Q

OFFICE USE ONLY License No./Code _____ Date Issued: _____ Expiration Date: _____	THE CITY OF COLUMBUS ANDREW J. GINTHER, MAYOR DEPARTMENT OF PUBLIC SAFETY

THIS APPLICATION FOR PERMIT SHALL BE COMPLETED BY THE PERSON RESPONSIBLE FOR ORGANIZING THAT, WHICH IS TO BE PERMITTED.

ALL INFORMATION CONTAINED 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 LICENSE, AS WELL AS CRIMINAL PROSECUTION UNDER CHAPTER 2321.13(A-3) (A-5), COLUMBUS CITY CODES.

To be completed by every organization which intends to solicit contributions for a charitable purpose from persons located in the City of Columbus, Ohio, unless the organization is exempt from registration under the provisions of Chapter 525 of the Columbus City Code.

PLEASE ANSWER ALL QUESTIONS COMPLETELY OR USE N/A WHEN APPROPRIATE.

1. **NAME AND ORGANIZATION DATA:**

Full Official Name _____

Street Address _____

City, State, Zip Code _____

Phone No. /AC _____

If the above address is not in the City of Columbus, give Columbus address, if any:

Street Address _____

City, State, Zip Code _____

Phone No. _____

Employer Identification Number _____

Name or names under which contributions will be solicited, if different from official name

_____

Reason for use of other name _____

_____

COMPLETE A, B, C, D, & E

PLEASE INDICATE N/A TO OTHER CHOICES.

If instruments required by Questions 1A, 1B, 1C or 1D have previously been filed with the City, do not include with this application.

A. IF ORGANIZATION IS A CORPORATION:

How incorporated (by filing Articles of Incorporation or by special legislative act) (Attach copy of Articles of Incorporation) _____

State of Incorporation_____

Date of Incorporation_____

Citation of special act, if any_____

B. IF ORGANIZATION IS AN UNINCORPORATED ASSOCIATION:

Method of establishment (formal instrument, adoption of constitution, instrument creating

A trust or other method)(Attach copy of said instrument) _____.

Place of establishment_____

Date of establishment_____

C. IF ORGANIZATION IS A PARTNERSHIP:

Date of adoption of partnership agreement (Attach copy of agreement)_____.

Place of establishment_____

Public office, if any, in which partnership is registered_____

_____

D. IF ORGANIZATION IS AN INDIVIDUAL:

Method of establishment (Attach copy of instrument)_____

Place of establishment_____

Date of establishment_____

Public office, if any, in which partnership is registered_____

_____

E. PLEASE GIVE E-MAIL ADDRESS OF PERSON COMPLETING THIS APPLICATION

_____

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.

Name_____

Funds transferred? Yes _____ No_____ (*If answer is yes, state percentage or amount*

Transferred) Amount_____(*if applicable).*

Address_____
Number, Street Name, City, State, Zip Code

National Affiliate Identification Number_____

2. (A) NAMES OF OFFICERS, DIRECTORS, TRUSTEES, AND/OR EXECUTIVE PERSONNEL:

NAME	RESIDENCE ADDRESS	TITLE	PHONE

2. (B) NAME OF PERSON IN CHARGE OF SOLICITATIONS: _____

_____
Address (Include City, State, Zip Code) *Phone Number*

3. GIVE THE GENERAL PURPOSES FOR WHICH THE ORGANIZATION WAS CREATED, INCLUDING THE PURPOSE CLAUSE CONTAINED IN THE CORPORATE CHARTER OR THE CONSTITUATION OF AN UNINCORPORATED ASSOCIAION.

_____

_____

_____

4. SET OUT EXACTLY AND IN DETAIL HOW THE CONTRIBUTIONS WILL BE USED.

_____

_____

_____

5. (A) NAMES OF PROFESSIONAL FUND RAISER AND SOLICITOR, IF ANY, WHO WILL ACT ON BEHALF OF THE ORGANIZATION. EACH PROFESSIONAL FUND RAISER AND SOLICITOR MUST BE REGISTERED WITH THE STATE OF OHIO AND LICENSED TO SOLICIT DONATIONS IN THE CITY OF COLUMBUS. *(Attach copies of all contracts)*

NAME	ADDRESS	PHONE NUMBER

5. (B) SET OUT EXACTLY AND IN DETAIL THE ARRANGEMENTS FOR SALARY, BONUS, COMMISSION OR OTHER COMPENSATION TO BE PAID TO EACH FUND RAISER AND SOLICITOR LISTED. *(Attach copies of all contracts)*

6. FOR WHAT PURPOSES WERE POTENTIAL CONTRIBUTORS OR PURCHASERS TOLD THE PROCEEDS WOULD BE USED? *(Please be exact and specific.)* IF WRITTEN INSTRUCTIONS WERE GIVEN TO THOSE ACTUALLY MAKING CONTACT WITH THE PUBLIC, ATTACH A COPY.

7. SET OUT EXACTY AND IN DETAIL THE FUNDRAISING METHODS TO BE USED. *(For example, door-to-door, direct mail, telephone, sale of merchandise, dinner, raffle, etc.)*

8. STATE THE PERIOD OF TIME DURING WHICH THE SOLICITATION OR SOLICITATIONS ARE TO BE CONDUCTED. PERMITS ARE GRANTED ON A ONE-YEAR BASIS UNLESS STATED OTHERWISE.

9. THE COLUMBUS CITY CODE REQUIRES 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?

REGISTRATION NUMBER / FIN # _____

FOR THE FOLLOWING QUESTION ANSWER "YES" OR "NO":

10. Were the financial statements for this organization reviewed or audited by an independent public accountant for the most recently completed fiscal year? _____

If yes, has the audited financial report been distributed to the organization's governing board? _____

11. 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.

12. 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? _____

If yes, attach an explanation.

13. Was this organization a party to any transaction in which one or more of its trustees, officers, or directors had a material financial interest? _____

If yes, attach an explanation.

14. Was any property of this organization used for non-charitable purposes or for any purpose not permitted by its governing documents? _____

If yes, attach an explanation.

15. Is any property of this organization held in the name of or commingled with the property of any other person or organization? _____

If yes, attach an explanation.

16. Does this organization solicit funds under any name other than the name(s) that appears on page 1 of this report? _____

If yes, list the name(s) here: _____

17. Does this organization send out unordered merchandise as part of its fundraising? _____

If yes, attach an explanation.

18. 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? _____

If yes, attach an explanation.

Applicant hereby agrees that if a permit is granted, the permit will not be used or represented in any way as an endorsement by the City or by any department or officer thereof.

Applicant hereby states that all statements made in such application are true and that applicant intends to conduct its business fairly, honestly, and pursuant to Chapter 525, Columbus City Code.

_____
Name of Organization

_____
Signature of Authorized Representative

_____
Official Title

_____
Address

_____
Date Phone Number

AFFIDAVIT

State of _____, County of _____.

Sworn to and subscribed in my presence this _____ day of_____, 20_____.

(notary signature)_____

(printed notary name)_____

Notary Public, State of _____

My commission expires _____, 20_____.

Recorded in _____County

APPLICATION FEE $10.00

CHARITABLE SOLICITATIONS APPLICATION CHECKLIST FOR ALL CHARITABLE APPICANT'S- BE IT (NEW) OR (RENEWAL)

PLEASE ENCLOSE THE FOLLOWING SUPPORTING DOCUMENTATION AND ATTACHMENTS ARE REQUIRED IN ADDITION TO AND WILL NOT BE ACCEPTED IN LIEU OF A COMPLETED 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.**

_____ **EMPLOYER IDENTIFICATION NUMBER**

_____ **YOUR MOST RECENT FULL & COMPLETE IRS 990, 990 EZ ALONG WITH YOUR 8868 EXTENSION LETTER AND APPROVAL LETTER ON THE EXTENSION FROM THE IRS. PORTION OF THE APPLICATION FOR THOSE NOT REQUIRED TO FILE WITH THE IRS.**

_____ **CHECK OR MONEY ORDER FOR $50.00 MADE PAYABLE TO THE: CITY TREASURE-LICENSE SECTION.**

_____ **YOUR ORGANIZATION'S E-MAIL ADDRESS**

_____ ********** SELF-ADDRESS, POSTAGE PAID ENVELOPE**********

_____ **COMPLETED AND NOTARIZED APPLICATION**

_____ **COPY OF MOST RECENT CONTRACT(S) IF USING A PROFESSIONAL FUNDRAISER OR SOLICITOR.**

_____ **THE ORIGINAL (OR COPY OF) EXPIRED PERMIT / LICENSE**

******* NEW CHARITABLE APPICANTS MUST SUBMIT IN ADDITION TO THE ABOVE*******

_____ **COPY OF YOUR IRS 501(C) DETERMINATION LETTER.**

_____ **ARTICLES OF INCORPORATION**