

27. Applicant's signature:

I swear or affirm that I am the treasurer or chief fiscal officer of the applicant organization, and that the information furnished in this application and all supplemental forms, reports, documents, and attachments are true and correct to the best of my knowledge under penalty of perjury.

Signature: _____

Signer's Name (Print): _____

Signer's Title (Print): _____

28. Notarization: The following is for a notary public to place you under oath and then notarize your signature:

In County _____ State _____

Sworn to and subscribed before me this the _____ day of _____

in the year of _____.

Notary Public's Signature: _____

Notary Public's Name (Print): _____

Date Notary Public's Commission Expires: _____

If using a notary stamp or seal, stamp or imprint seal beside or below this line:

Optional applicant contact information:

Contact Name: _____

Contact Title: _____

Internet Site Address: _____

Electronic Mail Address: _____

Telephone Number: _____

Facsimile Number: _____

Mailing Address: _____

Optional third party filer information:

Business Name: _____

Mailing Address: _____

Internet Site Address: _____

Contact Name: _____

Contact's Electronic Mail Address: _____

Contact's Telephone Number: _____

Contact's Facsimile Number: _____

CSL Contact Information:

Agency Internet Site: www.sosnc.com Electronic Mail: csl@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

Page 3 of 3