North Carolina Department of the Secretary of State Charitable Solicitation Licensing Division P.O. Box 29622 Raleigh, NC 27626-0622 Telephone: **919-814-5400** 



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1. Application Type: 🔲 Initial 🗌 Rei	newal						
2. Applicant's Full Business Legal Name:			3. Applicant's Principal Telephone Number:				
4. Applicant's Principal Street Address:							
City:		State:		Zip Code:			
5. Applicant's Mailing Address:							
City:		State:	Zip Code:				
6. Applicant's Internet Site Address:			7. Applicant's Cor	ntact Person Email Address:			
8. Legal Form of Applicant's Business:							
Sole Proprietor / Individual Corporation		orporation		General Partnership			
			iability Partnership 🛛 Other				
9. Applicant's State of Establishment:		10.	Applicant's Date of E	stablishment:			
11. For non-NC corporations: Provide eit	ner of the following	to verify the	applicant's current leg	al existence:			
1. Certificate of Existence or Certificate of Good Standing from state of incorporation dated no more than six months prior to date of signing of application, <u>or</u>							
<ul> <li>2. Actual webpage screenshot found on a publicly accessible regulatory authority website dated no more than thirty (30) days prior to the date the license application was signed that includes the following elements: <ul> <li>Exact name of the entity as it appears on the license application; and</li> <li>Language clearly verifying its status as a corporation in good standing in the state of incorporation (i.e. "current" or "active"); and</li> </ul></li></ul>							
<ul> <li>Date the information was printed on the face of the document.</li> <li>For un-incorporated applicants: Provide a copy of your assumed name certificate filed with the register of deeds office, showing the register of deeds' stamp.</li> </ul>							
12. If applicant's principal place of business is located <u>outside</u> North Carolina, ATTACH list of street addresses of any applicant offices ATTACHMENT 12 included? Yes No NC Offices							
13. Are ANY of applicant's' owners, directors, officers, or employees RELATED as parent, spouse, child, or sibling to ANY of applicant's other directors, officers, owners, or employees?							
	If answer is <b>\</b>	/ES, attach	a brief written explan	ation. ATTACHMENT 13 included? 🗌 Yes			
14. Are ANY of applicant's' owners, directors, officers, or employees RELATED as parent, spouse, child, or sibling to ANY officer, director, trustee, or employee of any charitable organization or sponsor under contract with applicant?							
	lf answer is	YES attach	a brief written explai	□ Yes □ No nation ATTACHMENT 14 included? □ Yes			
If answer is YES, attach a brief written explanation ATTACHMENT 14 included? Yes 15. Are ANY of applicant's' owners, directors, officers, or employees RELATED as parent, spouse, child, or sibling to ANY supplier or vendor providing goods or services to any charitable organization or sponsor under contract with the applicant?							
vendor providing goods of services to a	ing chantable org		sponsor under com				
			a brief written explai				
16. Within the last five (5) years, has the applicant, or any of the applicant's directors, officers, employees, agents, or persons with a controlling interest in the applicant: been convicted of ANY felony?							
If answer is YES, a			a brief written explar	nation. ATTACHMENT 16 included?			
17. Within the last five (5) years, has the applicant, or any of the applicant's directors, officers, employees, agents, or persons with a controlling interest in the applicant been convicted of ANY misdemeanor arising from the conduct of a solicitation for ANY charitable organization or sponsor OR charitable or sponsor purpose?							
If answer is YES, a			a brief written explai	☐ Yes ☐ No nation. ATTACHMENT 17 included? ☐ Yes			
18. Within the last five (5) years, has the applicant, or any of the applicant's directors, officers, employees, agents, or persons with a controlling interest in the applicant been enjoined from violating ANY charitable solicitation law in this or ANY other state?							
If answer is YES, attach a brief written explanation.				ATTACHMENT 18 included?			
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Form Issue Date: 10/22/2003 Revised 9/14/2023

19. ATTACH a list of the NAMES and PHYSICAL RESI section must be completed for sole proprietorships, p							
ATTACHMENT 19 included?							
20. ATTACH a list of the NAMES of ALL persons in c	charge of ANY solicitation activity.						
ATTACHMENT 20 included? 🗌 Yes							
21. If Partnership or Corporation, does applicant intend to cover multiple individuals with single license?							
If YES, ATTACH list containing names and street addresses for ALL partners, members, officers, directors, employees, and agents of the applicant, as well as all other individuals contracted to work under applicant's direction.							
ATTACHMENT 21 included?							
22. ATTACH appropriate BOND or other surety required by N.C.G.S. 131F-16(d) in the appropriate amount as follows:							
Contributions received in last fiscal year	Required Bond Amount						
Up to \$100,000	\$20,000						
Up to \$200,000	\$30,000	ATTACHMENT 22 (BOND) included?	□ Yes				
\$200,000 and over	\$50,000	ATTACHMENT 22 (BOND) Included?					
23. Notarization:							
Attach a Signed and Executed Notary Form to this a solicitation license. You may download the Solicito Secretary of State Forms (sosnc.gov)	ATTACHMENT 23 included?	Yes					
24. OPTIONAL APPLICANT/THIRD PARTY CONTACT INFORMATION							
Contact Person Name:	Contact Person Title:	Contact Person Title:					
Contact Business/Firm Name:	Contact Person's Electron	Contact Person's Electronic Mail Address:					
Contact Person's Telephone Number:	Contact Person's Facsimil	Contact Person's Facsimile Number:					

## DOWNLOAD FORM ONLINE AT:

https://www.sosnc.gov/forms/by\_title/\_Charities\_Fundraising\_Consultants\_Solicitors