



1. Application Type: <input type="checkbox"/> Initial <input type="checkbox"/> Renewal	
2. Applicant's Full Business Legal Name:	3. Applicant's Principal Telephone Number:
4. Applicant's Principal Street Address:	
City:	State: Zip Code:
5. Applicant's Mailing Address:	
City:	State: Zip Code:
6. Applicant's Internet Site Address:	7. Applicant's Contact Person Email Address:
8. Legal Form of Applicant's Business:	
<input type="checkbox"/> Sole Proprietor / Individual <input type="checkbox"/> Corporation <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Other _____	
9. Applicant's State of Establishment:	10. Applicant's Date of Establishment:
11. For non-NC corporations: Provide <u>either</u> of the following to verify the applicant's current legal existence: <ol style="list-style-type: none"> 1. Certificate of Existence or Certificate of Good Standing from state of incorporation dated no more than six months prior to date of signing of application, <u>or</u> 2. Actual webpage screenshot found on a publicly accessible regulatory authority website dated no more than thirty (30) days prior to the date the license application was signed that includes the following elements: <ul style="list-style-type: none"> • Exact name of the entity as it appears on the license application; and • Language clearly verifying its status as a corporation in good standing in the state of incorporation (i.e. "current" or "active"); and • Date the information was printed on the face of the document. For un-incorporated applicants: Provide a copy of your assumed name certificate filed with the register of deeds office, showing the register of deeds' stamp.	
12. If applicant's principal place of business is located <u>outside</u> North Carolina, ATTACH list of street addresses of any applicant offices located in North Carolina. ATTACHMENT 12 included? <input type="checkbox"/> Yes <input type="checkbox"/> No NC Offices	
13. Are ANY of applicant's owners, directors, officers, or employees RELATED as parent, spouse, child, or sibling to ANY of applicant's other directors, officers, owners, or employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If answer is YES, attach a brief written explanation. ATTACHMENT 13 included? <input type="checkbox"/> Yes	
14. Are ANY of applicant's owners, directors, officers, or employees RELATED as parent, spouse, child, or sibling to ANY officer, director, trustee, or employee of any charitable organization or sponsor under contract with applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No If answer is YES, attach a brief written explanation ATTACHMENT 14 included? <input type="checkbox"/> Yes	
15. Are ANY of applicant's owners, directors, officers, or employees RELATED as parent, spouse, child, or sibling to ANY supplier or vendor providing goods or services to any charitable organization or sponsor under contract with the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No If answer is YES, attach a brief written explanation. ATTACHMENT 15 included? <input type="checkbox"/> Yes	
16. Within the last five (5) years, has the applicant, or any of the applicant's directors, officers, employees, agents, or persons with a controlling interest in the applicant: been convicted of ANY felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If answer is YES, attach a brief written explanation. ATTACHMENT 16 included? <input type="checkbox"/> Yes	
17. Within the last five (5) years, has the applicant, or any of the applicant's directors, officers, employees, agents, or persons with a controlling interest in the applicant been convicted of ANY misdemeanor arising from the conduct of a solicitation for ANY charitable organization or sponsor OR charitable or sponsor purpose? <input type="checkbox"/> Yes <input type="checkbox"/> No If answer is YES, attach a brief written explanation. ATTACHMENT 17 included? <input type="checkbox"/> Yes	
18. Within the last five (5) years, has the applicant, or any of the applicant's directors, officers, employees, agents, or persons with a controlling interest in the applicant been enjoined from violating ANY charitable solicitation law in this or ANY other state? <input type="checkbox"/> Yes <input type="checkbox"/> No If answer is YES, attach a brief written explanation. ATTACHMENT 18 included? <input type="checkbox"/> Yes	
19. ATTACH a list of the NAMES and PHYSICAL RESIDENCE ADDRESSES of ALL of applicant's officers, directors, and owners. This section must be completed for sole proprietorships, partnerships, and corporations of all types.	



ATTACHMENT 19 included? Yes

20. ATTACH a list of the NAMES of ALL persons in charge of ANY solicitation activity. ATTACHMENT 20 included? Yes

21. ATTACH the required fee of two hundred dollars (\$200.00) (make check payable to: NC Department of the Secretary of State). ATTACHMENT 21 (FEE) included? Yes

22. If Partnership or Corporation, does applicant intend to cover multiple individuals with single license? Yes No

If YES, ATTACH list containing names and street addresses for ALL partners, members, officers, directors, employees, and agents of the applicant, as well as all other individuals contracted to work under applicant's direction. ATTACHMENT 22 included?: Yes

23. ATTACH appropriate BOND or other surety required by N.C.G.S. 131F-16(d) in the appropriate amount as follows:

Contributions received in last fiscal year	Required Bond Amount	
Up to \$100,000	\$20,000	ATTACHMENT 23 (BOND) included? <input type="checkbox"/> Yes
Up to \$200,000	\$30,000	
\$200,000 and over	\$50,000	

24. Applicant's signature:
 I do hereby swear or affirm that the information furnished in this application and all supplemental forms, reports, documents, and attachments are true and correct to the best of my knowledge under penalty of perjury.

Signature: _____

	Signer's Name (Print):
	Signer's Title (Print):

25. Notarization: The following is for a notary public to place you under oath and then notarize YOUR signature:
 (County) _____ (State) _____

County and State in which oath or affirmation taken

Notary Stamp or Seal goes Here ↓	Sworn to and subscribed before me this the (e.g., 1 st):
	Day of (e.g., May): In the year of (e.g., 2013):
	Notary Public's Signature:
	Notary Public's Name (Print):
	Date Notary Public's Commission Expires:

OPTIONAL APPLICANT/THIRD PARTY CONTACT INFORMATION	
Contact Person Name:	Contact Person Title:
Contact Business/Firm Name:	Contact Person's Electronic Mail Address:
Contact Person's Telephone Number:	Contact Person's Facsimile Number: