

NED PETTUS, JR.
Director

GENERAL APPLICATION – CHARITABLE SOLICITATIONS

Dear Applicant:

Enclosed is the application for a Charitable Solicitations Permit. It is being sent to you in response to your request, or because your current permit will expire within forty-five (45) days. If you intend to continue charitable solicitations in the City of Columbus the attached permit is required.

Please be advised that **ALL QUESTIONS ON THE APPLICATION MUST BE ANSWERED IN FULL**. If not applicable, please indicate so. If your application is incomplete when received, **IT WILL BE RETURNED TO YOU FOR COMPLETION**. This could delay approval beyond the date of your planned event.

The application has been revised and is no longer in the format you are familiar with. Please make sure to read the new application thoroughly when completing. Attached to the application are the financial information pages. These forms are to be completed from your 990 or 990-EZ, also included is a report for those that are not required to file with the IRS. You **MUST** complete the appropriate form for your organization.

The purpose of this format is to enable the Charitable Solicitations Board to determine the percentage of expenses spent for the Program Services in regards to the specific charitable purpose. Copies of your prior year IRS Form 990, current year income forecast, and outside auditor's report, if applicable, must be attached to your application.

To avoid delay in processing, please ensure your completed application, **a self-addressed stamped envelope**, all required documentation, and payment of \$50.00 – by check or money order, made payable to the City Treasurer-License Section -- is submitted to the City License Section **thirty (30)** days prior to the start of your fund-raising campaign, or at the end of your current permit period.

Please remit to:

Columbus Charitable Solicitations Board
License Section – South Entrance
750 Piedmont Road
Columbus Ohio 43224

If you have any questions, please contact Sagan Puleo at 614-645-7971.

Sincerely,



Sagan Puleo
License Officer



CHARITABLE SOLICITATIONS INFORMATION SHEET

REQUIREMENTS

The following documentation and attachments are required in addition to and will not be accepted in lieu of a completed application.

- Completed and Notarized Charitable Solicitations Application (Attached)
- Proof of Registration with the State of Ohio, Attorney General's Office
- Proof of Registration with the State of Ohio, Secretary of State's Office
- Employer Identification Number
- Your most recent complete IRS 990, or 990-EZ, along with your 8868 Extension Letter and Approval Letter of the extension from the IRS. (If 990 or 990EZ is not required by the IRS, a balance and summary sheet is required with the financial report)
- Copy of most recent contract(s) if using a Professional Fundraiser or Solicitor.
- The original or a copy of the expired permit/license (Renewals Only)
- Self-addressed stamped envelope
- Check or money order for \$50.00 made payable to City Treasurer – License Section

New Charitable applicant must submit in addition to the above:

- Copy of your IRS 501(C) Determination Letter
- Articles of Incorporation

PRICING

- Application Fee – \$10.00
- Charitable Solicitations License Fee – \$40.00

OFFICE USE ONLY

License # _____

Issue Date _____

Expiration Date _____

DEPARTMENT OF PUBLIC SAFETY
LICENSE SECTIONDEPARTMENT OF
PUBLIC SAFETY**CHARITABLE SOLICITATIONS
APPLICATION**
 NEW **RENEWAL**
ORGANIZATION INFORMATION

Full Official Name:

EIN:

Street Address:

City:

State:

Zip:

Phone:

Email:

If above address is not in the City of Columbus, please give Columbus address: (If applicable)

Street Address:

City:

State:

Zip:

Phone:

Email:

Name(s) under which contributions will be solicited, if different than official name:

1.

2.

3.

4.

If so, give reason(s) for use(s) of other name(s):

IF ORGANIZATION IS A CORPORATION

How incorporated?

(i.e., filing Articles of Incorporation or by Special Legislative Act) (Attach a copy)

State of Incorporation:

Date of Incorporation:

Citation of Special Act, if any:

IF ORGANIZATION IS AN UNINCORPORATED ASSOCIATION

Method of Establishment:

(i.e., Formal Instrument, Adoption of Constitution, Instrument Creating a Trust or other method) (Attach copy)

Place of Establishment:

Date of Establishment:

IF ORGANIZATION IS A PARTNERSHIPDate of Adoption of Partnership Agreement:
(Attach copy)

Place of Establishment:

Public Office in which partnership is registered:

IF ORGANIZATION IS AN INDIVIDUALMethod of Establishment:
(Attach a copy)

Place of Establishment:

Date of Establishment:

Public Office in which partnership is registered:

IF THE ORGANIZATION IS A CHAPTER, BRANCH, DIVISION OR OTHER AFFILIATE OF ANOTHER ORGANIZATION, GIVE THE NAME AND ADDRESS OF PARENT ORGANIZATION AND INDICATE IF FUNDS ARE TRANSFERRED TO THE PARENT OR AFFILIATE.

Name:

Address:

City:

State:

Zip:

National Affiliate Identification #:

Were there funds transferred? Yes No

If yes, please give amount or percentage:

PERSONNEL INFORMATION

Please provide us with the person in charge of solicitations:

Full Name:

Phone:

Email:

List the Names of Officers, Directors, Trustees, and/or Executive Personnel
(If list exceeds space allotted, please attach a document)

1. Full Name:

Title:

Phone:

Email:

2. Full Name:

Title:

Phone:

Email:

3. Full Name:

Title:

Phone:

Email:

4. Full Name:

Title:

Phone:

Email:

Give the general purposes for which the organization was created, including the purpose clause contained in the corporate charter or the constitution of an unincorporated association:

Empty space for providing general purposes.

Set out exactly and in detail how the contributions will be used:

Empty space for detailing contribution usage.

List Professional Fundraisers and solicitors who will act on behalf of the organization. Each Professional Fundraiser and solicitor is required to be registered with the State of Ohio and licensed to solicit donations in the City of Columbus: (Attach copies of contracts)

1. Name: Phone:

Address:

City: State: Zip:

2. Name: Phone:

Address:

City: State: Zip:

Set out exactly and in detail the arrangements for salary, bonus, commission, and/or compensation to be paid to each fundraiser and solicitor listed: (Attach copies, if needed)

Empty space for detailing compensation arrangements.

For what purposes were potential contributors or purchasers told the proceeds would be used? (Please be exact and specific) (If written instructions were given to those making contact with the public, please attach a copy)

Empty space for detailing purposes of proceeds.

Set out exactly and in detail the fundraising methods to be used: (i.e., door-to-door, direct mail, telephone, sale of merchandise, dinner, raffle)

Empty space for detailing fundraising methods.

State the period of time during which the solicitation(s) are to be conducted. Permits are granted on a one-year basis unless stated otherwise:
The Columbus City Code required registration with the State of Ohio. Are you currently registered with the State of Ohio under the provisions of Section 1716.02 of the Ohio Revised Code? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, registration #/EIN:
Were the financial statements for this organization reviewed or audited by an independent public accountant for the most recent fiscal year? (If yes, attach a copy of audit) <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, has the audited financial report been distributed to the organization's governing board? <input type="checkbox"/> Yes <input type="checkbox"/> No
Were any penalties, fines or judgments paid in this or any other state during the immediate past licensure period, or are any owed, or was any court action entered against this organization? (If yes, attach an explanation and specify the amounts involved) <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the organization or a director, trustee, officer or employee thereof, ever been enjoined or convicted by any court in connection with the administration or charitable funds; or has this organization's right to solicit funds ever been suspended, revoked or denied in any jurisdiction? (If yes, please attached a copy of explanation) <input type="checkbox"/> Yes <input type="checkbox"/> No
Was this organization a party to any transaction in which one or more of its trustees, officers, or directors had a material financial interest? (If yes, please attached a copy of explanation) <input type="checkbox"/> Yes <input type="checkbox"/> No
Was any property of this organization used for non-charitable purposes or for any purpose not permitted by its governing documents? (If yes, please attached a copy of explanation) <input type="checkbox"/> Yes <input type="checkbox"/> No
Is any property of this organization held in the name of, or commingled with the property of any other person or organization? (If yes, please attached a copy of explanation) <input type="checkbox"/> Yes <input type="checkbox"/> No
Does this organization send out unordered merchandise as part of its fundraising? (If yes, please attached a copy of explanation) <input type="checkbox"/> Yes <input type="checkbox"/> No
Does this organization regularly solicit salvage; is it party to a contract involving the solicitation of salvage; or does it sell salvage in a thrift store? (If yes, please attached a copy of explanation) <input type="checkbox"/> Yes <input type="checkbox"/> No

PER REGULATIONS SET IN COLUMBUS CITY CODE 501.05(E), THE LICENSE SECTION HAS THE POWER TO MAKE RULES REGARDING THE "QUALIFICATIONS OF THE APPLICANTS AND THE CONDITIONS PRECEDENT THE APPLICANTS MUST MEET PRIOR TO THE ACQUISITION OF LICENSES." FOLLOWING THIS DIRECTION, ALL APPLICANTS MUST BE ABLE TO READ, SPEAK, AND COMPREHEND THE ENGLISH LANGUAGE IN ORDER TO OBTAIN A VALID LICENSE. BY INITIALING ON THE LINE BELOW YOU AGREE THAT YOU ARE ABLE TO FULFILL THIS REQUIREMENT.

_____ INITIAL

ALL INFORMATION CONTAINED IN THE APPLICATION IS SUBJECT TO DISCLOSURE AS A MATTER OF PUBLIC RECORD. ANY FALSE STATEMENT MADE OR GIVEN IN THE APPLICATION SHALL RESULT IN THE DENIAL OF THE APPLICATION OR FUTURE REVOCATION OF THIS LICENSE. APPLICANT MAY ALSO BE REFERRED FOR CRIMINAL PROSECUTION.

State of Ohio, County of Franklin

_____, being duly sworn, deposes and he or she is the individual
(Print Applicant's Name)

making the foregoing application; that he or she is knowledgeable with respect to that which is to be licensed; and that the answers to the foregoing questions and other statements contained herein are true of his or her own knowledge and belief.

(Applicant's Signature)

Sworn to before me and subscribed in my presence this _____ day of _____, 20_____.

Notary or Agent of Direct of Public Safety

Must be SIGNED, DATED, and NOTARIZED.

**FORM TO BE COMPLETED BY APPLICANTS THAT FILE IRS TAX FORM 990.
USE THE SAME GENERAL INSTRUCTIONS THAT YOU APPLY TO FORM 990.**

FINANCIAL REPORT				
	LAST FISCAL YEAR ACTUAL RESULTS		FORECAST FOR UPCOMING FISCAL YEAR	
REVENUE	YEAR:		YEAR:	
1) Contributions and Grants (p. 1, line 8, current year)				
2) Program Service Revenue (p. 1, line 9, current year)				
3) Investment Income (p. 1, line 10, current year)				
4) Fundraising Events				
a) Gross Income (p. 9, line 8a)				
b) Direct Expenses (p. 9, line 8b)				
c) Net Income/(Loss) from Fundraising Events (p. 9, line 8c)				
5) Gaming Activities				
a) Gross Income (p. 9, line 9a)				
b) Direct Expenses (p. 9, line 9b)				
c) Net Income/(Loss) from Gaming Activities (p. 9, line 9c)				
6) Other Revenue (p. 1, line 11, current year)				
7) TOTAL REVENUE (p. 1, line 12, current year)				
EXPENSE				
8) Program Service Expenses (p. 10, line 25, column B)				
9) Management & General Expenses (p. 10, line 25, column C)				
10) Professional Fundraising Fees (p. 10, line 11e, column D)				
11) Fundraising Expenses (p. 10, line 25, column D)				
12) TOTAL EXPENSES (p. 10, line 25, column A)				
13) PERCENT of Total Expenses for Program Services (Divide line 8 by line 12)				

Attach copies of:

Outside Auditor's Report (if available)
Copy of most recent Tax Form 990 filed with the IRS

**FORM TO BE COMPLETED BY APPLICANTS THAT FILE IRS FORM 990-EZ.
USE THE SAME GENERAL INSTRUCTIONS THAT APPLY TO FORM 990-EZ.**

FINANCIAL REPORT				
	LAST FISCAL YEAR ACTUAL RESULTS		FORECAST FOR UPCOMING FISCAL YEAR	
REVENUE	YEAR:		YEAR:	
1) Contributions, Gifts and Grants (p. 1, line 1)				
2) Program Service Revenue (p. 1, line 2)				
3) Membership Dues (p. 1, line 3)				
4) Gaming and Fundraising Events				
a) Gross Income from Gaming (p. 1, line 6a)				
b) Gross Income from Fundraising (p. 1, line 6b)				
c) Direct Expense from Gaming & Fundraising (p. 1, line 6c)				
d) Net Income from Special Events (p. 1, line 6d)				
5) TOTAL REVENUE (p. 1, line 9)				
EXPENSE				
6) Program Service Expenses (p. 2, line 32)				
7) Management and General Expenses*				
8) Fundraising Expenses *				
9) TOTAL EXPENSES (p. 1, line 17)				
10) PERCENT of Total Expenses for Program Services (Divide line 6 by Line 9)				

***Allocate Management and General Expenses and Fundraising Expenses by following the instructions for IRS Tax Form 990 Part IX- Statement of Functional Expenses.**

Attach copies of:

Outside Auditor's Report (if available)
Copy of most recent Tax Form 990-EZ filed with the IRS

**FORM TO BE COMPLETED BY APPLICANTS THAT DO NOT FILE AN IRS TAX FORM OR
THOSE WHO FILE A 990-N.**

FINANCIAL REPORT				
	LAST FISCAL YEAR ACTUAL RESULTS		FORECAST FOR UPCOMING FISCAL YEAR	
REVENUE	Year:		Year:	
1) Contributions, Gifts and Grants				
2) Program Service Revenue				
3) Membership Dues				
4) Special Events & Activities				
a) Gross Event Revenues				
b) Direct Event Expenses				
c) Net Income from Special Events				
5) All Other Revenue				
6) TOTAL REVENUE				
REVENUE				
7) Program Service Expenses				
8) Management and General Expenses				
9) Fundraising Expenses				
10) Payments to Affiliates				
11) All Other Expenses				
12) TOTAL EXPENSES				
13) PERCENT of Total Expenses for Program Services (Divide Sums of Lines 7 & 10 by Line 12)				

Attach copies of:

- Outside Auditor's Report (if available)
- Financial Report containing prior year and current year forecast/budget
- Prior year and current year balance report