

# **FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES**



**WILTON SIMPSON  
COMMISSIONER**

**PROFESSIONAL FUNDRAISING CONSULTANT  
REGISTRATION APPLICATION**

Chapter 496, Florida Statutes  
Rule 5J-7.009, Florida Administrative Code

Florida Department of Agriculture and Consumer Services  
**Professional Fundraising Consultant**

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# INSTRUCTIONS AND CHECKLIST FOR COMPLETING THE REGISTRATION APPLICATION

## REGISTRATION AND RENEWALS

No person may act as a professional fundraising consultant in the state of Florida unless he or she has first complied with the requirements of ss. 496.401-496.424, F.S., and has obtained approval from the Florida Department of Agriculture and Consumer Services (FDACS) of the registration statement. [s. 496.409(1), F.S.]

Registration fee is \$300.00 for 1 year. Professional fundraising consultant's registration expires annually. Renewal applications will be mailed forty-five (45) days before the expiration of this registration and the consultant must file a renewal prior to expiration on a form provided by the department if he or she intends to continue operating in Florida. A person may not act as a professional fundraising consultant after the expiration, suspension, or cancellation of his registration. [s. 496.409(1), (3), F.S.]

**Note: A fundraising consultant that is a partnership or corporation may pay a single registration fee on behalf of all members, partners, officers, directors, agents, and employees. No persons shall be covered in this registration unless their information is properly disclosed as required by Florida Statutes.**

## APPLICATION CHECKLIST

If you have any questions or need assistance in completing this application, please contact the department at 1-800-HELP-FLA (435-7352) or (850) 410-3800.

When filing an application, be certain that the application is completely filled out, that all questions are answered truthfully and that all the information requested is provided. Please type or print in ink. Additional pages may be attached if additional space is needed using the same format. Please ensure that all attachments reflect the organization's name or registration number and the number of the corresponding question.

### Item #1

If applicant is other than an individual, provide the legal name of the organization **exactly** as it appears in its articles of incorporation or organizational document. If using a fictitious name (DBA), provide that name also.

**Note: Florida Corporate, LLC, and Fictitious Names are verified with the Florida Department of State, Division of Corporations and must match the name exactly as filed.**

### Item #2

Provide the street address for principal place of business of the applicant. Include the suite, room, or other unit number. **The use of a mail drop is not acceptable.** If the mailing address (i.e. a generally used post office box) is different from the applicant's street address, provide that address as well. **Note: In order for correspondence to be sent directly to an attorney or other third party, you must insert the attorney's or third party's address as the mailing address for the organization.**

### Item #3

You must provide a primary telephone and fax number, email address, and website (if any), for the applicant.

### Item #4

Select the type of organization (or legal form of business) and state when and where the organization was legally established.

### Item #5

Provide the applicant's federal employer identification number. **Note: Taxpayers can obtain an EIN immediately by calling the IRS Business and Specialty Tax Line (1-800-829-4933).**

**Item #6**

List representatives as directed with complete **residence** addresses for each. All documents and attachments submitted with this application are subject to public records review pursuant to Chapter 119, F.S. However, exemptions apply to certain employees. If you qualify under these exemptions, you can request that certain information be redacted from the public records available through the department. Exemptions may apply to:

- Current or former law enforcement officers and their families;
- Current or former judges and their families;
- Current or former prosecutors and their families;
- Current or former firefighters and their families;
- Current or former human resources managers and their families; and
- Current or former code enforcement officers and their families.

This is not a comprehensive list. For a complete list, see Section 119, 071(4), F.S. If you qualify for one of the public records exemptions and wish to have your information exempted from public review, please check the appropriate box.

**Item #7**

Provide the name, address, and telephone number of any other offices in this state.

**Item #8**

Answer by checking appropriate box and provide supplementary information, if applicable. **Note: All felonies must be disclosed regardless of the nature of the crime in addition to any other crime as listed.**

**Item #9**

Answer by checking appropriate box and provide supplementary information, if applicable.

**Item #10**

Answer by checking appropriate boxes and provide supplementary information, if applicable.

**Item #11**

Answer by checking appropriate boxes and provide supplementary information, if applicable.

**Item #12**

Provide a list of current contracts and agreements with charitable organizations or sponsors soliciting in the state of Florida.

**Certification**

Provide the name and contact information for the person responsible for completing the application.

**SEND COMPLETED REGISTRATION APPLICATION, DOCUMENTATION AND A CHECK OR MONEY ORDER, MADE PAYABLE TO FDACS:**

FDACS  
Solicitation of Contributions  
P.O. Box 6700  
Tallahassee, FL 32314-6700

**Mail overnight packages to:**

FDACS  
Solicitation of Contributions  
407 S. Calhoun St., First Floor  
Attention: Finance and Accounting  
Tallahassee, FL 32399-0800

## OTHER REQUIRED DOCUMENTS

### **CONTRACTS** [s. 496.409(4), F.S.]

Copies of contracts should be included with your application. Every contract or agreement between a Professional Fundraising Consultant and a charitable organization or sponsor **must** be in writing, **signed by two (2)** authorized officials of the charitable organization or sponsor, and filed **by the** professional fundraising consultant with the Department at least **five (5) days prior** to the performance of any material service by the professional fundraising consultant. Solicitation under the contract or agreement **may not** begin before the filing of the contract or agreement. A Professional Fundraising Consultant may enter into a contract or agreement only with charitable organizations or sponsors that comply with the Florida Solicitation of Contributions Act.

The contract **must** contain all of the following provisions [s. 496.405(a), F.S.]:

- a) A statement of the charitable or sponsor purpose for which the solicitation campaign is being conducted.
- b) A statement of the respective obligations of the professional fundraising consultant and the charitable organization or sponsor.
- c) A clear statement of the fee that will be paid to the professional fundraising consultant.
- d) The effective and termination dates of the contract.
- e) A statement that the professional fundraising consultant **will not**, at any time, have control or custody of contributions.

**Note: Any solicitation activities prior to registering must cease immediately until registered.** A contract containing all of the preceding information **must** be submitted to the department prior to conducting further solicitation activities.

### **MATERIAL CHANGE** [s. 496.409(8), F.S.]

**Professional Fundraising Consultants** must report to the department any material change in the information filed, in writing, within seven (7) working days after the change occurs. A sample material change form can be found online at [www.FDACS.gov](http://www.FDACS.gov) or by calling 800-HELP-FLA (435-7352) or (850) 410-3800.

#### **Send copies of Contracts and Material Change Form to:**

FDACS  
Solicitation of Contributions  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



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**PROFESSIONAL FUNDRAISING CONSULTANT  
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Solicitation of Contributions Act  
Chapter 496, Florida Statutes  
Rule 5J-7.009, Florida Administrative Code

1-800-HELP-FLA (435-7352) • (850) 410-3800  
www.FDACS.gov • (850) 410-3804 Fax

Make Check or Money Order  
payable to FDACS and remit  
with application to:

FDACS  
Solicitation of Contributions  
P.O. Box 6700  
Tallahassee, FL 32314-6700

All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S. PLEASE TYPE OR PRINT. Additional pages may be attached if additional space is needed using the same format. Please ensure that all attachments reflect the organization's name or registration number and the number of the corresponding question. All fees are non-refundable.

**Business Information**

New Application     Renewal    **FC** \_\_\_\_\_    **DTN** \_\_\_\_\_ (as listed on the preprinted renewal application)

**1. Name** (Legal name as registered with the Florida Department of State (if applicable) followed by fictitious/dba name):

\* Fictitious (DBA) Name:

*\*All fictitious names must be registered with the Florida Department of State, Division of Corporations. If business is a corporation then 'Name' is the legal name of the business as listed with the Division of Corporations.*

**2. Street Address** (include APT or SUITE # in all address lines; addresses must match those filed with the Division of Corporations; do not use a mail drop):

**City:** \_\_\_\_\_    **State:** \_\_\_\_\_    **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**Mailing Address** (if different from above):

**City:** \_\_\_\_\_    **State:** \_\_\_\_\_    **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**3. Telephone Number:** ( ) \_\_\_\_\_ - \_\_\_\_\_    **Fax Number:** ( ) \_\_\_\_\_ - \_\_\_\_\_

**Email Address:** \_\_\_\_\_    **Website:** \_\_\_\_\_

**4. Form of organization:** [s. 496.409(2)(b), F.S.]

Corporation     Partnership     Sole Proprietorship  
 Other (please describe): \_\_\_\_\_

**Date incorporated or legally established:** \_\_\_\_\_    **State:** \_\_\_\_\_  
Month / Day / Year

**5. Federal Employer ID Number:** [s. 119.092, F.S.]

Org Code: 42 10 06 25 000  
EO: A2  
Object Code: 001133    \$300.00

**6. List all officers, directors, trustees, and principal salaried executive personnel. The residence addresses of all principals of the applicant, including all officers, directors, and owners must be submitted. Exemptions from public records apply to certain personal information about current or former law enforcement officers, judges, prosecutors, public defenders, firefighters, code enforcement officers and guardians ad litem and their families. For a complete list of exemptions, see Section 119.071(4), F.S. If you qualify for one of these exemptions, please check the box below. (attach additional sheets as necessary using the same format) [s. 496.409(2)(c), F.S.]**

**Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Residence Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_  
**Telephone Number:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
**Criminal History:**  Yes  No  
**Exempt from public records [s. 119.071(4), F.S.]**  Yes  No

**Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Residence Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_  
**Telephone Number:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
**Criminal History:**  Yes  No  
**Exempt from public records [s. 119.071(4), F.S.]**   No

**Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Residence Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_  
**Telephone Number:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
**Criminal History:**  Yes  No  
**Exempt from public records [s. 119.071(4), F.S.]**  Yes  No

**Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Residence Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_  
**Telephone Number:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
**Criminal History:**  Yes  No  
**Exempt from public records [s. 119.071(4), F.S.]**  Yes  No

**Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Residence Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_  
**Telephone Number:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
**Criminal History:**  Yes  No  
**Exempt from public records [s. 119.071(4), F.S.]**  Yes  No

**Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Residence Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_  
**Telephone Number:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
**Criminal History:**  Yes  No  
**Exempt from public records [s. 119.071(4), F.S.]**  Yes  No

**7. List all other offices located in the state of Florida.** [s. 496.409(2)(a), F.S.](attach additional sheets as necessary using the same format)

Name: _____ Street Address: _____ City: _____ State: _____ Zip Code: _____ - _____ Telephone Number: ( _____ ) _____ - _____ Email: _____	Name: _____ Street Address: _____ City: _____ State: _____ Zip Code: _____ - _____ Telephone Number: ( _____ ) _____ - _____ Email: _____
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**8. Has the applicant or any of its officers, directors, trustees, or employees, in any state, regardless of adjudication, been convicted of, found guilty of, pled guilty or nolo contendere to, or been incarcerated within the last ten (10) years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony or crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, or misappropriation of property, or any crime arising from the conduct of a solicitation for a charitable organization or sponsor within the last ten (10) years?** [s. 496.409(2)(e), (f), F.S.]

Yes  No **If yes**, please provide the following information for each individual: (attach a separate sheet if necessary using the same format)

Name: _____	Nature of offense: _____	Date: _____ <small>Month / Day / Year</small>
Court having jurisdiction: _____	Disposition of offense: _____	Date: _____ <small>Month / Day / Year</small>

**9. Has the professional fundraising consultant or any of its officers, directors, trustees, or employees, persons with a controlling interest in applicant, or agents involved in solicitation, been enjoined from violating any law relating to a charitable solicitation?** [s. 496.409(2)(g), F.S.]

Yes  No **If yes**, please provide the following information for each individual: (attach a separate sheet if necessary using the same format)

Name: _____	Court issuing the injunction: _____	Date of injunction: _____ <small>Month / Day / Year</small>
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**10. Has the fundraising consultant, or any of its officers, directors, or trustees, had the right to solicit contributions revoked in any state or been ordered by a court or governmental agency to cease soliciting contributions within any state?** [s. 496.409(10), F.S.]

Yes  No **If yes**, please provide the following information for each individual: (attach a separate sheet if necessary using the same format)

Name: _____	Nature of offense: _____	Date: _____ <small>Month / Day / Year</small>
Court having jurisdiction: _____	Disposition of offense: _____	Date: _____ <small>Month / Day / Year</small>



**11. Answer Yes or No to the following questions:** [s. 496.409(2)(d), F.S.]

**a. Are any of the owners, directors, officers, or employees of the applicant related as parent, child, spouse, or sibling to any other directors, officers, owners, or employees of the applicant?**

Yes  No      If yes, please provide the names and relationship:

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**b. Are any such persons related to any owner, director, officer, or employee of a charitable organization or sponsor with whom you hold a contract?**

Yes  No      If yes, please provide the names and relationship:

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**c. Are any such persons related to any suppliers or vendors of a charitable organization or sponsor with whom you hold a contract?**

Yes  No      If yes, please provide the names and relationship:

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**12. List all current contracts and agreements with charitable organizations or sponsors soliciting in the state of Florida and include the registration (CH) number of each.** (attach a separate sheet if necessary using the same format) [s. 496.409(4), F.S.]

Name: \_\_\_\_\_

**Street Address**

(include APT or SUITE # in all address lines; addresses must match those filed with the Division of Corporations; do not use a mail drop)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Registration Number: CH \_\_\_\_\_

Contract Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Name: \_\_\_\_\_

**Street Address**

(include APT or SUITE # in all address lines; addresses must match those filed with the Division of Corporations; do not use a mail drop)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Registration Number: CH \_\_\_\_\_

Contract Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Name: \_\_\_\_\_

**Street Address**

(include APT or SUITE # in all address lines; addresses must match those filed with the Division of Corporations; do not use a mail drop)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Registration Number: CH \_\_\_\_\_

Contract Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Name: \_\_\_\_\_

**Street Address**

(include APT or SUITE # in all address lines; addresses must match those filed with the Division of Corporations; do not use a mail drop)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Registration Number: CH \_\_\_\_\_

Contract Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

**Certification**

I, \_\_\_\_\_, am the \_\_\_\_\_,

*name* *Title*

completing the application for \_\_\_\_\_

*Name of Organization or Company*

**and further state as follows:** *(Please check all that apply)*

- I have read the foregoing registration application and know the contents thereof; and
  
- This registration application is made for the purpose of complying with the provisions of Chapter 496, Florida Statutes, the Solicitation of Contributions Act.

I certify that I am authorized to complete this registration application and that the information provided is true and accurate.

\_\_\_\_\_  
*Signature* \_\_\_\_\_  
*Printed Name* \_\_\_\_\_  
*Date*

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
*Telephone Number* \_\_\_\_\_  
*Email Address*