



**PROFESSIONAL FUNDRAISER / COMMERCIAL CO-VENTURER
REGISTRATION STATEMENT
CONSUMER PROTECTION**

501 Washington Avenue
Post Office Box 300152
Montgomery, Alabama 36130-0152

Telephone: (334) 242-7335
Fax: (334) 353-8400
www.alabamaag.gov

-
1. Identify the legal name of the applicant: _____

 2. Previously registered: Yes No
If yes, identify the Initial Registration Number: _____
 3. Identify all other names under which the applicant does or plans to do business: _____

 4. Identify the principal place of business of the applicant: _____

 5. Identify the mailing address of the applicant: _____

 6. Identify the telephone number of the applicant: _____
 7. Identify the e-mail of the applicant: _____
 8. Identify the website of the applicant: _____
 9. Identify the type of business structure of the applicant: _____

 10. Provide a copy of any articles of incorporation or bylaws adopted by the applicant.
 11. On a separate page, list the names, residential addresses, dates of birth, driver license numbers, and the state where licensed of all owners, directors, and managers of the applicant.
 12. List the address and telephone number for each location in Alabama from which the applicant will solicit funds (attach additional pages if necessary).

Location 1: _____

Location 2: _____

Location 3: _____

13. Describe the type of solicitation programs that will be utilized by the applicant, e.g., personal contact, direct mail, radio, newspaper, television, internet, etc.:

14. Describe the terms under which the applicant will be compensated for its charitable solicitation activities, whether for monetary compensation or other consideration (advertising, gifts, etc).

15. Provide a copy of any contracts for charitable solicitation.

Note: If the answer to any of the following questions is Yes, please attach an explanation setting out the location of the action, the name of the governmental agency that brought the action, and the dates and nature of the action.

16. Has the applicant ever been denied a license or permit to solicit funds? _____

17. Has the applicant ever had a license or permit revoked? _____

18. Has the applicant ever been enjoined or prohibited from soliciting charitable contributions by any governmental agency? _____

19. Have any owners or officers of the applicant ever been convicted of a felony? _____

20. Has the business or any of its owners, directors, or managers ever been the subject of a civil judgment or administrative action for fraud? _____

21. List the name, address, and telephone number of all banks, savings and loan associations, and all other such financial institutions in which the applicant will deposit the funds received, and identify the names in which the funds will be deposited.

1. _____

2: _____

3: _____

22. List the names, addresses, dates of birth, driver license numbers and the state where licensed for any persons who will solicit funds.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

Note: As required by Alabama Code § 13A-9-71(i), all professional fundraisers and commercial co-venturers must, within 90 days of the termination of the contract, file a closing statement with the Attorney General disclosing gross receipts and all expenditures incurred in the performance of the contract.

CERTIFICATION

I, _____,
certify that the information on this document and in any attachments is true and correct. I further certify
that I am authorized to submit this form on behalf of _____.

I also understand that I am under a continuing obligation to notify the Office of the Attorney
General of any change in the information provided.

DATE

SIGNATURE

TITLE

PHONE

This Application must be accompanied by: an annual license fee in the amount of one hundred dollars (\$100). Make check or money order made payable to the Alabama Attorney General's Office. Fee must be paid at the time of registration (and upon annual renewal). Registration will be for the period of one year, or a part thereof, expiring on September 30th of each year. Every registered organization shall notify the Attorney General within 10 days of any change in the information submitted herein.

STATE OF _____)
_____ COUNTY)

Before me, the undersigned authority, a Notary Public, in and for said State and County, personally appeared _____, who, after being first duly sworn before me, deposes on oath and says that he/she has read this instrument, has been advised of and understands its nature and effect, and that the facts contained therein are true and correct to the best of his/her knowledge and belief.

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

[Notary Seal]

NOTARY PUBLIC _____

My Commission Expires: _____