

**FLORIDA DEPARTMENT OF AGRICULTURE AND
CONSUMER SERVICES**



**ADAM H. PUTNAM
COMMISSIONER**

**PROFESSIONAL SOLICITORS
REGISTRATION APPLICATION**

Chapter 496, Florida Statutes
5J-7.010

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 from the Department of the registration statement.

Registration fee is \$300.00 for 1 year or a part of 1 year (cannot be prorated). All fees are non-refundable. Professional solicitors expire on March 31 of each year. Renewal applications will be mailed sixty (60) days before the expiration of this registration and the solicitor must file a renewal prior to March 31, 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.]

NOTE: A solicitor that is a partnership or corporation may pay a single registration fee on behalf of all members, partners, officers, directors, agents and employees. No persons shall be covered under this registration unless their information is listed in the application or furnished to the Department within five (5) days after the date of employment or contractual arrangement and all information is properly disclosed as required by Florida Statutes.

CHECKLIST

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 State Division of Corporations and must match the name exactly as filed.**

Item # 2

Provide the street address for the principal place of business of the applicant. Include the suite, room, or other unit number. If the mailing address (i.e. a generally used post office box) 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.

Item # 7

List names of person or persons in charge of any solicitation activities.

Item #8

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

Item # 9

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 # 10

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

Item # 11

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

Item # 12

Provide the contact information, such as name and address of person completing application.

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

Florida Department of Agriculture and Consumer Services
Solicitation of Contributions
P.O. Box 6700
Tallahassee, FL 32399-6700

Mail overnight packages to:

Florida Department of Agriculture and Consumer Services
407 S. Calhoun St., First Floor
Attention: Finance and Accounting
Tallahassee, FL 32399-0800

OTHER REQUIRED DOCUMENTS

SURETY BOND

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 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.800helpfla.com. [496.410(4)]*

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 the notice of commencement. (Please enclose with registration documents)

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.

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

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 on a form prescribed by the Department, **no less than 15 days before** commencing each solicitation campaign or event. (*Form DACS-10105*)

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

Within 90 days after a solicitation campaign has been completed, **and on 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 on a form prescribed by the Department. The form will be mailed to you 30 days 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 insure timely receipt of correspondence.

IMPORTANT: Every professional solicitor **must** conspicuously display in capital letters the disclaimer statement found in s. 496.411(3), the registration number issued by the Department, and the toll-free number for the Department, on every printed solicitation, written confirmation, receipt, or reminder of a contribution. The toll-free number of the Department is 1-800-HELP-FLA (435-7352).

Send Contract, Notices of Commencement, and Changes to Registration Application to:

Florida Department of Agriculture and Consumer Services
Solicitation of Contributions
Terry Lee Rhodes Building
2005 Apalachee Parkway
Tallahassee, FL 32399-6700

Florida Department of Agriculture and Consumer Services
Division of Consumer Services



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1-800-HELP-FLA (435-7352) • 850-410-3800 *Calling Outside Florida*
www.800helpfla.com • 850-410-3804 *Fax*

Make check or money order
payable and remit application to:

FDACS
P.O. Box 6700
Tallahassee, FL 32399-6700

Note: 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.** 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

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 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. Street Address (include APT or SUITE # in all address lines; addresses must match those filed with the Division of Corporations):

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. 496.405(2) (f), 496.409(2) (b), 496.410(2) (b), (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: 42100612000
EO: A2
Object Code: 001133 \$300.00

6. List all officers, directors, trustees, and principal salaried executive personnel. Include owners, partners, agents, employees, and all other persons with whom you have contracted to work under your direction that you intend to include in this registration. The residence addresses of all principals of the applicant, including all officers, directors, and owners must be submitted (attach a separate sheet if necessary). [s. 496.410(2)(d), F.S.]

Name:	Title:

Residence Address:	

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

Name:	Title:

Residence Address:	

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

Name:	Title:

Residence Address:	

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

Name:	Title:

Residence Address:	

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

Name:	Title:

Residence Address:	

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

7. List name of all person(s) from question #6 responsible for solicitation activity: [s. 496.410(2)(i)]

8. List all other offices located in the State of Florida. [s. 496.410(2)(a), F.S.] (attach a separate sheet if necessary)

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

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

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

9. Have any persons listed in question #6, or any of its officers, directors, trustees, or employees, persons with a controlling interest in applicant, or agents involved in solicitation, regardless of adjudication, been convicted of, found guilty of, pled guilty or nolo contendere to, or 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, or crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime arising from the conduct of a solicitation for a charitable organization or sponsor within the last 10 years? [s. 496.410(2)(f), (g), F.S.]

Yes **No** **If yes,** please provide the following information for each individual: (attach a separate sheet if necessary)

Name: _____

Nature of offense: _____ **Date:** _____ / _____ / _____
Month Day Year

Court having jurisdiction: _____

Disposition of offense: _____ **Date:** _____ / _____ / _____
Month Day Year

10. Have any persons listed in question #6, **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 a separate sheet if necessary)*

Name:

Court issuing the injunction:

Date of injunction:

____ / ____ / ____
Month Day Year

11. Answer Yes or No to the following questions: [s. 496.410(2)(e), F.S.]

a. Are any persons listed in question #6 related as parent, child, spouse, or sibling to each other?

Yes **No**

b. Are any persons listed in question #6 related to any member of a charitable organization or sponsor with whom you hold a contract?

Yes **No**

c. Are any persons listed in question #6 related to any suppliers or vendors of a charitable organization or sponsor with whom you hold a contract?

Yes **No**

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

Name:

Telephone Number:

(_____) _____ - _____

Email:

Remainder of page intentionally left blank

Affidavit

State of: _____

County of: _____

I, _____, having first made due oath or affirmation, say that
Name

I am the _____ of _____
Title *Name of Organization or Company*

and further state that:

1. _____ completed the Registration Statement;
Name of person completing registration if different from above
2. The Registration Statement is made for the purpose of complying with the provisions of Chapter 496, Florida Statutes, Solicitation of Contributions Act;
3. I have read the Registration Statement and know the contents thereof.

Signature

Sworn to (or affirmed) and subscribed before me this _____ day of _____, _____,

by _____, who is personally known to me or who has produced
_____ as identification.

SEAL/STAMP

Notary Public Signature

Notary Public Name, Please Print