



**State of Maine**  
**Department of Professional & Financial Regulation**  
**Office of Professional & Occupational Regulation**  
**CHARITABLE ORGANIZATION**  
**LICENSE APPLICATION**

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME (DBA NAME):			
FEIN OR SSN:			
PHYSICAL ADDRESS:			
CITY	STATE	ZIP	COUNTY
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # (   )	FAX # (   )	E-MAIL	

<b>Charitable Solicitations Act</b>										
<b>Required Fee: \$20.00</b>										
LICENSE TYPE:  <input type="checkbox"/> CHARITABLE ORGANIZATION (CO1421)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;"><b>Office Use Only:</b> 1421 - \$20.00</td></tr></table> <table style="width: 100%;"><tr><td style="text-align: right;"><i>Office Use Only:</i></td><td>Check # _____</td></tr><tr><td style="text-align: right;">Amount:</td><td>_____</td></tr><tr><td style="text-align: right;">Cash #</td><td>_____</td></tr><tr><td style="text-align: right;">Lic. #</td><td>_____</td></tr></table>	<b>Office Use Only:</b> 1421 - \$20.00	<i>Office Use Only:</i>	Check # _____	Amount:	_____	Cash #	_____	Lic. #	_____
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<i>Office Use Only:</i>	Check # _____									
Amount:	_____									
Cash #	_____									
Lic. #	_____									

**PAYMENT OPTIONS:** REV. 01252023

Make checks payable to "Maine State Treasurer" – if you wish to pay by credit or debit card, fill out the following:

NAME OF CARDHOLDER (please print)	
ADDRESS OF CARDHOLDER (please print)	
I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my card the following amount: \$ _____	
<input checked="" type="checkbox"/> <b>I understand that fees are non-refundable</b>	
Card number:	Expiration Date
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?** Due to the Covid-19 pandemic, and until further notice, the Gardiner Annex that houses the Office of Professional and Occupational Regulation and other agencies is closed to the public. OPOR staff members work remotely from 8 am to 5 pm to review and process license applications. We advise you to mail paper applications to 35 State House Station, Augusta, ME 04333
- **Can I come to Gardiner to drop off my application?** No, the Gardiner Annex is closed to the public until further notice due to the Covid-19 pandemic. Please mail your paper application to our mailing address-35 State House Station, Augusta, ME 04333
- **Can I come to Gardiner to pick up my license?** No. Your license will be emailed to you.

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

### NOTICES

**BACKGROUND CHECK:** Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional & Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

**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.

**SOCIAL SECURITY NUMBER:** The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(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 §191.

#### Before you seal the envelope, did you:

- Complete every item on the application
- 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.

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

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Date Incorporated:	State of Incorporation:
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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:

- |   |  |
|---|--|
| <input type="checkbox"/> CH – Children’s Assistance | <input type="checkbox"/> PH – Philosophical          |
| <input type="checkbox"/> CU – Cultural              | <input type="checkbox"/> PO – Political              |
| <input type="checkbox"/> ED – Educational           | <input type="checkbox"/> RE – Religious              |
| <input type="checkbox"/> EM – Emergency Relief      | <input type="checkbox"/> SA – Safety Promotion       |
| <input type="checkbox"/> EN – Environmental         | <input type="checkbox"/> SP – Sports Promotion       |
| <input type="checkbox"/> HE – Healthcare            | <input type="checkbox"/> TR – Training & Development |
| <input type="checkbox"/> HI – Historic Preservation | <input type="checkbox"/> VA – Veterans’ Assistance   |
| <input type="checkbox"/> HU – Humanitarian Relief   | <input type="checkbox"/> WP – Wildlife Preservation  |
| <input type="checkbox"/> LA – Legal Assistance      | <input type="checkbox"/> 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.

<p>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? <b>If yes, enclose a detailed explanation and copies of all documents.</b></p>	<p>[ ] Yes [ ] No</p>
<p>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? <b>If yes, enclose a detailed explanation and copies of all documents.</b></p>	<p>[ ] Yes [ ] No</p>
<p>Does your organization use contract professionals (who are not employees) to solicit directly from the public? <b>If yes, complete contact information below:</b></p>	<p>[ ] Yes [ ] No</p>
<p>Contact Person</p>	
<p>Mailing Address</p>	
<p>City, State, Zip Code</p>	
<p>Phone and Fax number</p>	
<p>Email:</p>	
<p>Maine Professional Solicitor license number:</p>	
<p>Does your organization have other offices/chapters/branches/affiliates within the State of Maine? <b>If yes, complete contact information below:</b></p>	<p>[ ] Yes [ ] No</p>
<p>Contact Person</p>	
<p>Mailing Address</p>	
<p>City, State, Zip Code</p>	
<p>Phone and Fax number</p>	
<p>Email:</p>	
<b>Affirmation</b>	
<p>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 and 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.</p>	
<p>SIGNATURE: _____ DATE: _____</p>	

**Please read the laws governing the licensure and charitable solicitation prior to submitting the application. These are available at the following website:**

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

**Please include the following with your application:**

- 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); and
- Copy of your Organization's budget for the Current Fiscal Year.