



Secretary of State of the State of Arkansas

FUND-RAISING COUNSEL ANNUAL APPLICATION FOR REGISTRATION

Pursuant to Ark. Code Ann. §§ 4-28-401 through 416, Arkansas law requires fund-raising counsel to register with the Secretary of State. Fund-raising counsel is defined by Ark. Code Ann. § 4-28-401(6) as any person who, under a written agreement, plans, conducts, manages, carries on, advises, or acts as a consultant in connection with the solicitation of contributions on behalf of a charitable organization, but who does not actually solicit contributions. Registration is only valid for one year but may be renewed for additional one-year periods with the filing of a new application and fee. This form and all required attachments must be submitted at least 15 days prior to commencing performance on the contract.

The following must be included with the submission of this application:

1. A fee of \$100.00 made payable to Office of the Secretary of State; and
2. An executed Consent for Service (Form FC-02), if applicable.

You are obligated to update or revise any material change in the information submitted to the Secretary of State not more than 30 days after the change occurs. Changes or updates should be submitted on this form.

This form and all attachments should be submitted via email to charities@sos.arkansas.gov. Incomplete submissions will not be accepted.

If you have questions or inquiries, please contact us via email at charities@sos.arkansas.gov, via phone at (501) 683-0094, or via mail to Arkansas Secretary of State, Business and Commercial Services, ATTN: Charities Registration, 1401 W. Capitol, Suite 250, Little Rock, AR 72201.

Section I. Organization Information

Federal EIN

Legal Name

Any Previous Legal Name(s)

Mailing Address

City

State

Zip

Physical Address (if different from mailing)

City

State

Zip

Web Address

Telephone Number

Fax Number

Designated Contact for Correspondence

Designated Contact's Phone Number

Designated Contact's Email Address

State of Incorporation

Date of Incorporation or Establishment

____/____/____

Names of any programs or promotions by which you are or have ever been known:

Other names, aliases, or fictitious names by which you are or have ever been known:

Section II. Regulatory Compliance and Ownership Information

In what other states have you acted or are acting as a fund-raising counsel?

Have you ever had your registration denied, suspended, revoked, or enjoined by any governmental authority or any court?

Yes No If yes, please attach a copy of any such judgment, notice, or order.

Have you ever been sued for fund-raising-related activities?

Yes No If yes, please attach a copy of any applicable complaint, judgment, notice, or order.

Have you ever entered into, or been subject to, any assurance of voluntary compliance, cease and desist order, or settlement with a governmental entity?

Yes No If yes, please attach a copy of any such document.

If you are an individual, have you ever been charged, arrested, or convicted of a crime other than a traffic violation?

Yes No If yes, in what jurisdiction?

Have any officers, directors, partners, managers or you ever been sued for fund-raising-related activities?

Yes No If yes, please attach a copy of any applicable complaint, judgment, notice, or order.

Have any officers, directors, partners, managers or you ever entered into, or been subject to, any assurance of voluntary compliance, cease and desist order, or settlement with a governmental entity?

Yes No If yes, please attach a copy of any such document.

Have any officers, directors, partners, managers or you ever been charged, arrested, or convicted of a crime other than a traffic violation?

Yes No If yes, please list the name of the individual and in what jurisdiction.

You are required to provide the names, addresses, telephone numbers, dates of birth, and percentage of ownership interest for all , owners, officers, directors, partners, managers, and supervisors of the applicant on a separate sheet of paper.

You are required to provide the names, addresses, and telephone numbers of all employees and agents who are actively involved in fund-raising or related activities on behalf of the applicant on a separate sheet of paper.

AFFIRMATION

I swear and/or affirm, under penalty of law, that the foregoing representations are true and accurate.

Date

Name of Fund-raising Counsel

By: _____
Signature

Printed Name Title

NOTARY

STATE OF _____)
) SS.
COUNTY OF _____)

Subscribed and sworn to, before me, a Notary Public in, and for, said County and State, this _____ day
of _____, 20____.

My Commission Expires:

____/____/____

Signature of Notary Public

County of Residence

Printed Name

STAMP or SEAL: