



**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) 242-2433  
www.alabamaag.gov

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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: \_\_\_\_\_