

# FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES



**ADAM H. PUTNAM  
COMMISSIONER**

## **EXEMPT CHARITABLE ORGANIZATIONS/SPONSORS APPLICATION**

Chapter 496, Florida Statutes  
Rule 5J-7.004, Florida Administrative Code

# Exempt Charitable Organizations/Sponsors Filing Instructions

## REGISTRATION AND RENEWALS

All charitable organizations and sponsors must register prior to engaging in solicitation activities in Florida, and renew annually thereafter on a form provided by the department. Charitable organizations and sponsors that meet the following requirements are eligible to fill out the following form in lieu of registration. [s. 496.406(1)(d), F.S.]

- The charitable organization or sponsor has less than \$25,000 in **TOTAL REVENUE** (*not contributions*) during the immediately preceding fiscal year.
- The fundraising activities of the charitable organization or sponsor is carried on by volunteers, members, or officers who are not compensated and no part of the assets or income of the organization or sponsor inures to the benefit of or is paid to any officer or member of the above named charitable organization or sponsor.
- The charitable organization or sponsor does not utilize a professional fundraising consultant, professional solicitor, or commercial co-venturer.

**NOTE:** If a charitable organization or sponsor that has less than \$25,000 in total revenue during a fiscal year actually acquires total revenue equal to or in excess of \$25,000, the charitable organization or sponsor must register with the department as required by s. 496.405, F.S. within 30 days after the date the revenue reaches \$25,000.

### Mail application to:

Florida Department of Agriculture and Consumer Services  
Solicitations of Contributions  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

## INSTRUCTIONS AND CHECKLIST FOR COMPLETING THE EXEMPTION APPLICATION

### Item #1:

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. If the organization solicits under any other names, provide those names in the spaces listed. Attach additional sheets as necessary using the same format. **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 a street or physical address for the organization. Include the suite, room, or other unit number. If the mailing address (i.e. a generally used post office box) is different from the organization'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 number, including the area code, for the organization. If the organization does not maintain a specific location, provide the telephone number of a person who will represent the organization. Also, provide the address for electronic mail (email) and website if used to provide information to or communicate with the public.

### Item #4

Provide the organization'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 #5

Indicate the month and day your accounting or bookkeeping period ends each year.

### Item #6

Answer by checking appropriate box.

### Item #7

List the representatives as directed with complete street addresses and telephone numbers for each.

**Item #8**

Briefly explain the purpose for which your organization was created. For purposes of public assistance and disclosure this office provides, it is best to summarize this information in your own words.

**Item #9**

Briefly explain the purpose for which contributions will be used.

**Financial Statement**

Indicate by checking the appropriate box which type of financial report you are filing. Only newly established organizations with no financial history may submit a budget for the current year. The financial statement on page 3 may be used to prepare a budget. **ONLY THE FOLLOWING WILL BE ACCEPTED FOR ALL OTHER ORGANIZATIONS:**

- IRS form 990 with all attached schedules
- IRS form 990-EZ and Schedule O
- the financial statement on this form.

**We cannot accept the 990-PF, 990-N, E-Postcard or 990-T or any other type of tax return.** We cannot accept quarterly reports or audited reports without the form 990. You may submit these types of financial documents in addition to the required financial information, but they cannot be a substitute for one of the 3 acceptable financial reports mentioned above. **If sending multiple financial forms, they must be consolidated prior to submission on the department's financial report.**

**Certification Statement**

Fill out and sign the certification statement.

**IMPORTANT:** Every charitable organization or sponsor which is required to register under s. 496.405, F.S., must conspicuously display in capital letters the following statement on every printed solicitation, written 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 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.

**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.**



Florida Department of Agriculture and Consumer Services
Division of Consumer Services

EXEMPT CHARITABLE ORGANIZATIONS/SPONSORS
APPLICATION

ADAM H. PUTNAM
COMMISSIONER

Solicitations of Contributions Act
Chapter 496, Florida Statutes
Rule 5J-7.004, Florida Administrative Code

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

All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S. PLEASE TYPE OR PRINT. Additional sheets may be attached using the same format. All fees are non-refundable.

Business Information

[ ] New Application [ ] Renewal CH \_\_\_\_\_

1. Legal Name of Organization:

\* Fictitious (DBA) Name:

\*If you are a Florida organization, 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.

Other Names Soliciting As:

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 for Organization:

Website:

4. Federal Employer ID Number: [s. 119.092, F.S.]

5. Month/Day fiscal year ends: [s. 496.405(2)(g)3, F.S.] /

6. Has organization been granted tax exempt status by the Internal Revenue Service? [s. 496.405(2)(f), F.S.]

[ ] Yes 501(c) (insert number) [ ] No [ ] Pending

**7. List the names, street addresses, and telephone numbers of the individuals or officers who have final responsibility for the final distribution of contributions:** [s. 496.406(2)(d), F.S.] (attach additional sheets as necessary using the same format)

**NOTE:** Pursuant to 496.405(8), F.S., no charitable organization or sponsor shall knowingly allow any of its officers, directors, trustees, or employees to solicit contributions on behalf of such charitable organization or sponsor if such officer, director, trustee, or employee 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, any felony within the last 10 years or any crime within the last 10 years 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, or has been enjoined from violating any law relating to a charitable solicitation.

<b>Name:</b> <hr/> <b>Title:</b> <hr/> <b>Street Address:</b> <hr/> <b>City:</b> <hr/> <b>State:</b> <b>Zip Code:</b> <hr/> <b>Telephone Number:</b> (        )        - <b>Criminal History:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Name:</b> <hr/> <b>Title:</b> <hr/> <b>Street Address:</b> <hr/> <b>City:</b> <hr/> <b>State:</b> <b>Zip Code:</b> <hr/> <b>Telephone Number:</b> (        )        - <b>Criminal History:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Name:</b> <hr/> <b>Title:</b> <hr/> <b>Street Address:</b> <hr/> <b>City:</b> <hr/> <b>State:</b> <b>Zip Code:</b> <hr/> <b>Telephone Number:</b> (        )        - <b>Criminal History:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Name:</b> <hr/> <b>Title:</b> <hr/> <b>Street Address:</b> <hr/> <b>City:</b> <hr/> <b>State:</b> <b>Zip Code:</b> <hr/> <b>Telephone Number:</b> (        )        - <b>Criminal History:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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**8. What is the purpose for which the organization is organized?** (Briefly explain the purpose for which your organization was created. For purposes of public assistance and disclosure this office provides, it is best to summarize this information in your own words.) [s. 496.405(2)9b), F.S.]

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**9. What is the purpose for which the contributions will be used?** (Briefly explain the purpose for which contributions will be used.) [s. 496.405(2)(b), F.S.]

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## Financial Statement

FINANCIAL STATEMENT OF SUPPORT/REVENUE AND EXPENSES FOR FISCAL YEAR ENDING \_\_\_\_/\_\_\_\_/\_\_\_\_

**NOTE:** In lieu of completing the following financial statement, you may send the IRS 990 and all attached schedules or 990-EZ and Schedule O.

Is this a consolidated financial statement?  Yes  No

**REVENUE**

- |   |          |
|---|----------|
| 1. Contributions, gifts, grants, and similar amounts received | 1. _____ |
| 2. Membership dues and assessments                            | 2. _____ |
| 3. In-kind contributions and services                         | 3. _____ |
| 4. Other revenue (attach list of sources and amounts)         | 4. _____ |
| 5. TOTAL REVENUE (add lines 1, 2, 3, and 4)                   | 5. _____ |

**EXPENSES**

- |  |          |
|--|----------|
| 6. Program services (including payments to affiliates) | 6. _____ |
| 7. Management and general                              | 7. _____ |
| 8. Fundraising   | 8. _____ |
| 9. TOTAL EXPENSES (add lines 6, 7, and 8)              | 9. _____ |

## Certification

I, \_\_\_\_\_ am the \_\_\_\_\_ of \_\_\_\_\_,  
*Name Title Name of Organization or Company*

**and further state as follows:** *(Please check all that apply)*

- I certify that I am authorized to complete this application and the information provided is true and accurate. The above information is provided for the purpose of complying with the provisions of Chapter 496, Florida Statutes.
- I certify that the above named charitable organization or sponsor has less than \$25,000 in total revenue during the immediately preceding fiscal year.
- I certify that the fundraising activities of the above named charitable organization or sponsor are carried on by volunteers, members, or officers who are not compensated and no part of the assets or income of the organization or sponsor inures to the benefit of or is paid to any officer or member of the above named charitable organization or sponsor.
- I certify that the above named charitable organization or sponsor does not utilize a professional fundraising consultant, professional solicitor, or commercial co-venturer.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
*Email Address*