



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](mailto: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 \_\_\_\_\_