



State of Utah

DEPARTMENT OF COMMERCE
DIVISION OF CONSUMER PROTECTION

CHARITABLE ORGANIZATION PERMIT APPLICATION FORM

Annual Application fee: \$100.00 (Non-refundable)

Name of Charitable Organization

Date of Application

OFFICE USE ONLY
Date Issued: _____
Permit Number: _____
Approved: _____
Exempt: _____
Denied: _____
Expiration: _____
Percentage of total contributions that are available for the charitable purpose: _____

Please mark the appropriate box:

INITIAL
APPLICATION

RENEWAL
APPLICATION

If you have any further questions, please contact the Division at (801) 530-6601.

Please make application fee check or money order payable to the **State of Utah**.

Please return the completed application form and check or money order to:

Department of Commerce
Division of Consumer Protection
160 East 300 South
Box 146704
Salt Lake City, Utah 84114-6704

NOTE: The Charitable Solicitation permit will expire annually on the earlier of January 1, April 1, July 1, or October 1 following the completion of 12 months after the date of initial issuance.

March 2010

See Instructions for Charitable Organization Permit Application Form.

PART I: APPLICANT'S IDENTIFICATION

1. Name of Charitable Organization: _____

2. Other Names that Applicant Uses: _____

3. Applicant's Street Address: _____
Street

_____ City State Zip Code

Telephone Number: _____ Facsimile Number: _____

Email address: _____

Contact Person's Mailing Address (if different): _____
Street

_____ City State Zip Code

Telephone Number: _____ Facsimile Number: _____

Email address: _____

4. Type of Organization:

a. Please indicate the applicant's form of business registration:

Individual Partnership Association Non-profit 501(c)(3)

Non-profit 501(c)(4) For Profit Corporation Other _____

b. Please provide a copy of the applicant's Articles of Incorporation or other organizational document; any by-laws or other document establishing day-to-day operations; and the applicant's IRS tax exemption letter. Please provide these documents if this is an initial application or these documents have been amended.

5. Contact Person: _____ Telephone Number: _____

6. Are there any organizations or persons controlled by, controlling or affiliated with the applicant?

Yes No

If "yes", complete item # 7. If "no", go to Part II.

7. List the following information concerning any organization or persons controlled by, controlling or affiliated with the applicant:

Name: _____

Address: _____

Street

_____ City State Zip Code

Contact Person: _____

Telephone Number: _____ Facsimile Number: _____

PART II: PARENT FOUNDATION

1. Is your organization the parent foundation of a local unit or does your organization associate with a parent foundation? Yes No

If "yes", complete this Part. If "no", go to PART III.

2. List the following information concerning your parent foundation or local unit:

Name: _____

Address: _____

Street

City State Zip Code

Contact Person: _____

Telephone Number: _____ Facsimile Number: _____

3. List the state(s) where your parent foundation is currently registered.

4. Please provide a copy of your current contract with the parent foundation with this application.

PART III: PROFESSIONAL FUND RAISER, COUNSEL, CONSULTANT

1. Does the organization use professionals to solicit directly? Yes No

Does the organization use volunteers to solicit directly? Yes No

2. Will your organization use a professional fund raiser, fund raising counsel or consultant in the upcoming year?

Yes No

If "yes", complete this Part. If "no", go to Part IV.

3. List the following information concerning each professional fund raiser, professional fund raising counsel or consultant that you will utilize during the upcoming year.

Name: _____

Address: _____

Street

City State Zip Code

Telephone Number: _____ Facsimile Number: _____

Contract Effective Date: _____ Contract Expiration Date: _____

4. List the state(s) where your professional fund raiser, professional fund raising counsel or consultant are currently registered, if known.

5. List the amount paid to professional fund raisers, professional fund raising counsel or consultants during the previous year: \$ _____.

6. Please provide with this application a copy of your current contract with each professional fund raiser, professional fund raising counsel or consultant that you utilize.

PART IV: COMMERCIAL CO-VENTURER

1. Will your organization use a commercial co-venturer in any charitable sales promotion conducted during the period of this application?

Yes No

If “yes”, complete this Part. If “no”, go to Part V.

2. List the following information concerning each commercial co-venturer that you utilize.

Name: _____

Address: _____

Street

City

State

Zip Code

Telephone Number: _____

Facsimile Number: _____

3. Indicate the date that the charitable sales promotion is expected to commence: _____

PART V: CHARITABLE PURPOSE OF ORGANIZATION

1. Describe the charitable purpose of your solicitation and the use of the contributions solicited:

PART VI: FINANCIAL INFORMATION

1. Please provide the following information from your most recently filed IRS Form 990. If you are filing IRS Forms 990 EZ, 990PF, 990N, or other financial information other than IRS Form 990, please provide the following information from the Statement of Functional Expenses form (this form is available at <http://consumerprotection.utah.gov/registrations/charities.html>), which must be completed and filed with this application. An initial applicant with no previous financial information is required to complete this Part using pro forma financial statements or budgets.

A. Fiscal year ending date: _____

B. Contributions: \$ _____

C. Fundraising Costs: \$ _____

D. Management and general costs: \$ _____

E. Fundraising costs as a percentage of contributions (divide line C by line B): _____%

F. Fundraising costs plus management costs as a percentage of contributions (divide lines C + D by line B): _____%

G. Percentage of contributions that remained available for application to the charitable purposes declared in this application (100% minus line F): _____%

2. Please state the total amount of contributions collected from Utah donors for the fiscal year reported in paragraph 1 of this Part, if known. \$ _____

PART VII: METHOD OF SOLICITATION

1. Please check each applicable method by which solicitations will be conducted and indicate the projected length of time that the solicitation will be conducted during the **upcoming** year.

<u>Method of Solicitation</u>	<u>Projected Length of Time or Ongoing</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Projected Length of Time or Ongoing</u>	<input type="checkbox"/>
<input type="checkbox"/> Telephone	_____/_____ _____	<input type="checkbox"/>	<input type="checkbox"/> Sell advertising	_____/_____ _____	<input type="checkbox"/>
<input type="checkbox"/> Direct mail	_____/_____ _____	<input type="checkbox"/>	<input type="checkbox"/> Sell Coupon	_____/_____ _____	<input type="checkbox"/>
<input type="checkbox"/> Door-to-Door	_____/_____ _____	<input type="checkbox"/>	<input type="checkbox"/> Sell other item	_____/_____ _____	<input type="checkbox"/>
<input type="checkbox"/> Special events	_____/_____ _____	<input type="checkbox"/>	<input type="checkbox"/> Other (explain)	_____/_____ _____	<input type="checkbox"/>
<input type="checkbox"/> Show or performance	_____/_____ _____	<input type="checkbox"/>		_____/_____ _____	<input type="checkbox"/>
<input type="checkbox"/> Grant writing	_____/_____ _____	<input type="checkbox"/>			

2. If any of the methods of solicitation are to be conducted by Applicant's professional fund raisers or professional fund raising counsel or consultant please identify which methods will be used by which fund raiser(s).

3. Please provide with this application a copy of any telephone transcript that is to be used in your solicitations.

4. Does your organization utilize vending devices? Yes No
If “yes”, complete this Part. If “no”, go to Part VIII.

a. Indicate the type of vending device.

b. List the location(s) of the vending device(s).

c. Indicate the length of time the vending device will be utilized.

Beginning Date

Expiration Date

_____	_____
_____	_____
_____	_____

PART VIII: INJUNCTION, ORDER OR CONVICTION

1. Has the Applicant or any officer, director, manager, operator, principal, agent or employee of the Applicant been enjoined by any court, or been the subject of an administrative order? Yes No

If “yes”, please explain in detail including the nature of the proceeding, date, location and current status. Please provide a copy of the order with this application.

2. Has any officer, director, manager, operator, principal, agent or employee of the Applicant been convicted of any crime involving moral turpitude? Yes No

If “yes”, please explain in detail including the nature of the proceeding, date, location, sentence and current status. Please provide a copy of the order with this application.

PART IX: ORGANIZATION

1. Provide the following information for Applicant's Registered Agent:

Name

Street Address

City

State

Zip Code

Telephone Number

Facsimile Number

2. List the following information concerning the Applicant's partners, principals, officers and directors.

Name

Address

Telephone number

PART X: SOLICITING WITHOUT PERMIT

1. If this is an initial application or a renewal application of an organization which has let its permit expire, has the applicant conducted activities regulated by the Charitable Solicitations Act, Utah Code Title 13, Chapter 22, without being duly registered with the Division?

This includes soliciting, requesting, promoting, advertising, or sponsoring a charitable solicitation in the state of Utah without being duly registered with the Division.

[] Yes [] No

2. If "yes", please explain in detail, including how much was collected, who actually coordinated and scheduled the solicitation(s), the dates of the solicitation(s), and the number of pieces mailed and/or the number of solicitations made for each date indicated.

PART XI: SIGNATURE / ACKNOWLEDGEMENT

The person signing this application on behalf of the charitable organization:

- affirms that this application is complete and not misleading;
- understands that this application is subject to audit; and
- acknowledges that fund raising in Utah will not commence until both the charitable organization, its parent foundation, if any, and the professional fund raiser or professional fund raising counsel or consultant are registered and in compliance with the Utah Charitable Solicitations Act.

DATED: _____

APPLICANT:

BY _____
ITS

LIST OF DOCUMENTS TO ATTACH

PLEASE ATTACH A COPY OF EACH OF THE FOLLOWING DOCUMENTS:

- A. Copy of Application for Tax Exempt Status filed with the IRS;
(Only attach to Initial Application and/or First Renewal dated after 7 Feb 2005);
- B. The Applicant's articles of incorporation or other organizational documentation showing its current legal status (**initial application only, unless amended**);
- C. The Applicant's current by-laws or other policies and procedures governing its day-to-day operations (**initial application only, unless amended**);
- D. The Applicant's IRS Section 501(c)(3) or 501 (c)(4) tax exemption letter, if applicable (**initial application only, unless amended**);
- E. Telephone transcript to be used in solicitation, if applicable;
- F. Most recent IRS Form 990 or annual financial report filed with the IRS (**with signature**);
- G. Statement of Functional Expenses form, only if you are filing IRS Forms 990 EZ, 990PF, 990N, or other financial information other than IRS Form 990 (this form is available at www.dcp.utah.gov).
- H. Current contracts used during the period of this application with professional fundraiser, professional fund raising counsel or professional fund raising consultant, if applicable;
- I. Current contract with parent foundation, if applicable; and
- J. Any order or judgment resulting from any injunction or criminal conviction disclosed in this application.