DEPARTMENT OF PUBLIC SAFETY
LICENSE SECTION

THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR
DEPARTMENT OF PUBLIC SAFETY

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

OFFICE USE ONLY
License # _____
Issue Date _____
Expiration Date _____

DEPARTMENT OF PUBLIC SAFETY
LICENSE SECTION

THE CITY OF COLUMBUS
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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? ☐ 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:
IF ORGRANIZATION 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:
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:
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:_____

NED PETTUS, JR., Ph.D.
Director

THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR

DEPARTMENT OF PUBLIC SAFETY

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
_____	_____
_____	_____
_____	_____