



ENCLOSE \$50 FEE

All professional fundraisers must register before soliciting charitable donations. Mail this completed form to:  
Missouri Attorney General's Office • Attention: Registration Specialist • P.O. Box 899 • Jefferson City, MO 65102

## Professional Fundraiser Information

OFFICIAL NAME \_\_\_\_\_

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 \_\_\_\_\_ City State Zip County  
Street

**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 \_\_\_\_\_ City State Zip Position  
Street

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

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

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

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

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

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

**NAME, ADDRESS AND PHONE OF CORPORATION'S REGISTERED AGENT**

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

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



**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) \_\_\_\_\_

**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 Position

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

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

**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.

\_\_\_\_\_  
\_\_\_\_\_



**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**

---

---

---

---

---

---

---

---

**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 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 \$50 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 \_\_\_\_\_