THE CITY OF
COLUMBUS
ANDREW J. GINTHER, MAYOR

DEPARTMENT OF BUILDING
AND ZONING SERVICES

Professional Fundraiser Information Sheet

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

Requirements:

- Professional Fundraiser Application
- Articles of Incorporation
  *Only required for new applicants
- Results of Activity Form
  *Only required for renewal applicants
- Bond Form (as required per Columbus City Code 525.21 (C))
- Copy of Contract(s) under which Applicant will be soliciting contributions for Charitable Organization(s)

Fees:

Application	$20.00	Professional Fundraiser license	$150.00

*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

Professional Fundraiser 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: _____

_____

Personnel Information:

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

Phone #: _____ Email: _____

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

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

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

Phone #: _____ Email: _____

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

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

Phone #: _____ Email: _____

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

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

Phone #: _____ Email: _____

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

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

Phone #: _____ Email: _____

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

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

Phone #: _____ Email: _____

Has the applicant or any of the above listed names been convicted of a theft offense in the past five (5) years?

☐ Yes ☐ No If yes, list details here: _____

List any felony convictions in Ohio within the past seven (7) years (if none, write "none"): _____

_____

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: _____

Phone #: _____ Email: _____

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

Is this organization currently registered as a Professional Fundraiser with the State of Ohio as required under the provisions of ORC 1716.07? ☐ Yes ☐ No If yes, registration # or EIN: _____

Is this organization currently under court order, enjoined from acting as a Professional Fundraiser, or currently prohibited from action as a Professional Fundraiser under the terms of a decree or agreement with any State or local agency? ☐ Yes* ☐ No

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

Please write a detailed statement of the general plan and method in and by which the organization proposes to conduct its business as a Professional Fundraiser.

_____

_____

_____

_____

_____

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