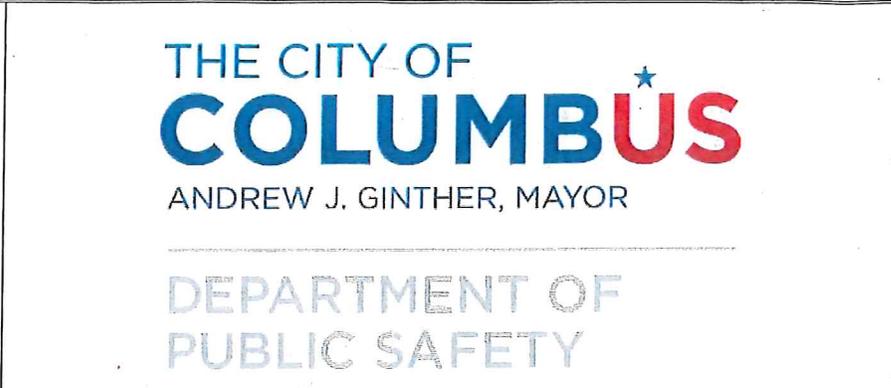


OFFICE USE ONLY

License No./Code _____

Date Issued: _____

Expiration Date: _____



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:

<u>NAME</u>	<u>RESIDENCE ADDRESS</u>	<u>TITLE</u>	<u>PHONE</u>
-------------	--------------------------	--------------	--------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 CONSTITUTION OF AN UNINCORPORATED ASSOCIATION.

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 APPLICANT'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 APPLICANTS MUST SUBMIT IN ADDITION TO THE ABOVE*****

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

_____ ARTICLES OF INCORPORATION