



State of Maine
 Department of Professional & Financial Regulation
 Office of Professional & Occupational Regulation

CHARITABLE ORGANIZATION 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 Professional & Occupational Regulation 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 SOLICITATION ACT

Charitable Organization Application

Required Fee: \$50.00

CHARITABLE ORGANIZATION (CO1421)

Office Use Only:
 1421 - \$25.00
 1446 - \$25.00

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

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 Professional & Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD the following amount: \$ _____			
<input type="checkbox"/> I understand that fees are non-refundable			
Card number: _____	Expiration Date <i>mm / yyyy</i>		
SIGNATURE	DATE		

List all other names under which Charity intends to solicit contributions:

Date Incorporated:

State of Incorporation:

Fiscal Year: *mm/dd/yyyy* to *mm/dd/yyyy*

Total dollar amount received as contributions in the last fiscal year: \$

Is your organization licensed or registered to solicit funds in any other State?

Yes No If yes, enclose a list of states.

Has your organization been granted IRS tax-exempt status?

Yes No If yes, enclose a copy of the IRS Determination Letter.

Identify the primary purpose of your organization:

CH – Children’s Assistance

CU – Cultural

ED – Educational

EM – Emergency Relief

EN – Environmental

HE – Healthcare

HI – Historic Preservation

HU – Humanitarian Relief

LA – Legal Assistance

PH – Philosophical

PO – Political

RE – Religious

SA – Safety Promotion

SP – Sports Promotion

TR – Training & Development

VA – Veterans’ Assistance

WP – Wildlife Preservation

OT – Other - Describe:

On a separate sheet, list the name, title, address, telephone number and email address of current officers, directors, trustees and principal salaried executive staff officer of your corporation.

See attached

On a separate sheet, list the name, title, address, telephone number and email address of individual(s) responsible for custody of contributions received and final distribution of contributions received.

See attached

Have any of the officers, directors, trustees or principal salaried executive staff of the corporation ever been convicted by any court of any crime?

Yes No If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.

Has the organization ever had any court action taken against it by a licensing, registration or regulatory authority or law enforcement agency in any jurisdiction that resulted in a restraining order, injunction, civil judgment, criminal conviction, consent judgment, consent agreement, agreement to pay restitution or investigative costs or any other type of negotiated disposition:

Yes No If yes, enclose a detailed explanation and copies of all documents.

Has the organization ever been the subject of any disciplinary action taken against it by a licensing, registration or regulatory authority in this or any other jurisdiction?

Yes No If yes, enclose a detailed explanation and copies of all documents.

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

Yes No If yes, complete contact information.

Contact Person

Mailing Address

City

State

Zip

Phone

Fax

E-mail

#()

#()

Website:

Maine Professional Solicitor license number: _____

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

Yes No If yes, complete contact information.

Contact Person

Mailing Address

City

State

Zip

Phone

Fax

E-mail

#()

#()

Website:

IMPORTANT NOTIFICATION: THE STATE OF MAINE DOES NOT ACCEPT THE UNIFIED REGISTRATION FORM (URS). YOU MUST COMPLETE AND SUBMIT THIS FORM TO LICENSE YOUR CHARITABLE ORGANIZATION IN THE STATE OF MAINE.

CHECKLIST:

- ✓ State of Maine Charitable Organization Application Form. Complete every item on the application. Incomplete applications will not be processed. **The State of Maine DOES NOT accept the Unified Registration Form (URS).**
- ✓ Sign and date your application
- ✓ Email address required
- ✓ Include correct amount (payable to Maine State Treasurer) or payable by credit card information (plus signature)
- ✓ On a separate sheet, list the name, title, address, telephone number and email address of current officers, directors, trustees and principal salaried executive staff officer of your corporation
- ✓ On a separate sheet, list the name, title, address, telephone number and email address of individual(s) responsible for custody of contributions received and final distribution of contributions received
- ✓ On a separate sheet, list of States in which your organization is licensed or registered to solicit funds (if applicable)
- ✓ Copy of your Organization's budget for the Current Fiscal Year
- ✓ Make a copy of your application to keep for your records
- ✓ DO NOT SEND CASH.

FAXED OR EMAILED DOCUMENTS WILL NOT BE ACCEPTED. A COMPLETE APPLICATION INCLUDES EVERYTHING ON THIS CHECKLIST. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

STATE OF MAINE – DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION

Mailing Address: 35 State House Station, Augusta, ME 04333
Courier/Delivery Address: 76 Northern Avenue, Gardiner, ME 04345
Phone: (207)624-8603 (TTY users call Maine relay 711) **Fax:** (207)624-8637
Website: www.maine.gov/professionallicensing

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 a.m. to 5:00 p.m. 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 organization's license will show up as PENDING at first. As soon as the status is ACTIVE, your organization is authorized to solicit.

What if I have other questions? Visit our website at <http://www.maine.gov/pfr/professionallicensing/professions/charitable/index.htm> or contact the office at (207) 624-8603, e-mail: charitable.sol@maine.gov.

NOTICE

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRS §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.