THE CITY OF
COLUMBUS
ANDREW J. GINTHER, MAYOR

DEPARTMENT OF BUILDING
AND ZONING SERVICES

Charitable Solicitations Information Sheet

Phone: 614-645-8366
Email: license_section@columbus.gov

Requirements:

- Charitable Solicitations Application
- 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
  *Only required if organization is located in Ohio
- Copy of IRS 501(C) Determination
  *Only required for new applicants
- Articles of Incorporation
  *Only required for new applicants

Fees:

Application	$20.00	|	Charitable Solicitations license	$40.00

*Please make checks payable to "City Treasurer – License Section"

Office Location and Hours:

4252 Groves Rd
Columbus, OH 43232

Monday – Friday
8:00 AM – 3:30 PM

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Office Use Only

License #: _____

Issue Date: _____

Exp Date: _____

THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR

DEPARTMENT OF BUILDING AND ZONING SERVICES

Charitable Solicitations Application

Address: 4252 Groves Road, Columbus, Ohio 43232
Phone: 614-645-8366
Email: charitablesolicitations@columbus.gov

☐ New ☐ Renewal

Organization Information:

Full Official Name: _____ Federal ID #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

If above address is not within the City of Columbus, please provide a local (Columbus) address:

Local Address: _____ City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

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

1. _____ 2. _____
3. _____ 4. _____

Please list reason(s) for use(s) of other names: _____

_____

Organization type: ☐ Corporation ☐ Unincorporated Association ☐ Partnership ☐ Individual

If **corporation**, method of incorporation (for new applicants, please attach copy):

_____

State of Incorporation: _____ Date of Incorporation: _____ Citation of Special Act: _____

If **unincorporated association**, method of establishment (for new application, please attach copy):

_____

Place of Establishment: _____ Date of Establishment: _____

If **partnership**, public office in which registered (for new applicants, please attach copy): _____

Place of Establishment: _____ Date of Establishment: _____

If **individual**, method of establishment: _____ Public office in which registered: _____

Place of Establishment: _____ Date of Establishment: _____

If the organization is a chapter, branch, division or other affiliate of another organization, please provide the following information for the parent organization:

Full Official Name: _____ National Affiliate ID #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Were funds transferred to the parent organization? ☐ Yes ☐ No If yes, amount or percentage: _____

Personnel Information:

Name of person in charge of solicitations: _____ Title: _____

Phone #: _____ Email: _____

List of all Officers, Directors, Trustees, and/or Executive Personnel:

1. Name: _____ Title: _____ Date of Birth: _____

Phone #: _____ Email: _____

2. Name: _____ Title: _____ Date of Birth: _____

Phone #: _____ Email: _____

3. Name: _____ Title: _____ Date of Birth: _____

Phone #: _____ Email: _____

4. Name: _____ Title: _____ Date of Birth: _____

Phone #: _____ Email: _____

5. Name: _____ Title: _____ Date of Birth: _____

Phone #: _____ Email: _____

Please provide 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: _____

_____

_____

Please set out exactly and in detail what purposes potential contributors or purchasers were told the proceeds would be used: _____

_____

Please set out exactly and in detail how the contributions will be used (if different than above response):

_____

_____

Please set out exactly and in detail the fundraising methods to be used: (e.g. door-to-door, direct mail, phone, sale of merchandise, dinner, raffle): _____

_____

Professional Fundraiser Information:

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. **Please attach a copy of each contract.**

1. Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

2. Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

3. Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

4. Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Please set out exactly and in detail the arrangements for salary, bonus, commission, and/or compensation to be paid to each fundraiser or solicitor listed: _____

_____

_____

List the period of time during which the solicitation(s) are to be conducted: _____

_____

Is your organization currently registered with the State of Ohio under the provisions of ORC 1716.02?

☐ Yes ☐ No If yes, registration # or 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 currently owed; or was any court action entered against this organization? ☐ Yes* ☐ No

Has the organization or a director, trustee, officer, or employee therefore, ever been enjoined or convicted by any court in connection with the administration of charitable funds; or has this organization's right to solicit funds ever been suspended, revoked, or denied in any jurisdiction? ☐ 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? ☐ Yes* ☐ No

Was any property of this organization used for non-charitable purposes or for any purpose not permitted by its governing documents? ☐ Yes* ☐ No

Is any property of this organization held in the name of, or comingled with the property of any other person or organization? ☐ Yes* ☐ No

Does this organization send out unordered merchandise as part of its fundraising? ☐ 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? ☐ Yes* ☐ No

***If yes, please attach a copy of explanation**

Certain information in this application is subject to disclosure as a matter of public record. Any false statement made or given in this application shall result in denial or future revocation of this permit, as well as criminal prosecution under Columbus City Code 2321.13 (A)(3) and (A)(5).

I hereby acknowledge the above statement regarding public records disclosure by checking this box. ☐

If you or a member of your immediate family is a designated public service worker employed in a position as listed under ORC 149.43 (A)(7), please provide a form of proof, along with the name and primary residence of said person: _____

State of _____, County of _____:

_____, bring duly sworn, deposes and says he or she is the
Print Applicant Name

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

_____
Applicant Signature

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

_____
Notary or Agent of Director of Building and Zoning Services