

LICENSE SECTION

**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.**

**You can also use our website linklisted below to dowload the application.**

**<https://new.columbus.gov/Business-Development/Business-Licenses-Resources>**

- 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 (Required if organization is located in Ohio)
- Check or money order made payable to **City Treasurer - License Section**

**A New Charitable applicant must submit the additional items listed:**

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

**PRICING**

**Charitable Solicitations Total Fee – \$60.00**

*Make checks payable to the City Treasurer - License Section*

**SUBMIT THE ABOVE REQUIRED INFORMATION TO:**

**Department of  - License Section**

**4252 Groves Rd**

**Columbus, OH 43232**

**Phone: 614-645-8366**

**OFFICE USE ONLY**

License # \_\_\_\_\_

Issue Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

LICENSE SECTION

THE CITY OF  
**COLUMBUS**  
 ANDREW J. GINTHER, MAYOR

DEPARTMENT 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)  
 (New Applicants, 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) (New Applicants, attach a copy.)

Place of Establishment: \_\_\_\_\_

Date of Establishment: \_\_\_\_\_

<b>IF ORGANIZATION IS A PARTNERSHIP</b>		
Date of Adoption of Partnership Agreement: ( <b>New Applicants</b> , attach a copy.)		
Place of Establishment:		
Public Office in which partnership is registered:		
<b>IF ORGANIZATION IS AN INDIVIDUAL</b>		
Method of Establishment:		
Place of Establishment:	Date of Establishment:	
Public Office in which partnership is registered:		
<b>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.</b>		
Name:		
Address:		
City:	State:	Zip:
National Affiliate Identification #:		
Were there funds transferred?    Yes    No		
If yes, please give amount or percentage:		
<b>PERSONNEL INFORMATION</b>		
Name of person in charge of solicitations:		
Title:	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:		
Set out exactly and in detail how the contributions will be used:		
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: <b>(Attach copies of contracts)</b>		
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: <b>(Attach copies, if needed)</b>		
For what purposes were potential contributors or purchasers told the proceeds would be used? (Please be exact and specific)		
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)		

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? Yes      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? Yes      No
If yes, has the audited financial report been distributed to the organization's governing board? Yes      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) Yes      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? <b>(If yes, please attached a copy of explanation)</b> Yes      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? <b>(If yes, please attached a copy of explanation)</b> Yes      No
Was any property of this organization used for non-charitable purposes or for any purpose not permitted by its governing documents? <b>(If yes, please attached a copy of explanation)</b> Yes      No
Is any property of this organization held in the name of, or commingled with the property of any other person or organization? <b>(If yes, please attached a copy of explanation)</b> Yes      No
Does this organization send out unordered merchandise as part of its fundraising? <b>(If yes, please attached a copy of explanation)</b> Yes      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? <b>(If yes, please attached a copy of explanation)</b> Yes      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 \_\_\_\_\_, County of \_\_\_\_\_

\_\_\_\_\_, 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 **Building and Zoning Services**

**Must be SIGNED, DATED, and NOTARIZED.**