



ENCLOSE \$75 FEE

This form is for reinstating your registration if you have failed to renew it within 45 days of your initial registration. Return to: Missouri Attorney General's Office • Attention: Registration Specialist • P.O. Box 899 • Jefferson City, MO 65102

Professional Fundraiser Information

OFFICIAL NAME \_\_\_\_\_ REGISTRATION # \_\_\_\_\_

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

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

NAME, ADDRESS AND PHONE OF CORPORATION'S REGISTERED AGENT

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 \_\_\_\_\_ 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

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

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

**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.

Blank lines for listing solicitation programs used.

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

Blank lines for describing what consumers will be told about the charity and how funds will be used.

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:

---

---

---

---

---

---

---

### 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 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 \$75 check (\$50 filing fee plus \$25 reinstatement fee). Make check payable to "Merchandising Practices Revolving Fund".

### Notary

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Public Signature \_\_\_\_\_