

Applicant's NC CSL License Number : _____

1. Applicant Organization's Full Legal Name:
2. Applicant's Principal Telephone Number (include area code):
3. Applicant's Principal Street Address, including City, State Code, and Zip Code (do not use a P.O. Box address):
4. Name under which you intend to solicit contributions:
5. Describe the purpose for which you are organized:
6. Describe the purpose for which contributions will be used:
7. Are you authorized by any other state to solicit contributions?
☐ YES: Attach a list of these states. | ☐ NO.
8. During the time since your last application filing, have you or any of your officers, directors, trustees, or salaried executive personnel been enjoined or prohibited in any jurisdiction from soliciting contributions?
☐ YES: Attach an explanatory statement. | ☐ NO.
9. During the time since your last application filing, have you or any of your officers, directors, trustees, or salaried executive personnel been found to have engaged in unlawful practices in the solicitation of contributions or the administration of charitable assets?
☐ YES: Attach an explanatory statement. | ☐ NO.
10. Do you compensate any of your officers, trustees, organizers, incorporators, fundraisers, or solicitors?
☐ YES. | ☐ NO.
11. Name the individual(s) or officer(s) in charge of any solicitation activities:
12. Other than your principal office identified above, do you maintain any additional office locations in North Carolina?
☐ YES: Attach a list identifying the street address and telephone number for each additional office location in North Carolina.
☐ NO.
13. Do you maintain your principal office outside North Carolina and possess no other office location in North Carolina?
☐ YES: Attach the name, street address, and telephone number of the person who has custody of your financial records.
☐ NO.
14. During the time since your last application filing, have you had your authority denied, suspended, or revoked by any governmental agency?
☐ YES: Attach a statement of the reasons for each denial, suspension, or revocation.
☐ NO.
15. During the time since your last application filing, have you entered into any assurance of voluntary compliance or similar agreement?
☐ YES: Attach one (1) copy of each agreement. | ☐ NO.
16. Do you have any contract(s) with any person who qualifies as a fund-raising consultant, solicitor, or coventurer that (1) is currently active or (2) has been completed within the past fiscal year?
☐ YES: Attach one (1) completed fundraising disclosure form for each contract relationship.
☐ NO.

CSL Contact Information:

Agency Internet Site: www.sosnc.com Electronic Mail: cs1@sosnc.com
Telephone: (919) 807-2214 - Toll free for NC residents: 1-888-830-4989
Facsimile: (919) 807-2220
Mailing Address: P.O. Box 29622, Raleigh, NC 27626-0622

Renewal License Application Form
for charitable or sponsor organizations

Form Revision: 2
Effective Date: January 4, 2012
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