

PROFESSIONAL FUNDRAISER INFORMATION SHEET

REQUIREMENTS

- Completed Professional Fundraiser Application (Attached)
- Results of Activity Form (Attached – Renewals Only)
- Articles of Incorporation (New Applicants Only)
- \$5,000.00 Bond (Attached)

The applicant shall file and maintain, thereafter, with the City of Columbus License Section a bond in the aggregate sum of five thousand dollars (\$5,000.00) payable to the City of Columbus for the use and benefit of interested persons and parties, executed by the professional fundraiser applicant and by two (2) or more responsible sureties, or a surety company authorized to do business in the state of Ohio as required by Section 525.21 of the Columbus City Code.

- A list of all current organizations for whom you actively solicit donations from the residence and businesses in the City of Columbus; as well as current contracts, including any telephone dialogue that will be used.
- A detailed statement of the general plan, character and method in or by which the applicant proposes to conduct its business as a Professional Fundraiser.
- Your permit will be emailed to the email listed on the application.

- **Application Fee – \$20.00**
- **Professional Fundraiser Fee – \$150.00**

Make checks payable to the City Treasurer - License Section

SUBMIT THE ABOVE REQUIRED INFORMATION TO:

**Department of Public Safety
License Section
4252 Groves Rd
Columbus, OH 43232
Phone: 614-645-8366**

OFFICE USE ONLY

License # _____

Issue Date _____

Expiration Date _____

DEPARTMENT OF PUBLIC SAFETY
LICENSE SECTIONDEPARTMENT OF
PUBLIC SAFETY**PROFESSIONAL
FUNDRAISER
APPLICATION**Any license issued hereunder expires January 1st following the issuance of said license.**ORGANIZATION INFORMATION**

Official Name:

EIN:

Street Address:

City:

State:

Zip:

Email:

Phone:

List all names under which the applicant has contracted with a charitable organization for promotion of charitable solicitations, if different from official name.

1.

2.

What is the reason for use of other name?

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

1. Full Name:

Title:

Residential Address:

City:

State:

Zip:

Phone:

Email:

2. Full Name:

Title:

Residential Address:

City:

State:

Zip:

Phone:

Email:

Has the applicant or any of its officers been convicted of a theft offense in the past five (5) years?

Yes No

If yes, list convictions below:

1.

2.

3.

4.

Is the Organization currently registered as a Professional Fundraiser with the State of Ohio as required by Section 1716.07 of the Ohio Revised Code? <div style="text-align: center; margin-top: 5px;"> Yes No </div>	
If yes, Registration #: _____	
Is said Organization currently under court order, enjoining from acting as a Professional Fundraiser, or currently prevented from action as a Professional Fundraiser under those terms of a decree of agreement with any State or Local agency? <div style="text-align: center; margin-top: 5px;"> Yes No </div>	
You must attach a detailed statement of the general plan, character, and method in or by which the applicant proposes to conduct its business as a Professional Fundraiser.	
PERSON IN CHARGE OF PROFESSIONAL FUNDRAISER	
Full Name:	Title:
Phone:	Email:
FURTHER ORGANIZATION INFORMATION	
IF ORGANIZATION IS A CORPORATION	
How incorporated? <small>(eg., Articles of Incorporation, Special Legislative Act) (Please, attach a copy)</small>	
State of Incorporation:	Date of Incorporation:
IF ORGANIZATION IS AN UNINCORPORATED ASSOCIATION	
Method of Establishment: <small>(eg., formal instrument, adoption of constitution, instrument creating a trust) (Please, attach copy(s) of documents)</small>	
Place of Establishment:	Date of Establishment:
IF ORGANIZATION IS A PARTNERSHIP	
Date of Partnership Agreement: <small>(Please, attach a copy)</small>	
Place of Establishment:	
Public Office in which partnership is registered:	
IF ORGANIZATION IS AN INDIVIDUAL	
Method of Establishment: <small>(Attach a copy)</small>	
Place of Establishment:	Date of Establishment:
Public Office in which partnership is registered:	
If Applicant is a Division, Subsidiary, or Affiliate of another Organization, fill out the following:	

Organization Name:		
Street Address:		
City:	State:	Zip:
Phone:	Email:	
Alternate Contact Information:		
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.		
<p>State of _____, County of _____</p> <p>_____, being duly sworn deposes and says he/she is the individual making <small>(Print Transferee's Name)</small></p> <p>the foregoing application; that he/she is knowledge able 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/her own knowledge and belief.</p> <p style="text-align: right;">_____ <small>(Transferee's Signature)</small></p> <p>Sworn to before me and subscribed in my presence this _____ day of _____, 20_____.</p> <p style="text-align: center;">_____ <small>Notary or Agent of Director of Public Safety</small></p>		

“RESULTS OF ACTIVITY” FORM

Please complete this information for each Charitable Organization you solicited for within
the City of Columbus, Ohio.

NAME OF CLIENT: _____

PERMIT YEAR: _____

TOTAL AMOUNT RAISED: _____

FEES/EXPENSES CHARGED: _____

NET PROCEEDS TO CLIENT: _____

NAME OF CLIENT: _____

PERMIT YEAR: _____

TOTAL AMOUNT RAISED: _____

FEES/EXPENSES CHARGED: _____

NET PROCEEDS TO CLIENT: _____

NAME OF CLIENT: _____

PERMIT YEAR: _____

TOTAL AMOUNT RAISED: _____

FEES/EXPENSES CHARGED: _____

NET PROCEEDS TO CLIENT: _____

NAME OF CLIENT: _____

PERMIT YEAR: _____

TOTAL AMOUNT RAISED: _____

FEES/EXPENSES CHARGED: _____

NET PROCEEDS TO CLIENT: _____

Submitted by Professional Fundraiser: _____

BOND FOR PROFESSIONAL FUNDRAISER
(Section 252.21 Columbus City Code)

Know all persons by these presents that we, the following named Professional Fundraiser:

_____ located at _____ as principle
and we the following insurer _____ located at
_____ as surety are held and firmly bound unto the City of Columbus, and any
person sustaining injury through the action of said professional fundraiser with the City of Columbus in the sum of
Five Thousand Dollars (5,000.00), lawful money of the United States for the payment of which will and truly be
made, we, and each of us, bind ourselves, our heirs, executors, administrators, successors, and assigns jointly and
severally, firmly by these presents.

The conditions of the above obligation are such that whereas the above names principal has made application to
the City of Columbus, Ohio License Section to register as a professional fundraiser for the period ending
_____, 20_____. In accordance with the provisions of said Sections 525.01 and
252.22, Columbus City Code: and, particularly shall execute all contracts with person required to register as
provided in Section 1716.08 Revised Code, in writing: and shall keep on file true and current copies of said
contracts for a period of three years from the date of the report of the solicitation filed by such persons under the
provisions of Section 1716.11, Revised Code, then this obligation shall be void, otherwise to remain in full force
and effect.

Signed and Sealed at (City) _____, (State) _____, this
_____ day of _____, 20_____.

Surety Company

Principle

