



**ENCLOSE \$50 FEE**

All professional fundraisers must register before soliciting charitable donations. Mail this completed form to:  
Missouri Attorney General's Office • Attention: Registration Specialist • P.O. Box 899 • Jefferson City, MO 65102

## Professional Fundraiser Information

**OFFICIAL NAME** \_\_\_\_\_

**OTHER NAMES USED (DBAs)** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

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

**PRINCIPLE PLACE OF BUSINESS**  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) - \_\_\_\_\_

### ADDRESS AND PHONE OF EACH SOLICITATION LOCATION IN MISSOURI

Street \_\_\_\_\_ City \_\_\_\_\_ MO \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) - \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ MO \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) - \_\_\_\_\_

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

NAME \_\_\_\_\_ PHONE NO. ( ) - \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

### 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) \_\_\_\_\_

**Solicitation Information**

**NAME, ADDRESS AND PHONE OF ORGANIZATIONS FOR WHICH FUNDRAISER SOLICITED IN PAST 5 YEARS** (include current clients)

NAME \_\_\_\_\_ PHONE NO. (    )    -

ADDRESS \_\_\_\_\_  
Street City State Zip Position

NAME \_\_\_\_\_ PHONE NO. (    )    -

ADDRESS \_\_\_\_\_  
Street City State Zip Position

**HOW FUNDRAISER WILL BE PAID** \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_



**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

**WHAT CONSUMERS WILL BE TOLD ABOUT THE CHARITY AND HOW THE FUNDS WILL BE USED**

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**Professional Fundraiser & Charitable Organization 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, INDIVIDUAL FUNDRAISERS, DIRECTORS, OR OWNERS OF AT LEAST 10% OF THE CHARITY BEEN CONVICTED OF A FELONY?**  NO  YES If "yes," explain in detail:

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### Verification Statement

Being duly sworn deposes and states that s/he has made the foregoing professional fundraiser's registration statement, 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 \$50 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 \_\_\_\_\_