

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



**ADAM H. PUTNAM  
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 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 thirty (30) 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

### 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. 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.

### 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.

### -Certification

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

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

Florida Department of Agriculture and Consumer Services  
Solicitation of Contributions  
P.O. Box 6700  
Tallahassee, FL 32314-6700

**Mail overnight packages to:**

Florida Department of Agriculture and Consumer Services  
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.]

A copy of any contract or agreement with a charitable organization or sponsor, must be filed with the department by the professional fundraising consultant five (5) days prior to any material service performed by a consultant.

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.

The contract **must** contain all of the following provisions:

- 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.

**Send contract and any changes to the registration application to:**

Florida Department of Agriculture and Consumer Services  
Solicitation of Contributions  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

**CHANGES TO INFORMATION FILED**

**Professional Fundraising Consultants** must report to the department any material change in the information filed, in writing, within seven (7) days after the change occurs. [s. 496.409(8), F.S.]

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



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**PROFESSIONAL FUNDRAISING CONSULTANT  
REGISTRATION APPLICATION**

Solicitations of Contributions Act  
Chapter 496, Florida Statutes  
Rule 5J-7.009, Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800 *Calling Outside Florida*  
www.800helpfla.com • 850-410-3804 *Fax*

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

FDACS  
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.** 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**

**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):

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:** [ss. 496.405(2)(f), 496.409(2), F.S.]

Corporation  LLC  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. Include owners, partners, agents, employees, and all other persons with whom you have contracted to work under your direction that you intend to include in this registration. The residence addresses of all principals of the applicant, including all officers, directors, and owners must be submitted** *(attach additional sheets as necessary using the same format).* [s. 496.409(2)(c), F.S.]

<b>Name:</b>	<b>Title:</b>
_____	
<b>Residence Address:</b>	
_____	
<b>City:</b>	<b>State:</b> <b>Zip Code:</b>
_____	_____ - _____
<b>Telephone Number:</b>	<b>Email:</b>
( _____ ) _____ - _____	_____

<b>Name:</b>	<b>Title:</b>
_____	
<b>Residence Address:</b>	
_____	
<b>City:</b>	<b>State:</b> <b>Zip Code:</b>
_____	_____ - _____
<b>Telephone Number:</b>	<b>Email:</b>
( _____ ) _____ - _____	_____

<b>Name:</b>	<b>Title:</b>
_____	
<b>Residence Address:</b>	
_____	
<b>City:</b>	<b>State:</b> <b>Zip Code:</b>
_____	_____ - _____
<b>Telephone Number:</b>	<b>Email:</b>
( _____ ) _____ - _____	_____

<b>Name:</b>	<b>Title:</b>
_____	
<b>Residence Address:</b>	
_____	
<b>City:</b>	<b>State:</b> <b>Zip Code:</b>
_____	_____ - _____
<b>Telephone Number:</b>	<b>Email:</b>
( _____ ) _____ - _____	_____

<b>Name:</b>	<b>Title:</b>
_____	
<b>Residence Address:</b>	
_____	
<b>City:</b>	<b>State:</b> <b>Zip Code:</b>
_____	_____ - _____
<b>Telephone Number:</b>	<b>Email:</b>
( _____ ) _____ - _____	_____

**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)

<b>Name:</b>	<b>Title:</b>
<hr/>	
<b>Address:</b>	
<hr/>	
<b>City:</b>	<b>State:</b> <b>Zip Code:</b>
<hr/>	
<b>Telephone Number:</b> (    )    -	<b>Email:</b>
<hr/>	

<b>Name:</b>	<b>Title:</b>
<hr/>	
<b>Address:</b>	
<hr/>	
<b>City:</b>	<b>State:</b> <b>Zip Code:</b>
<hr/>	
<b>Telephone Number:</b> (    )    -	<b>Email:</b>
<hr/>	

**8.** Has the applicant *or any of its officers, directors, trustees, or employees*, 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)

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

**9.** Have any persons *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)

<b>Name:</b>	<b>Court issuing the injunction:</b>	<b>Date of injunction:</b> ____ / ____ / ____ <small>Month                      Day                      Year</small>
<hr/>	<hr/>	<hr/>

**10. 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: \_\_\_\_\_

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

**Yes**     **No**

If yes, please provide the names and relationship: \_\_\_\_\_

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

