

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Department of Business Regulation
CHARITABLE ORIGINATION SECTION
1511 Pontiac Avenue
John O. Pastore Complex BLDG 69-1
Cranston, RI 02920

APPLICATION FOR FUNDRAISING COUNSEL

**FILINGS MUST BE SUBMITTED ON
CD-ROM. WE NO LONGER ACCEPT PAPER FILINGS**

E-mail Address _____

INITIAL APPLICATION

EIN #: _____

RENEWAL APPLICATION

ANNUAL EXPIRATION: JUNE 30TH

ANNUAL FEE: \$240.00

CHECKS PAYABLE TO: GENERAL TREASURER STATE OF RI

1. NAME OF ORGANIZATION: _____

2. ADDRESS: _____

3. DATE/PLACE OF ORGANIZATION: _____

4. FORM OF ORGANIZATION: _____

5. SUBMIT COPIES OF ALL CONTRACTS WITH CHARITABLE ORGANIZATIONS.

(Must be submitted within ten (10) days after signing, pursuant to R.I.G.L. 5-53.1-9)

6. ATTACH NAMES AND ADDRESSES OF ALL OFFICERS, AGENTS & EMPLOYEES.

7. CONTACT PERSON AND MAILING ADDRESS: _____

8. HAS APPLICANT'S LICENSE OR REGISTRATION BEEN SUSPENDED OR CANCELED BY ANY GOVERNMENTAL AGENCY.

YES ____ NO ____

IF YES, PLEASE DESCRIBE: _____

9. HAS ANY DIRECTOR, OFFICER, MEMBER, TRUSTEE, PARTNER, SENIOR LEVEL EXECUTIVE, EMPLOYEE, OR SUBCONTRACTOR OF THE FUNDRAISING COUNSEL BEEN CONVICTED OF A FELONY, PLED NOLO CONTENDERE TO A FELONY CHARGE, OR BEEN HELD LIABLE IN A CIVIL ACTION INVOLVING FRAUD, EMBEZZLEMENT, FRAUDULENT CONVERSION OR MISAPPROPRIATION OF PROPERTY?

YES _____ NO _____

IF YES, PLEASE PROVIDE DETAILS:

10. SUBMISSION OF TAXPAYER STATUS AFFIDAVIT (ATTACHED TO APPLICATION AS EXHIBIT 1)

I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE READ THIS APPLICATION AND KNOW THAT ALL STATEMENTS THEREIN ARE TRUE

(Signature)

(Date)

(Print Name, title and Phone Number)

NOTARY:



State of Rhode Island and Providence Plantations
Department of Business Regulation
Securities Division
 1511 Pontiac Avenue
 John O. Pastore Complex – Building 69-1
 Cranston, RI 02920

TEL: (401) 462-9527
 FAX: (401) 462-9645
 TDD: 711
 www.dbr.state.ri.us

EXHIBIT 1

MANDATORY ADDENDUM TO LICENSE APPLICATION
Tax Payer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (herein after called “licensee”) to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL §5-76-2) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number, or Federal Tax Identification Number (for businesses) as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license.

PLEASE CHECK ONE BOX ONLY, EVEN IF YOU HAVE NEVER BEEN EMPLOYED IN RHODE ISLAND.

Licensee Declaration

- I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.
- I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.
- I am currently pursuing administrative review of taxes owed to the state.
- I am in federal bankruptcy. (Case # _____)
- I am in state receivership. (Case # _____)
- I have been discharged from Bankruptcy. (Case # _____)

 Type of Professional/Business License for which you are applying

 Full Name (Please Print or Type)

 Social Security Number (or FEIN for Business)

 Signature

 Phone Number (including area code if not 401)

 Date

 Name of Business (If Applicable)

NOTE: This form must be completed, signed and attached electronically to your application in order for us to begin processing. Please call the Department with any questions.