

# FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES



**WILTON SIMPSON  
COMMISSIONER**

**PROFESSIONAL SOLICITORS  
REGISTRATION APPLICATION**  
Chapter 496, Florida Statutes  
Rule 5J-7.010, Florida Administrative Code

Florida Department of Agriculture and Consumer Services  
**Professional Solicitor**

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# INSTRUCTIONS AND CHECKLIST FOR COMPLETING THE REGISTRATION APPLICATION

## REGISTRATION AND RENEWALS

No person may act as a professional solicitor until he or she has first complied with the requirements of ss. 496.401-496.424, F.S. and has obtained approval of the registration statement from the Florida Department of Agriculture and Consumer Services (FDACS).

Registration fee is \$300 for 1 year. All fees are non-refundable. Renewal applications will be mailed forty-five (45) days before the expiration of this registration and the solicitor must file a renewal prior to their expiration, on a form provided by the department. A person may not act as a professional solicitor after the expiration, suspension, or cancellation of the registration. [s. 496.410(1)(2)(3), F.S.]

## CHECKLIST

If you have any questions or need assistance in completing this application, please contact the department at 1-800-HELP-FLA (435-7352) or (850) 410-3800.

When filing an application, be certain that the application is completely filled out, that all questions are answered truthfully and that all the information requested is provided. Please type or print in ink. Additional pages may be attached if additional space is needed using the same format. Please ensure that all attachments reflect the organization's name or registration number and the number of the corresponding question.

### Item # 1

If the applicant is not 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: 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 physical street address for the principal place of business of the applicant. Include the suite, room, or other unit number. **The use of a mail drop is not acceptable.** If the mailing address 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. All documents and attachments submitted with this application are subject to public records review pursuant to Chapter 119, F.S. However, exemptions apply to certain employees. If you qualify under these exemptions, you can request that certain information be redacted from the public records available through the department. Exemptions may apply to:

- Current or former law enforcement officers and their families;
- Current or former judges and their families;
- Current or former prosecutors and their families;
- Current or former firefighters and their families;
- Current or former human resources managers and their families; and
- Current or former code enforcement officers and their families.

This is not a comprehensive list. For a complete list, see Section 119.071(4), F.S. If you qualify for one of the public records exemptions and wish to have your information exempted from public review, please check the appropriate box.

**Item # 7**

List names, birthdates and identifying numbers on or associated with a valid government issued identification card of person or persons in charge of any solicitation activities.

**NOTE:** Each officer, director, trustee, or owner of a professional solicitor and any employee of a professional solicitor conducting telephonic solicitations during which a donor's or potential donor's personal financial information is requested or provided must obtain a solicitor license and be fingerprinted. A copy of FDACS-10120, Professional Solicitor Individual License Application 01/15, as incorporated in Rule 5J-7.010(2), F.A.C., can be found at [www.FDACS.gov](http://www.FDACS.gov).

**Item # 8**

List telephone numbers the applicant will use to solicit contributions, the physical address associated with each number and fictitious names associated with such addresses.

**Item # 9**

Provide the name, address, and telephone number of any other offices in the state of Florida.

**Item # 10**

List whether any written scripts, presentations, or literature provided to the donor will be used to solicit contributions.

**NOTE:** The registration of a professional solicitor shall be automatically suspended for failure to disclose any information specified in questions 11, 12 and 13 until such time as the required information is submitted to the department.

**Item # 11**

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 # 12**

Answer by checking appropriate box and provide supplementary information, if applicable.

**Item # 13**

Answer by checking appropriate boxes and provide supplementary information, if applicable.

**Item # 14**

Answer by checking appropriate boxes and provide supplementary information, if applicable.

**Item # 15**

Provide the name, address, telephone number, registration number and contract dates for all current contracts and agreements with charitable organizations or sponsors soliciting contributions in the state of Florida.

**Certification**

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

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

FDACS  
Solicitation of Contributions  
P.O. Box 6700  
Tallahassee, FL 32399-6700

**Mail overnight packages to:**

FDACS  
Solicitation of Contributions  
407 S. Calhoun St., First Floor  
Attention: Finance and Accounting  
Tallahassee, FL 32399-0800

## OTHER REQUIRED DOCUMENTS

**SURETY BOND** [s. 496.410(4), F.S.]

A professional solicitor **must**, at the time of application or renewal of registration, file with and have approved by the department a bond, to which the professional solicitor is the principal obligor in the sum of **\$50,000**, with one or more sureties authorized to do business in this state. The professional solicitor **must** maintain the bond in effect as long as the

registration is in effect; however, the liability of the surety under the bond **must** not exceed an all-time aggregate liability of \$50,000. The bond, which may be in the form of a rider to a larger blanket liability bond, **must** be payable to the state of Florida, Department of Agriculture and Consumer Services and to any person who may have a cause of action against the principal obligor of the bond for any liability arising out of a violation by the obligor of any provision of ss. 496.401 - 496.424, F.S., or any rule adopted pursuant thereto. *A sample surety bond can be accessed online at [www.FDACS.gov](http://www.FDACS.gov).*

**Note:** Any solicitation activities prior to registering must cease immediately until registered. A contract containing all of the following information must be submitted to the department prior to conducting further solicitation activities.

**CONTRACTS** [s. 496.410(6), (7), F.S.]

A copy of any contract(s) or agreement(s) with a charitable organization(s) or sponsor(s) **must** be filed with the department **by the** professional solicitor **15 days prior** to a solicitor's campaign or event. Contracts must accompany FDACS-10105, Notice of Commencement of Solicitation, Rev. 01/15, as incorporated in Rule 5J-7.011, F.A.C. (Please enclose with registration documents) A professional solicitor may enter into a contract or agreement only with a charitable organization or sponsor that has complied with the Florida Solicitation of Contributions Act.

Each contract or agreement between a professional solicitor and a charitable organization or sponsor for each solicitation campaign must be in writing, signed by two authorized officials of the charitable organization or sponsor, one of whom must be a member of the organization's governing body and one of whom must be the authorized contracting officer for the professional solicitor, and contain all of the following provisions:

- a. A statement of the charitable or sponsor purpose and program for which the solicitation campaign is being conducted.
- b. A statement of the respective obligations of the professional solicitor and the charitable organization or sponsor.
- c. A statement of the guaranteed minimum percentage of the gross receipts from contributions which will be remitted to the charitable organization or sponsor, if any, or, if the solicitation involves the sale of goods, services, or tickets to a fundraising event, the percentage of the purchase price which will be remitted to the charitable organization or sponsor, if any. Any stated percentage shall exclude any amount which the charitable organization or sponsor is to pay as fundraising costs.
- d. A statement of the percentage of the gross revenue which the professional solicitor will be compensated. If the compensation of the professional solicitor is not contingent upon the number of contributions or the amount of revenue received, his or her compensation shall be expressed as a reasonable estimate of the percentage of the gross revenue, and the contract must clearly disclose the assumptions upon which the estimate is based. The stated assumptions must be based upon all of the relevant facts known to the professional solicitor regarding the solicitation to be conducted by the professional solicitor.
- e. The effective and termination dates of the contract.

**NOTICE OF COMMENCEMENT OF SOLICITATION** [s. 496.410(6), F.S.]

A Notice of Commencement of Solicitation **must** be provided to the department **by the** professional solicitor **no less than 15 days before** commencing each solicitation campaign or event using FDACS-10105 Rev. 01/15, as incorporated in Rule 5J-7.011, F.A.C.

**FINANCIAL REPORT OF CAMPAIGN** [s. 496.410(8), F.S.]

**Within 45 days after** a solicitation campaign has been completed, **and within 45 days after the anniversary** of the commencement of a solicitation campaign lasting more than 1 year, a financial report of the campaign **must** be provided to the charitable organization or sponsor **and filed** with the department using FDACS-10106, Professional Solicitors Financial Report of Campaign, Rev. 11/14. The form will be mailed to you prior to the anniversary date and on the end date of a campaign.

**CUSTODY OF CONTRIBUTIONS** [s. 496.410(9), F.S.]

Each contribution collected by or in the custody of the professional solicitor must be solely in the name of the charitable organization or sponsor on whose behalf the contribution was solicited. Not later than 2 days after receipt of each contribution, the professional solicitor must deposit the entire amount of the contribution in an account at a bank or other federally insured financial institution, which must be in the name of that charitable organization or sponsor. The charitable organization or sponsor must have sole control of all withdrawals from the account, and the professional solicitor shall not be given the authority to withdraw any deposited funds from the account.

## **RECORDS** [s. 496.410(10), F.S.]

During each solicitation campaign, and for not less than 3 years after its completion, the professional solicitor shall maintain the following records:

- a. The date and amount of each contribution received and the name, address, and telephone number of each contributor.
- b. The name and residence street address of each employee, agent, and any other person, however designated, who is involved in the solicitation, the amount of compensation paid to each, and the dates on which the payments were made.
- c. A record of all contributions that at any time are in the custody of the professional solicitor.
- d. A record of all expenses incurred by the professional solicitor for the payment of which the professional solicitor is liable.
- e. A record of all expenses incurred by the professional solicitor for the payment of which the charitable organization or sponsor is liable.
- f. The location of each bank or financial institution in which the professional solicitor has deposited revenue from the solicitation campaign and the account number of each account in which the deposits were made.
- g. A copy of each pitch sheet or solicitation script used during the completed solicitation campaign.
- h. If a refund of a contribution has been requested, the name and address of each person requesting the refund, and, if a refund was made, its amount and the date it was made.

## **CHANGES TO INFORMATION FILED** [s. 496.410(13), F.S.]

**Professional Solicitors must** report to the department any material change in the information filed, in writing, within **7 days** after the change occurs. A current mailing and email address should be on file at all times in order to ensure timely receipt of correspondence. A sample material change form can be found online at [www.FDACS.gov](http://www.FDACS.gov) or by calling 800-HELP-FLA(435-7352) inside Florida or (850) 410-3800 outside Florida.

**IMPORTANT:** Every professional solicitor which is required to register under s. 496.410, F.S., or is exempt under s. 496.406(1)(d) shall conspicuously display the following statement on every solicitation, confirmation, receipt, or reminder of a contribution: "A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE." The statement must include a toll-free number and website for the division that can be used to obtain the registration information. When the solicitation consists of more than one piece, the statement must be displayed prominently in the solicitation materials. If the solicitation occurs on a website, the statement must be conspicuously displayed on any webpage that identifies a mailing address where contributions are to be sent, identifies a telephone number to call to process contributions, or provides for online processing of contributions. **The toll-free number of the department is 1-800-HELP-FLA (435-7352) – calling from within the state of Florida, or (850) 410-3800 – calling from outside of Florida. The department's website is [www.FDACS.gov](http://www.FDACS.gov).** [s. 496.412(1)(c), F.S.]

## **COLLECTION RECEPTACLES**

Collection receptacles used to collect donated clothing, household items, and other goods for resale must display a permanent sign or label on each side printed in letters that are at least 3 inches in height and no less than one-half inch in width, in a color that contrasts with the color of the collection receptacle which contains the name, business address, telephone number, and registration number of the charitable organization or sponsor for whom the solicitation is made. Upon request, a charitable organization or sponsor using a collection receptacle must provide the donor with documentation of its tax-exempt status and the registration issued under this chapter. [s. 496.4121, F.S.]

### **Send Contract, Notices of Commencement, and Material Change Form to:**

FDACS  
Solicitation of Contributions  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



WILTON SIMPSON  
COMMISSIONER

**PROFESSIONAL SOLICITORS  
REGISTRATION APPLICATION**

Solicitation of Contributions Act  
Chapter 496, Florida Statutes  
Rule 5J-7.010, Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800  
www.FDACS.gov • 850-410-3804 Fax

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

FDACS  
Solicitation of Contributions  
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 **using the same format**. 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**

New Application     Renewal    **SS** \_\_\_\_\_    **DTN** \_\_\_\_\_ (as listed on the preprinted renewal application)

**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. Physical Street Address** (include APT or SUITE # in all address lines; addresses must match those filed with the Division of Corporations; do not use a mail-drop):

**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. 496,410(2)(b) and (c), F.S.]  
 Corporation     LLC     Partnership     Sole Proprietorship     Other (please describe below):

**Date incorporated or legally established:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month                                  Day                                  Year

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

**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. The residence addresses of all principals of the applicant, including all officers, directors, and owners must be submitted. Exemptions from public records apply to certain personal information about current or former law enforcement officers, judges, prosecutors, public defenders, firefighters, code enforcement officers and guardians ad litem and their families. For a complete list of exemptions, see Section 119.071(4), F.S. If you qualify for one of these exemptions, please check the box below. (attach additional sheets as necessary using the same format) [s. 496.410(2)(d), 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>Criminal History:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Exempt from public records [s. 119.071(4), F.S.]</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<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>Criminal History:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Exempt from public records [s. 119.071(4), F.S.]</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<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>Criminal History:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Exempt from public records [s. 119.071(4), F.S.]</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<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>Criminal History:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Exempt from public records [s. 119.071(4), F.S.]</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<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>Criminal History:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Exempt from public records [s. 119.071(4), F.S.]</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<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>Criminal History:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Exempt from public records [s. 119.071(4), F.S.]</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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**7. List name, birthdate and identifying numbers on or associated with a valid government-issued identification card of all person(s) responsible for or engaged in solicitation activity (except those individuals required to obtain an individual license pursuant to s. 496.4101):** [s. 496.410(2)(j), F.S.] (attach additional sheets as necessary using the same format)

Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Government Issued ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_  
 Type of Government ID: \_\_\_\_\_

Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Government Issued ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_  
 Type of Government ID: \_\_\_\_\_

Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Government Issued ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_  
 Type of Government ID: \_\_\_\_\_

**8. List all telephone numbers the applicant will use to solicit contributions as well as the actual physical address associated with each telephone number and any fictitious names associated with such addresses:** (attach additional sheets as necessary using the same format) [s. 496.410(2)(j), F.S.]

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Fictitious Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

**9. List all other offices located in the state of Florida.** [s. 496.410(2)(a), F.S.] (attach additional sheets as necessary using the same format)

Name: _____	Name: _____
Street Address: _____	Street Address: _____
City: _____	City: _____
State: _____ Zip Code: _____ - _____	State: _____ Zip Code: _____ - _____
Telephone Number: ( _____ ) _____ - _____	Telephone Number: ( _____ ) _____ - _____
Email: _____	Email: _____

**10. Are any written scripts, presentations, or literature to be provided to the donor when soliciting contributions?** [s. 496.410(2)(k), (l), F.S.]

Yes  No

If yes, written scripts, presentations, or literature must be submitted with the application unless they are submitted with FDACS-10105 Notice of Commencement of Solicitation, Rev. 11/14.

**11. Have any persons or any of its directors, officers, trustees, persons with a controlling interest in the applicant, or employees or agents involved in solicitation have, within the last 10 years, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or have been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony?** [s. 496.410(2)(f), F.S.]

Yes  No **If yes,** please provide the following information for each individual: (attach additional sheets as necessary using the same format)

Name:

Nature of offense:

Date:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

Court having jurisdiction:

Disposition of offense:

Date:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

**12. Have any persons or any of its directors, officers, trustees, persons with a controlling interest in the applicant, or employees or agents involved in solicitation have, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or have been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, a crime within the last 10 years 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?**

[s. 496.410(2)(g), F.S.]

Yes  No **If yes,** please provide the following information for each individual: (attach additional sheets as necessary using the same format)

Name:

Nature of offense:

Date:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

Court having jurisdiction:

Disposition of offense:

Date:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

**13. 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. 496.410(2)(h), F.S.]

Yes  No **If yes,** please provide the following information for each individual: (attach additional sheets as necessary using the same format)

Name:

Court issuing the injunction:

Date of injunction:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

**NOTE:** No person may act as a professional solicitor, and no professional solicitor shall, to solicit for compensation, knowingly employ any officer, trustee, director, employee, or any person with a controlling interest therein, who has, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or has been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, a felony within the last 10 years 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, or has been enjoined from violating any law relating to a charitable solicitation. [s. 496.410(14), F.S.]

**14. Answer Yes or No to the following questions:** [s. 496.410(2)(e), F.S.] (attach a separate sheet if necessary using the same format)

Are any of the owners, directors, officers, or employees of the applicant related as parent, spouse, child, or sibling to any other directors, officers, owners, or employees of the applicant?

Yes  No If yes, please provide the names and relationship:

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Are any such persons related to any officer, director, trustee or employee of a charitable organization or sponsor with whom you hold a contract?

Yes  No If yes, please provide the names and relationship:

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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:

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**15. List all current contracts and agreements with charitable organizations or sponsors soliciting contributions in the state of Florida and include the registration (CH) number of each.** (attach a separate sheet if necessary using the same format) [s. 496.410(6)(h), F.S.]

Name: \_\_\_\_\_

**Street Address**

(include APT or SUITE # in all address lines; addresses must match those filed with the Division of Corporations; do not use a mail drop)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Registration Number: CH \_\_\_\_\_

Contract Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Name: \_\_\_\_\_

**Street Address**

(include APT or SUITE # in all address lines; addresses must match those filed with the Division of Corporations; do not use a mail drop)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Registration Number: CH \_\_\_\_\_

Contract Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Name: \_\_\_\_\_

**Street Address**

(include APT or SUITE # in all address lines; addresses must match those filed with the Division of Corporations; do not use a mail drop)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Registration Number: CH \_\_\_\_\_

Contract Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

