Form \_\_\_\_\_\_ of \_\_\_\_\_\_\_ filed with this application

1. Applicant Name:

2. Contractor Name:

3. Contractor Street Address:

4. Contractor Telephone Number:

5. Contractor Type: [ ]  Coventurer | [ ]  Fund-raising Consultant [ ]  Solicitor

6. Contract Signing/Execution Date:

7. Contract services Begin Date:

8. Contract services End Date:

9. Is this a continuing or multiyear contract?  [ ]  YES | [ ]  NO

10. Are North Carolina residents solicited for contributions as

a direct or indirect result of this contract? [ ]  YES | [ ]  NO

11. Does contract contain salary, rate, or fee terms? [ ]  YES | [ ]  NO

If YES, state terms and conditions below:

12. Does contract contain bonus terms? [ ]  YES | [ ]  NO

If YES, state terms and conditions below:

13. Does contract contain commission terms? [ ]  YES | [ ]  NO

If YES, state terms and conditions below:

14. Does contract contain expenses terms? [ ]  YES | [ ]  NO

If YES, state terms and conditions below:

15. Does contract contain other compensation terms? [ ]  YES | [ ]  NO

If YES, state terms and conditions below:

16. Amount of funds received resulting from contract since your last license application filing:

 *(For initial applicants: amount of funds received within past fiscal year or past 12 months):*

Answer either or both line items: Gross Amount Received: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Net Amount Received: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_