



State of Utah

DEPARTMENT OF COMMERCE
DIVISION OF CONSUMER PROTECTION

CHARITABLE ORGANIZATION PERMIT APPLICATION FORM

Annual Application fee: \$75.00 (Non-refundable)

Name of Charitable Organization

Date of Application

OFFICE USE ONLY
Date Issued: _____
Permit Number: _____
Approved: _____
Exempt: _____
Denied: _____
Expiration: _____
Percentage of total contributions that are available for the charitable purpose: _____

Please mark the appropriate box:

INITIAL
APPLICATION

RENEWAL
APPLICATION

If you have any further questions, please contact the Division at (801) 530-6601.

Please make application fee check or money order payable to the **State of Utah**.

Please return the completed application form and check or money order to:

Department of Commerce
Division of Consumer Protection
160 East 300 South
Box 146704
Salt Lake City, Utah 84114-6704

NOTE: The Charitable Solicitation permit will expire annually on the earlier of January 1, April 1, July 1, or October 1 following the completion of 12 months after the date of initial issuance.

updated April 2015

See Instructions for Charitable Organization Permit Application Form.

PART I: APPLICANT'S IDENTIFICATION

1. Name of Charitable Organization: _____

2. Other Names that Applicant Uses: _____

3. Organization Information:

Physical Street Address: _____

City/State/Zip: _____

Telephone Number: _____ Facsimile Number: _____

Email address: _____

Contact Person Information (all correspondence will be addressed to individual listed):

Name: _____

Mailing Address: _____

City/State/Zip: _____

Telephone Number: _____ Facsimile Number: _____

Email address: _____

4. Indicate the applicant's form of business registration:

- Individual Partnership Association For Profit Corporation
 Non-profit 501(c)(3) Pending 501(c)(3) Non-profit 501(c)(4) Other _____

5. Are there any organizations or persons controlled by, controlling or affiliated with the applicant?

- Yes No

If "yes", complete item #6. If "no", go to Part II.

6. List the following information concerning any organization or persons controlled by, controlling or affiliated with the applicant:

Name: _____

Mailing Address: _____

City/State/Zip: _____

Telephone Number: _____ Facsimile Number: _____

Email address: _____

PART II: PARENT FOUNDATION

1. Is the organization the parent foundation of a local unit or does your organization associate with a parent foundation? Yes No

If “yes”, complete this Part. If “no”, go to PART III.

2. List the following information concerning your parent foundation or local unit:

Name: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____ Facsimile Number: _____

Email address: _____

3. List the state(s) where your parent foundation is currently registered.

PART III: PROFESSIONAL FUND RAISER, COUNSEL, CONSULTANT

1. Does the organization use professionals to solicit directly? Yes No

Does the organization use volunteers to solicit directly? Yes No

2. Will your organization use a professional fund raiser, fund raising counsel or consultant in the upcoming year?
 Yes No

If “yes”, complete item 3. If “no”, go to Part IV.

3. List the following information concerning each professional fund raiser, professional fund raising counsel or consultant that you will utilize during the upcoming year.

Name: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____ Facsimile Number: _____

Email address: _____

Contract Effective Date: _____ Contract Expiration Date: _____

4. List the state(s) where your professional fund raiser, professional fund raising counsel or consultant are currently registered, if known.

5. List the amount paid to professional fund raisers, professional fund raising counsel or consultants during the previous year: \$_____.

6. Please provide with this application a copy of your current contract with each professional fund raiser, professional fund raising counsel or consultant that you utilize.

PART IV: COMMERCIAL CO-VENTURER (Cause Marketing)

1. Will your organization use a commercial co-venture (commonly referred to as “cause marketing”) in any charitable sales promotion conducted during the period of this application?

Yes No

If “yes”, complete this Part. If “no”, go to Part V.

2. List the following information concerning each commercial co-venture that you utilize.

Name: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____ Facsimile Number: _____

Email address: _____

3. Indicate the date that the charitable sales promotion is expected to commence: _____

PART V: CHARITABLE PURPOSE OF ORGANIZATION

1. Describe the charitable purpose of your solicitation and the use of the contributions solicited:

PART VI: FINANCIAL INFORMATION

1. Please provide the following information from your most recently filed IRS Form 990. If you filed IRS Forms 990EZ, 990PF, 990N, or other financial information other than the standard IRS Form 990, please provide the following information from the Statement of Functional Expenses (SoFE) form, which must be filed with the application, the form is available at <http://consumerprotection.utah.gov/registrations/charities.html>. An initial applicant with no previous financial information is required to complete this Part using budgeted financial information.

A. Fiscal year ending date: _____

B. Contributions: \$ _____
 (Part I line 8 of IRS Form 990 or Part I line 1 of IRS Form 990EZ or Part I line 1(a) of IRS Form 990PF or "Contributions/Grants Revenue" of Utah SoFE)

C. Management and General Costs: \$ _____
 (Part IX column C line 25 of IRS Form 990 or column C line 32 of Utah SoFE)

D. Fundraising Costs: \$ _____
 (Part IX column D line 25 of IRS Form 990 or column D line 32 of Utah SoFE)

E. Fundraising costs as a percentage of contributions (divide line D by line B): _____%

F. Fundraising costs plus management costs as a percentage of contributions (divide lines C + D by line B): _____%

G. Percentage of contributions that remained available for application to the charitable purposes declared in this application (100% minus line F): _____%

2. Please state the total amount of contributions collected from Utah donors for the fiscal year reported in paragraph 1 of this Part, if known. \$ _____

PART VII: METHOD OF SOLICITATION

1. Please check each applicable method by which solicitations will be conducted and indicate the projected length of time that the solicitation will be conducted during the **upcoming** year.

<u>Method of Solicitation</u>	<u>Projected Length of Time or Ongoing</u>	[]	[]	<u>Projected Length of Time or Ongoing</u>	[]
[] Telephone	_____/____	[]	[] Sell advertising	_____/____	[]
[] Direct mail	_____/____	[]	[] Sell Coupon	_____/____	[]
[] Door-to-Door	_____/____	[]	[] Sell other item	_____/____	[]
[] Special events	_____/____	[]	[] Other (explain)	_____/____	[]
[] Show or performance	_____/____	[]	_____	_____/____	[]
[] Grant writing	_____/____	[]			

2. If any of the methods of solicitation are to be conducted by as professional fund raisers or professional fund raising counsel or consultant please identify which methods will be used by which fund raiser(s).

3. Does your organization utilize vending devices? Yes No

If “yes”, complete a, b, and c. If “no”, go to Part VIII.

a. Indicate the type of vending device.

b. List the location(s) of the vending device(s).

c. Indicate the length of time the vending device will be utilized.

Beginning Date

Expiration Date

_____	_____
_____	_____
_____	_____

PART VIII: INJUNCTION, ORDER OR CONVICTION

1. Has the Applicant or any officer, director, manager, operator, principal, agent or employee of the Applicant been enjoined by any court, or been the subject of an administrative order? Yes No

If “yes”, please explain in detail including the nature of the proceeding, date, location and current status. Please provide a copy of the order with this application.

2. Has any officer, director, manager, operator, principal, agent or employee of the Applicant been convicted of any crime involving moral turpitude? Yes No

If “yes”, please explain in detail including the nature of the proceeding, date, location, sentence and current status. Please provide a copy of the order with this application.

DOCUMENT CHECKLIST

INITIAL APPLICATION:

- Articles of incorporation or other organizational documentation showing current legal status
- Current by-laws or other documents showing policies and procedures governing day-to-day operations
- Most recent IRS Form 990, 990EZ, 990PF, or 990N with signature
- If the applicant is not required to file a Form 990 or filed an IRS form 990EZ, 990PF, or 990N the applicant must attach a completed Statement of Functional Expenses. The form can be found on the Division's website at <http://consumerprotection.utah.gov/registrations/charities.html>
- IRS Section 501(c)(3) or 501(c)(4) tax exemption letter (If the letter has not been received include a copy of Form 1023 or 1023 EZ showing the organization has applied for 501(c)(3) or 501(c)(4) status) (if applicable)
- Current contract with Parent Organization (if applicable)
- Current contract(s) with any professional fund raiser, professional fund raising counsel, professional fund raising consultant, or commercial co-venture (if applicable)
- Telephone transcripts to be used in any current or future solicitation (if applicable)
- Any order or judgment resulting from any injunction or criminal conviction disclosed in application (if applicable)

RENEWAL APPLICATION:

- Most recent IRS Form 990, 990EZ, 990PF, or 990N with signature
- If the applicant is not required to file a Form 990 or filed an IRS form 990EZ, 990PF, or 990N the applicant must attach a completed Statement of Functional Expenses. The form can be found on the Division's website at <http://consumerprotection.utah.gov/registrations/charities.html>
- Amended articles of incorporation or organizational documentation showing current legal status (if applicable)
- Amended by-laws or other documents showing policies and procedures governing day-to-day operations (if applicable)
- IRS Section 501(c)(3) or 501(c)(4) tax exemption letter if not previously provided (if applicable)
- Current contract with Parent Organization (if applicable)
- Current contract(s) with any professional fund raiser, professional fund raising counsel, professional fund raising consultant, or commercial co-venture (if applicable)
- Telephone transcripts to be used in any current or future solicitation (if applicable)
- Any order or judgment resulting from any injunction or criminal conviction disclosed in application (if applicable)

FAILURE TO PROVIDE THE REQUIRED DOCUMENTS WILL RESULT IN AN INCOMPLETE APPLICATION AND MAY INCREASE PROCESSING TIME. FAILURE TO RESPOND TO AN INCOMPLETE LETTER MAY RESULT IN DENIAL OF THE APPLICATION.