



Most charitable organizations are required to register before soliciting for donations.

WHAT IS THE ORGANIZATIONS TAX EXEMPT STATUS: 501(C) _____ OR NONE _____

If you answered 501(c)(3), (7) or (8) your organization is exempt from registration with the Attorney General. DO NOT complete or submit this form or pay filling fees to this office.

If pursuant to Rule 15 CSR 60-3.080 you would like a letter indicating that your organization is exempt from registration, email your request along with a copy of your IRS determination letter to registrations@ago.mo.gov.

If you are required to register, mail this completed form along with your \$15 fee to:
Missouri Attorney General's Office • Attention: Registration Specialist • P.O. Box 899 • Jefferson City, MO 65102

Charitable Organization Information

OFFICIAL NAME _____

OTHER NAMES USED (DBAs) _____

PRINCIPAL PLACE OF BUSINESS
Street _____ City _____ State _____ Zip _____ Phone () - _____

ADDRESS AND PHONE OF EACH SOLICITATION LOCATION IN MISSOURI (include professional fundraisers)

Street _____ City _____ State _____ Zip _____ Phone () - _____

PURPOSE OF CHARITABLE ORGANIZATION _____

EMAIL _____

NOTE: Future correspondence regarding your registration will be sent to this email address unless otherwise specifically requested.

TYPE OF BUSINESS ENTITY (Check one of four boxes below.)

CORPORATION (Attach articles of incorporation) List officers' and directors' names, positions, phones and home addresses

NAME _____ PHONE NO. () - _____

ADDRESS _____
Street _____ City _____ State _____ Zip _____ Position _____

NAME _____ PHONE NO. () - _____

ADDRESS _____
Street _____ City _____ State _____ Zip _____ Position _____

NAME _____ PHONE NO. () - _____

ADDRESS _____
Street _____ City _____ State _____ Zip _____ Position _____



NAME _____ PHONE NO. () -

ADDRESS _____
Street City State Zip Position

PARTNERSHIP (Attach partnership agreement) List partners' names, positions, phones and home addresses

NAME _____ PHONE NO. () -

ADDRESS _____
Street City State Zip Position

NAME _____ PHONE NO. () -

ADDRESS _____
Street City State Zip Position

NAME _____ PHONE NO. () -

ADDRESS _____
Street City State Zip Position

NAME, ADDRESS, PHONE, INTEREST AMOUNT OF THOSE OWNING AT LEAST 10% OF ORGANIZATION

NAME _____ PHONE NO. () -

ADDRESS _____
Street City State Zip Interest Owned (%)

SOLE PROPRIETORSHIP **OTHER** (explain) _____

NAME, ADDRESS AND PHONE OF EACH GOVERNMENTAL AGENCY REGISTERED WITH DURING PAST THREE YEARS

NAME _____ PHONE NO. () -

ADDRESS _____
Street City State Zip County

Professional Fundraiser Information

NAME, ADDRESS AND PHONE OF ANY PROFESSIONAL FUNDRAISER WHO WILL SOLICIT

NAME _____ PHONE NO. () -

ADDRESS _____
Street City State Zip Position

NAME _____ PHONE NO. () -

ADDRESS _____
Street City State Zip Position



HOW FUNDRAISER WILL BE PAID _____

Solicitation Information

TYPES OF SOLICITATION PROGRAMS USED BY ORGANIZATION OR PROFESSIONAL FUNDRAISER (such as personal contact, direct mail, radio and TV commercials or newspaper ads) Enclose all written sales presentations, ads, phone scripts or other solicitations.

PERCENTAGE OF FUNDS RAISED OVER PAST FIVE YEARS SPENT DIRECTLY FOR STATED CHARITABLE PURPOSE: _____%
(If \$1,000 was collected and \$200 was spent on operating costs, then the percentage is 80%.)

Financial Information

FOR THE PURPOSE OF ANNUAL REPORTING, WHAT IS THE ENDING DATE OF YOUR FISCAL YEAR? _____
Month Day

FINANCIAL INSTITUTIONS, ADDRESSES, PHONES AND ACCOUNT NAMES INTO WHICH ALL FUNDS WILL BE DEPOSITED

INSTITUTION _____ PHONE NO. () - -

ADDRESS _____
Street City State Zip Account Name

INSTITUTION _____ PHONE NO. () - -

ADDRESS _____
Street City State Zip Account Name

Organization & Professional Fundraiser Background Check

HAS A LICENSE OR PERMIT TO SOLICIT FUNDS EVER BEEN DENIED OR REVOKED? NO YES If "yes," explain in detail:

LOCATION OF ACTION _____ DATE OF ACTION (MM-DD-YY) _____

GOVERNMENT AGENCY BRINGING ACTION _____

REASON FOR ACTION _____



HAS A GOVERNMENTAL AGENCY ENJOINED OR PROHIBITED YOUR ORGANIZATION OR PROFESSIONAL FUNDRAISER FROM SOLICITING? NO YES If "yes," explain in detail:

LOCATION OF ACTION _____

DATE OF ACTION (MM-DD-YY) _____

AGENCY BRINGING ACTION _____

REASON FOR ACTION _____

HAVE ANY OFFICERS, PROFESSIONAL FUNDRAISERS, DIRECTORS, OR OWNERS OF AT LEAST 10% OF THE CHARITY BEEN CONVICTED OF A FELONY? NO YES If "yes," explain in detail:

Verification Statement

Being duly sworn deposes and states that s/he has made the foregoing initial registration statement of a charitable organization, as required by section 407.462, RSMo; that s/he has read the foregoing registration statement and knows the contents thereof; that s/he is authorized to verify the foregoing registration statement; and that the foregoing registration statement is true to her/his own knowledge; and that the foregoing registration statement was made for the purpose of complying with the requirements of sections 407.450 through 407.478, RSMo.

Printed Name _____

Authorized Signature _____

Enclose \$15 check for registration fee. Make check payable to "Merchandising Practices Revolving Fund".

Notary

Subscribed and sworn to before me, this _____ day of _____, 20 _____

Notary Public Signature _____