responsible for custody of contributions received
- Responsible for final distribution of contributions received

14. Does the organization use volunteers to solicit directly from the public?

Yes No

15. Does the organization use contract professionals (who are not employees) to solicit directly from the public?

Yes No

16. On a separate sheet, list the name and address of any Professional Solicitor, Professional Fund-raising Counsel or Commercial Co-venturer who acts, or will act, on behalf of the organization, and the terms of remuneration for each.

17. Total Dollar Amount received as contributions (as defined on page #4 of this application) in the last fiscal year: \$ _____

18. Has your organization ever been enjoined by any court from soliciting contributions?

Yes * No

19. Has your organization ever been the subject of a criminal conviction?

Yes * No

20. Has your organization ever been the subject of a revocation, suspension or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held by the applicant or licensee?

Yes * No

* If you answered "Yes," to questions 18, 19 or 20, then please attach a detailed explanation and copies of all documents.



Principal Officer(s):

Name (printed / typed)

Name (printed / typed)

Name (signature)

Name (signature)

Title (printed / typed)

Title (printed / typed)

Date

Date

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

Notary Signature

Jurisdiction in which Signed