SOUTH CAROLINA
SECRETARY OF STATE

PUBLIC CHARITIES DIVISION

REGISTRATION APPLICATION
PROFESSIONAL FUNDRAISING COUNSEL

Filing Instructions

- **All lists, attachments and documents requested in this application must accompany the application or it will be returned for correction—they are not optional.**
- **This application must be signed by the CEO/President and CFO/Treasurer. If the persons signing this form are not listed as currently holding those positions, this form will be returned for correction.**
- **Include the $50.00 filing fee, payable to South Carolina Secretary of State, with this application.**
- Please contact our office with any questions regarding this form at 803-734-1790 or charities@sos.sc.gov.
- Mail to: South Carolina Secretary of State, Public Charities Division, 1205 Pendleton St., Suite 525, Columbia, SC 29201.

Check one: [ ] **Initial Registration** [ ] **Renewal** **Fundraiser ID:** _____ **(Renewal only)**

1. Legal Name of Fundraising Company: _____
   A. DBA (if applicable): _____
   B. EIN: _____--_____
   C. Physical Address: _____
   D. Mailing Address (if different): _____
   E. Phone Number: _____
   F. E-mail: _____
   G. Website: _____
2. Please provide a contact person for the company:

   _____
   Name Title

   _____
   Address, City, State, Zip Code

   _____
   Daytime Phone Email

3. Solicitor company is operating as:

   [ ] Individual [ ] Sole Proprietor [ ] Corporation [ ] Partnership [ ] Other: _____

   **** Companies who have a principal place of business outside the state of South Carolina, who do not have a registered agent in South Carolina, may elect to use the Secretary of State for its registered agent.**

   _____
   Name

   _____
   Street Address (PO Box cannot be accepted) City State Zip Code

   Organized in the State of: _____ Date organized: _____

4. Please provide a list of all charitable organizations for which you have an active contract in South Carolina.
5. Please provide a list of all current officers and directors, along with their addresses and phone numbers.
6. Please provide a list of all officers, directors, individual owners or partners for the preceding three years.
7. Please provide a list of all employees, their job titles, and whether full time, part-time, or contracted.
8. Please attach a list of all charitable organizations with which you have contracted in the State of South Carolina for the previous three years.
9. Are you currently registered in any other state as a Professional Fundraiser, Professional Solicitor, or a Professional Fundraising Counsel? ____No ____ Yes **If yes, provide a list of all states where registered.**
10. Do you ever have custody of contributions or any financial records of contributions of the charitable organization with which you are contracted?____No ____ Yes **If yes, provide a list of individuals who serve as couriers or employees to personally collect contributed funds from solicited parties.**
11. Is any principal officer, director, owner or partner of the applicant also an officer, director, board member, shareholder, owner or partner of any nonprofit or charitable organization? ____No ____ Yes **If yes, provide a full description.**
12. Has the applicant, or its directors, principal officers, individual owners, or partners been the subject of a legal or administrative action, including an injunction concerning a charitable solicitation, fundraising campaign, or campaign with a commercial co-venturer by another local, state, or federal governmental authority including, but not limited to registration or license revocation or denial, fines, injunctions, suspensions, or voluntary agreement to discontinue any charitable solicitation activity? ____No ____ Yes **If yes, provide a full description.**
13. Has the applicant, or its directors, principal officers, individual owners, or partners been the subject of a criminal conviction, including guilty or nolo contendere pleas, involving any charitable solicitations act, fraud, dishonesty, or false statement in a jurisdiction within the United States? ____No ____ Yes **If yes, provide a full description and the date of any such conviction.**
14. Are any of the officers, directors, trustees, or board members of the professional fundraising counsel or professional solicitor applicant related to each other? ____No ____ Yes **If yes, provide a full description.**
15. Are any of the officers, directors, trustees, or board members of the professional fundraising counsel or professional solicitor applicant related to any director, agent, or employee of a charitable organization under contract with the professional fundraising counsel or solicitor? ____No ____ Yes **If yes, provide a full description.**

I certify that the information furnished in this application and all attached supplementary information is true and correct to the best of my knowledge, information and belief. I understand that the giving of false or incorrect information may constitute a misdemeanor carrying a penalty upon conviction of a fine of not more than two thousand dollars ($2,000.00) or imprisonment for not more than one year, or both, for a first offense. A second or subsequent offense may constitute a felony carrying a penalty upon conviction of a fine of not more than five thousand dollars ($5,000.00) or imprisonment of not more than five years, or both.

CHIEF FINANCIAL OFFICER / TREASURER	**CHIEF EXECUTIVE OFFICER / PRESIDENT**
_____	_____
Print Name	Print Name
_____	_____
Signature Date	Signature Date
_____	_____
Mailing Address	Mailing Address
_____	_____
City, State, Zip	City, State, Zip
_____	_____
Phone Number	Phone Number