



# FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

## Division of Consumer Services



**CHARLES H. BRONSON  
COMMISSIONER**

**SOLICITATION OF CONTRIBUTIONS  
REGISTRATION APPLICATION**

Chapter 496, Florida Statutes

# GENERAL INFORMATION

## REGISTRATION AND RENEWALS

All charitable organizations and sponsors must register prior to engaging in solicitation activities in Florida, and renew annually thereafter on a form provided by the Department. The Department shall annually provide a renewal statement to each registrant by mail at least sixty (60) days before the renewal date. The expiration date for charitable organizations and sponsors is one (1) year from the initial date of compliance with registration requirements. [496.405(1)(a)(b), F.S.]

## REGISTRATION FEES FOR CHARITABLE ORGANIZATIONS/SPONSORS [496.405(4)(a), F.S.]

For contributions received the preceding fiscal year:

	<b>Fee</b>
a. Less than \$5,000, with or without paid officers .....	\$ 10
b. \$25,000 or less, <b>no</b> paid officers or professional solicitors/consultants .....	\$ 10
c. \$5,000 or more, but less than \$100,000 .....	\$ 75
d. \$100,000 or more, but less than \$200,000 .....	\$ 125
e. \$200,000 or more, but less than \$500,000 .....	\$ 200
f. \$500,000 or more, but less than \$1,000,000 .....	\$ 300
g. \$1,000,000 or more, but less than \$10,000,000 .....	\$ 350
h. \$10,000,000 or more .....	\$ 400

**Note: A parent organization or sponsor filing on behalf of one or more chapters, branches, or affiliates shall total all contributions received by them to determine registration fees.**

## LATE FEES

A charitable organization or sponsor which fails to renew their registration by the annual due date may be assessed a late fee of \$25 for each month or part of a month after the expiration date. [496.405(4)(b), F.S.]

## SEND COMPLETED REGISTRATION APPLICATION AND A CHECK MADE PAYABLE TO:

Florida Department of Agriculture and Consumer Services  
Solicitation of Contributions  
P.O. Box 6700  
Tallahassee, FL 32399-6700

## INSTRUCTIONS AND CHECKLIST FOR COMPLETING THE REGISTRATION APPLICATION

All relevant questions for organizational types **must** be completed. Please return pages 1 – 9 only.

### Item #1:

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. If the organization solicits under any other names, provide those names in the spaces listed. Attach a separate sheet if necessary. **Note: Corporate, LLC, and Fictitious Names are verified with the State Division of Corporations and must match the name exactly as filed.**

### Item #2

Provide a street or physical address for the organization. Include the suite, room, or other unit number. If the mailing address (i.e. a generally used post office box) is different from the organization'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 number, including the area code, for the organization. If the organization does not maintain a specific location, provide the telephone number of a person who will represent the organization. Also, provide the address for electronic mail and web site if used to provide information to or communicate with the public.

### Item # 4

Provide the organization'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 # 5**

Check the applicable box for the type of registration you are filing.

**Item # 6**

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

**Item #7**

List the representatives as directed with complete residence addresses and telephone numbers for each. **Charitable organizations and sponsors must indicate whether, or not each representative receives a salary.**

**Item #8a**

Provide the name, address, and telephone number of any other offices, chapters, branches, or affiliates in this state for which you are filing.

**Item #8b**

**If your organization is not located in Florida AND you do not maintain an office in this state**, provide the name, address, and telephone number of the person with custody of the financial records.

**Item #9**

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 #10**

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

**Item #11**

Charitable organizations and sponsors must designate a person(s) who will (or would) be responsible for any solicitation or fundraising activities.

**Item #12**

You must disclose the person(s) who exercises control of funds. (i.e. the person(s) who collects the money, makes deposits, writes checks, etc.)

**Item #13**

Indicate the month and day your accounting or bookkeeping period ends each year.

**Item #14**

Answer by checking appropriate box. In order for this office to report to consumers that your organization is tax exempt, we must have a copy of the letter from the Department of the Treasury, the Internal Revenue Service, which exempts your organization from paying income tax to the federal government. This letter must be on the letterhead of the Internal Revenue Service and can be for a group exemption. We cannot accept a letter from the headquarters or main office of your organization. The tax exemption determination letter is not to be confused with a Certificate of Exemption issued by the Florida Department of Revenue, which exempts your organization from paying state sales tax. Nor is it to be confused with the letter or application regarding your employer identification number also issued by the Internal Revenue Service. If you cannot locate a copy of your tax exemption letter, you must contact the IRS and request an additional copy.

**Item #15**

Briefly explain the purpose for which your organization was created. For purposes of public assistance and disclosure this office provides, it is best to summarize this information in your own words.

**Item #16**

Briefly explain the purpose for which contributions will be used.

**Item #17**

Briefly and concisely list the main activities in which your organization participates in order to accomplish the purpose stated in the previous question.

**Item #18**

Answer as directed by checking appropriate box.

**Item #19**

Answer as directed by checking appropriate box.

**Item #20**

Answer as directed by checking appropriate box and provide explanation, if applicable.

**Item #21**

Answer as directed by checking appropriate box and provide documentation, if applicable. **Note: This includes, but is not limited to, any assurance of voluntary compliance or settlement agreement entered into with any Regulatory Agency, State Attorney General's Office, Federal Agency or Law Enforcement Agency, including this Department.**

**Item #22**

Answer as directed by checking appropriate box and attach contract, if applicable. We must have a current contract on file for each solicitor you employ. Include the solicitor's Florida registration number and fill in the effective and termination dates on the blanks indicated. **Note: A charitable organization or sponsor must not enter into any contractual agreement with or employ a solicitor unless the solicitor is registered with this Department.** [496.411(5), F.S.]

**Item #23**

Answer as directed by checking appropriate box and attach contract, if applicable. We must have a current contract on file for each professional fundraising consultant you employ. Include the fundraising consultant's Florida registration number and fill in the effective and termination dates on the blanks indicated. **Note: A charitable organization or sponsor must not enter into any contractual agreement with or employ a professional fundraising consultant unless the consultant is registered with this Department.** [496.411(5), F.S.]

**Item #24**

If a sponsor, answer questions a – d as directed.

**Item #25**

Indicate by checking the appropriate box which type of financial report you are filing. Only newly established organizations with no financial history may submit a budget for the current year. The financial statement on pages 7 and 8 may be used to prepare a budget. **ONLY THE FOLLOWING WILL BE ACCEPTED FOR ALL OTHER ORGANIZATIONS: (1) IRS form 990 with Schedule A (2) IRS form 990-EZ or (3) the financial statement on pages 7 and 8. We cannot accept the 990-PF or 990-T or any other type of tax return.** We cannot accept quarterly reports or audited reports without the form 990. You may submit these types of financial documents in addition to the required financial information, but they cannot be a substitute for one of the 3 acceptable financial reports mentioned above.

**PARENT ORGANIZATIONS / PARENT SPONSORS**

You must submit financial reports for the parent organization and **each** chapter, branch, or affiliate listed in question #8a of the Registration Application. However, *if* all contributions received by the chapters, branches, or affiliates are remitted directly into a depository account which feeds directly into the parent organization's centralized accounting system from which all disbursements are made, the parent organization may submit one consolidated financial statement or IRS form 990 with Schedule A or form 990-EZ. If you are submitting individual tax returns or financial statements for each chapter, branch or affiliate, please complete the financial statement as a **consolidated** financial report (i.e. the financial information for all branches should be combined with the main parent organization into a single financial report upon which one registration fee will be based.)

**IMPORTANT:** Every charitable organization must conspicuously display in capital letters the disclaimer statement found in s.496.411(3), the registration number issued by the Department, and the toll-free number for the Department, on every printed solicitation, written confirmation, receipt, or reminder of a contribution. **The toll free number of the Department is 1-800-HELP-FLA (435-7352) – calling from within the State of Florida, or (850) 488-2221 – calling from outside of Florida.**

**OTHER REQUIRED DOCUMENTS**

**AFFIDAVIT**

Registration form must be signed under oath. **Charitable organizations and sponsors must have the signature of the chief fiscal officer or treasurer.** See enclosed affidavit. [496.405(2), 496.409(2), 496.410(2), F.S.]

**FINANCIAL STATEMENT**

**Charitable Organizations/Sponsors** [496.407(1), F.S.]  
Refer to instructions above.



Charles H. Bronson  
Commissioner

Florida Department of Agriculture and Consumer Service  
Division of Consumer Services

**CHARITABLE ORGANIZATIONS/SPONSORS  
REGISTRATION APPLICATION**

Solicitation of Contributions Act  
Chapter 496, Florida Statutes

Make check payable and remit application to:

Florida Department of Agriculture and  
Consumer Services  
P.O. Box 6700  
Tallahassee, FL 32399-6700

www.800helpfla.com  
1-800-HELP-FLA (435-7352) FL Only  
1-850-488-2221 Calling outside FL  
Fax: 1-850-410-3804

Note: 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.

**Business Information**

**1. Name:**

\_\_\_\_\_

\* Fictitious (DBA) Name:

\_\_\_\_\_

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

Other Names Soliciting As:

\_\_\_\_\_

**2. Street Address** (include APT or SUITE # in all address lines; addresses must match those filed with the Division of Corporations):

\_\_\_\_\_

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

Mailing Address (if different from above):

\_\_\_\_\_

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

**3. Telephone Number:**

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Fax Number:

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email Address:

\_\_\_\_\_

Website:

\_\_\_\_\_

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

\_\_\_\_\_ - \_\_\_\_\_

Solicitation of Contributions  
Org Code: 42100602000-A2  
Object Code: 001133



**e. Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

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**Address:** \_\_\_\_\_

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

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**Telephone Number:** \_\_\_\_\_ **Is this person salaried:**

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  Yes  No

**8a. List all branch offices, chapters or affiliates located in the State of Florida. (attach a separate sheet if necessary)**

**a. Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

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**Address:** \_\_\_\_\_

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

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**Telephone Number:** \_\_\_\_\_

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**b. Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

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**Address:** \_\_\_\_\_

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

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**Telephone Number:** \_\_\_\_\_

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**8b. If the charitable organization or sponsor does not maintain an office in Florida, provide the name, street address, and telephone number of the person having custody of the financial records.**

**a. Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

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**Address:** \_\_\_\_\_

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

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**Telephone Number:** \_\_\_\_\_

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**9. Have any persons listed in question #7, or any of its officers, directors, trustees, or employees, persons with a controlling interest in applicant, or agents involved in solicitation, regardless of adjudication, been convicted of, found guilty of, pled guilty or nolo contendere to, or been incarcerated within the last 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, misappropriation of property, or any crime arising from the conduct of a solicitation for a charitable organization or sponsor within the last 10 years? [496.405(2)(d)5, F.S.]**

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

Name:

Nature of offense:

Date:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

Court having jurisdiction:

Disposition of offense:

Date:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

**10.** Have any persons listed in question #7, **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? [496.405(2)(d)6, F.S.]

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

Name:

Court issuing the injunction:

Date of injunction:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

**11.** List name of person(s) from question #7 responsible for solicitation or fundraising activities: [496.405(2)(c), 496.410(2)(i), F.S.]

**12.** Name of person(s) from question #7 responsible for the custody and final distribution of contributions: [496.405(2)(g)5, F.S.]

**13.** Month/Day fiscal year ends: [496.405(2)(g)3, F.S.] \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

**14.** Has organization been granted tax exempt status by the Internal Revenue Service? [496.405(2)(f), F.S.]

Yes  No  Pending If yes, under what section of the federal code? 501(c)\_\_\_\_\_ (insert number)  
You must attach a copy of the tax exemption determination letter from the IRS.

**15.** What is the purpose for which the organization is organized? [496.405(2)(b), F.S.]

**16.** What is the purpose for which the contributions will be used? [496.405(2)(b), F.S.]

**17.** List major program activities: [496.405(2)(g)4, F.S.]

**18.** Is this charitable organization/sponsor authorized by any other state to solicit contributions? [496.405(2)(d)1, F.S.]

Yes  No

**19.** Has the charitable organization/sponsor or any of its officers, directors, trustees, or principal salaried executive personnel been enjoined in any jurisdiction from soliciting contributions or been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets? [496.405(2)(d)2, F.S.]

Yes  No

**20.** Has the charitable organization/sponsor had its registration or authority denied, suspended, or revoked by any governmental agency? [496.405(2)(d)3, F.S.]

Yes  No If yes, please explain the reasons for the denial, suspension or revocation:

**21.** Has the charitable organization/sponsor voluntarily entered into an assurance of voluntary compliance (AVC) or agreement similar to that set forth in s.496.420, Florida Statutes? [496.405(2)(d)4, F.S.]

Yes  No If yes, attach a copy of the agreement.

**22.** Does the charitable organization or sponsor employ a professional solicitor? [496.405(2)(e), F.S.]

Yes  No If yes, attach a copy of the current contract, and provide the following information for each. (attach a separate sheet if necessary)

Name:

Address:

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

Telephone Number:

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Florida Registration Number:

SS- \_\_\_\_\_

Dates of contract:

Beginning Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

End Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**23.** Does the charitable organization or sponsor employ a professional fundraising consultant? [496.405(2)(e), F.S.]

Yes  No

(attach a separate sheet if necessary)

Name:

Address:

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

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

Florida Registration Number:  
FC- \_\_\_\_\_

Dates of contract:  
Beginning Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

End Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**ONLY SPONSORS NEED TO ANSWER THE FOLLOWING QUESTIONS:**

**24. If a sponsor, answer the following:** [496.426, F.S.]

**a.** Does the organization consist of members who are individuals of whom at least 10% or 100 members, whichever is less, are actively employed as law enforcement officers or emergency service employees by an agency of the United States, this state, a municipality, or a political subdivision of this state, and who personally sign written membership agreements with the organization and **pay an annual membership of not less than \$10 a member?**

Yes  No

**b. Total number of sponsor's members:**

\_\_\_\_\_

**c. Total number of members actively employed as law enforcement or emergency service employees:**

\_\_\_\_\_

**d.** Percentage of total net contributions, which are dispersed in the state on behalf of its members in furtherance of its stated purposes or programs (defined as the total amount of all contributions raised minus the total cost of expenses incurred in raising contributions solicited):

\_\_\_\_\_ %

**25. Indicate the type of financial report you are filing for the immediately preceding fiscal year:** [496.405(2)(a), F.S.]

- Budget (new organizations only)
- Department's financial report form - **See pages 7 and 8**
- 990 with Schedule A - **See item #25 of instructions for completing the Financial Report**
- 990-EZ - **See item #25 of instructions for completing the Financial Report**

*Remainder of page left intentionally blank*

STATEMENT OF SUPPORT/REVENUE AND EXPENSES FOR THE CALENDAR YEAR

12/31/\_\_\_\_ OR YEAR ENDING \_\_\_\_/\_\_\_\_/\_\_\_\_

**NOTE:** In lieu of completing the following financial statement, you may send the IRS 990 with Schedule A or 990-EZ. If providing a 990 without lines 13-16 completed, or if providing a 990EZ, you **must** complete lines 10-13 below.

Is this a consolidated financial statement?  Yes  No

**REVENUE**

**1. Contributions, gifts, grants, and similar amounts received**

- a. Direct public support (attach list of charitable organizations or sponsors, professional solicitors, fundraising consultants and commercial co-venturers used, if any, and the amounts received from each of them, if any. [496.407(1)(c), F.S.]) 1a. \_\_\_\_\_
- b. Indirect public support (attach list of sources and amounts) 1b. \_\_\_\_\_
- c. Grants (attach list of sources and amounts) 1c. \_\_\_\_\_
- d. Total (add lines 1a, 1b, and 1c) **1d.** \_\_\_\_\_

**2. Inventory sales**

- a. Gross sales 2a. \_\_\_\_\_
- b. Less cost of goods sold 2b. \_\_\_\_\_
- c. Gross profit (or loss) (line 2a less line 2b) **2c.** \_\_\_\_\_

**3. Special events and fundraising activities**

- a. Gross revenue (not including contributions reported on line 1) 3a. \_\_\_\_\_
- b. Less direct expenses 3b. \_\_\_\_\_
- c. Net income (or loss) (line 3a less line 3b) **3c.** \_\_\_\_\_

**4. Program service revenue**

**4.** \_\_\_\_\_

**5. Membership dues and assessments**

**5.** \_\_\_\_\_

**6. Sale of assets other than inventory**

- a. Gross sales 6a. \_\_\_\_\_
- b. Less sales expenses 6b. \_\_\_\_\_
- c. Net gain (or loss) (line 6a less line 6b) **6c.** \_\_\_\_\_

**7. In-kind contributions and services**

**7.** \_\_\_\_\_

**8. Other revenue** (attach list of sources and amounts)

**8.** \_\_\_\_\_

**9. TOTAL REVENUE** (add lines 1d, 2c, 3c, 4, 5, 6c, 7, and 8)

**9.** \_\_\_\_\_

**EXPENSES**

- 10.** Program services (including payments to affiliates) **10.** \_\_\_\_\_
- 11.** Management and general **11.** \_\_\_\_\_
- 12.** Fundraising **12.** \_\_\_\_\_
- 13. TOTAL EXPENSES** (add lines 10, 11, and 12) **13.** \_\_\_\_\_

**NET ASSETS**

- 14. Excess (or deficit) for the year (line 9 less line 13)** **14.** \_\_\_\_\_
- 15.** Net assets or fund balance at beginning of year **15.** \_\_\_\_\_
- 16.** Net assets or fund balance at end of year (add lines 14 and 15) **16.** \_\_\_\_\_

**Balance Sheet:**

	(A) Beginning of Year	(B) End of Year
Cash, savings and investments	_____	_____
Land and building	_____	_____
Other assets (describe on separate sheet)	_____	_____
<b>Total assets</b>	_____	_____
<b>Total liabilities</b> (describe on separate sheet)	_____	_____
<b>Total assets or fund balance</b>	_____ (Line 15)	_____ (Line 16)

## Statement of Functional Expenses

	(A) Total (sum of B, C, D)	(B) Program Services	(C) Management and General	(D) Fundraising
Grants and Allocations (cash _____ non-cash _____) (attach schedule)				
Assistance to individuals (attach schedule)				
Benefits to members (attach schedule)				
Compensation to officers, etc.				
Other salaries, wages, etc.				
Other benefits, pensions, etc.				
Payroll taxes				
Professional fundraising fees				
Accounting fees				
Legal fees				
Supplies				
Telephone				
Postage and shipping				
Equipment rental				
Occupancy				
Printing				
Travel				
Conferences and meetings				
Interest				
Insurance				
Other (describe)				
Other (describe)				
Other (describe)				
Other (describe)				
<b>Total Expenses</b>				

# Affidavit

State of: \_\_\_\_\_

County of: \_\_\_\_\_

I, \_\_\_\_\_, being first duly sworn, say that I am the  
(Name)  
\_\_\_\_\_ of \_\_\_\_\_  
(Treasurer or Chief Fiscal Officer) (Name of Organization or Company)

and further state that:

1. \_\_\_\_\_ completed the Registration Statement;  
(Name of person completing registration if different from above)
2. The Registration Statement is made for the purpose of complying with the provisions of Chapter 496, Florida Statutes, Solicitation of Contributions Act;
3. I have read the Registration Statement and know the contents thereof.

\_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
by \_\_\_\_\_, who is personally known to me or who has produced  
\_\_\_\_\_ as identification and who (did) (did not) take an oath.

SEAL/STAMP

\_\_\_\_\_  
(Notary Public Signature)

\_\_\_\_\_  
(Notary Public Name, Please Print)

MY COMMISSION EXPIRES: \_\_\_\_\_