

## **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.
- Self-addressed stamped envelope

- **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**

<b>OFFICE USE ONLY</b>
License # _____
Issue Date _____
Expiration Date _____

DEPARTMENT OF PUBLIC SAFETY  
LICENSE SECTION



DEPARTMENT OF  
PUBLIC SAFETY

# PROFESSIONAL FUNDRAISER APPLICATION

Any license issued hereunder expires January 1<sup>st</sup> following the issuance of said license.

**ORGANIZATION INFORMATION**

Official Name:	EIN:
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Street Address:

City:	State:	Zip:
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Email:	Phone:
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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.
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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:
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Residential Address:

City:	State:	Zip:
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Phone:	Email:
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2. Full Name:	Title:
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Residential Address:

City:	State:	Zip:
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Phone:	Email:
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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.
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3.	4.
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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?  
Yes      No

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?  
Yes      No

**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?  
(eg., Articles of Incorporation, Special Legislative Act) (Please, attach a copy)

State of Incorporation:	Date of Incorporation:
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**IF ORGANIZATION IS AN UNINCORPORATED ASSOCIATION**

Method of Establishment:  
(eg., formal instrument, adoption of constitution, instrument creating a trust) (Please, attach copy(s) of documents)

Place of Establishment:	Date of Establishment:
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**IF ORGANIZATION IS A PARTNERSHIP**

Date of Partnership Agreement:  
(Please, attach a copy)

Place of Establishment:

Public Office in which partnership is registered:

**IF ORGANIZATION IS AN INDIVIDUAL**

Method of Establishment:  
(Attach a copy)

Place of Establishment:	Date of Establishment:
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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.**

State of \_\_\_\_\_, County of \_\_\_\_\_

\_\_\_\_\_, being duly sworn deposes and says he/she is the individual making  
(Print Transferee's Name)

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.

\_\_\_\_\_  
(Transferee's Signature)

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

\_\_\_\_\_  
Notary or Agent of Director of Public Safety

# “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  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

