North Carolina Department of the Secretary of State Charitable Solicitation Licensing

Fundraising Disclosure Form

for charitable or sponsor organizations

	form of filed with this application
1. Applicant Name:	
2. Contractor Name:	
3. Contractor Street Address:	
4. Contractor Telephone Number:	
5. Contractor Type: Coventure	r
6. Contract Signing/Execution Date:	
7. Contract services Begin Date:	
8. Contract services End Date:	
9. Is this a continuing or multiyear contract?	☐ YES ☐ NO
10. Are North Carolina residents solicited for contributions as	
a direct or indirect result of this contract?	☐ YES ☐ NO
11. Does contract contain salary, rate, or fee terms? If YES, state terms and conditions below:	☐ YES ☐ NO
12. Does contract contain bonus terms? If YES, state terms and conditions below:	☐ YES ☐ NO
13. Does contract contain commission terms? If YES, state terms and conditions below:	☐ YES ☐ NO
14. Does contract contain expenses terms? If YES, state terms and conditions below:	∐ YES ∐ NO
15. Doos contract contain other	□ VEC + □ NO
15. Does contract contain other compensation terms? If YES, state terms and conditions below:	☐ YES ☐ NO
16. Amount of funds received resulting from contract since your last license application filing:	
(For <u>initial</u> applicants: amount of funds received within past fiscal year or past 12 months):	
Answer <u>either</u> or <u>both</u> line items: Gross Amo	ount Received: \$
Net Amount Received: \$	

CSL Contact Information:
Agency Internet Site: www.sosnc.gov Electronic Mail: csl@sosnc.gov Telephone: (919) 814-5400 - Toll free for NC residents: 1-888-830-4989

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