



Florida Department of Agriculture and Consumer Services  
Division of Consumer Services

**PROFESSIONAL SOLICITORS  
REGISTRATION APPLICATION**

Solicitation of Contributions Act  
Chapter 496, Florida Statutes  
Rule 5J-7.010, Florida Administrative Code

1-800-HELP-FLA (435-7352) • (850) 410-3800  
www.FDACS.gov • (850) 410-3804 Fax

Submit Online at  
www.FDACS.gov

or

Make check or money order  
payable to FDACS and remit with  
application to:

FDACS  
Solicitation of Contributions  
P.O. Box 6700  
Tallahassee, FL 32314-6700

**WILTON SIMPSON  
COMMISSIONER**

**Select one:**  New Application  Renewal SS# \_\_\_\_\_ DTN# \_\_\_\_\_ (listed on the renewal application)

**TO APPLY** fill this form out completely (**PRINT OR TYPE**) and return it with all attachments, including the \$300 license application fee to the address in the upper right-hand corner. All documents and attachments submitted with this application may be subject to public review pursuant to chapter 119, Florida Statutes (F.S.).

<b>Legal Name of Organization:</b>		<b>Fictitious Name:</b>	
<b>Physical Address:</b>		<b>Mailing Address (if different):</b>	
<b>City, State, Zip:</b>		<b>City, State, Zip:</b>	
<b>Telephone:</b> (     )		<b>Website:</b>	
<b>1. Email Address (Required):</b>		<b>2. Federal Employer ID Number:</b> _____ - _____	
<b>3. Select One:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship		<b>Date legally established:</b> _____	<b>State:</b> _____
<b>4. List all other offices located in the state of Florida.</b> (Attach additional sheets as necessary using the same format.)			
<b>Name:</b>		<b>Name:</b>	
<b>Street Address:</b>		<b>Street Address:</b>	
<b>City, State, Zip:</b>		<b>City, State, Zip:</b>	
<b>Telephone No:</b>		<b>Telephone No:</b>	
<b>Email Address:</b>		<b>Email Address:</b>	

F&A Use Only
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Org Code: 42 10 06 25 000
EO: A2
Object Code: 001133
\$300.00

**5. List all principals of the applicant, including all officers, directors and owners.** Exemptions from public records apply to certain individuals, see chapter 119, F.S. If you qualify for one of these exemptions, please list the organization's address and phone number in lieu of home address and phone number. *(Attach additional sheets as necessary using the same format.)*

<b>Name:</b>	<b>Name:</b>
<b>Title:</b>	<b>Title:</b>
<b>Street Address:</b>	<b>Street Address:</b>
<b>City:</b> <b>State:</b> <b>Zip:</b>	<b>City:</b> <b>State:</b> <b>Zip:</b>
<b>Telephone Number:</b>	<b>Telephone Number:</b>

<b>Name:</b>	<b>Name:</b>
<b>Title:</b>	<b>Title:</b>
<b>Street Address:</b>	<b>Street Address:</b>
<b>City:</b> <b>State:</b> <b>Zip:</b>	<b>City:</b> <b>State:</b> <b>Zip:</b>
<b>Telephone Number:</b>	<b>Telephone Number:</b>

**6. List name, date of birth, and identifying numbers on or associated with a valid government-issued identification card of all person(s) responsible for or engaged in solicitation activity (except those individuals required to obtain an individual license pursuant to s. 496.4101):** *[s. 496.410(2)(i), F.S.] (attach additional sheets as necessary using the same format)* **NOTE:** Each officer, director, trustee, or owner of a professional solicitor and any employee of a professional solicitor conducting telephonic solicitations during which a donor's or potential donor's personal financial information is requested or provided must complete FDACS-10120, Professional Solicitor Individual License Application, Rev. 12/24 and be fingerprinted. A copy of FDACS-10120, Professional Solicitor Individual License Application, Rev. 12/24, as incorporated in Rule 5J-7.010(2), F.A.C., can be found at [www.FDACS.gov](http://www.FDACS.gov).

<b>Legal Name:</b>	<b>Legal Name:</b>
<b>Date of Birth:</b>	<b>Date of Birth:</b>
<b>Government Issued ID Number:</b>	<b>Government Issued ID Number:</b>
<b>State of Issue:</b>	<b>State of Issue:</b>
<b>Type of Government ID:</b>	<b>Type of Government ID:</b>

<b>Legal Name:</b>	<b>Legal Name:</b>
<b>Date of Birth:</b>	<b>Date of Birth:</b>
<b>Government Issued ID Number:</b>	<b>Government Issued ID Number:</b>
<b>State of Issue:</b>	<b>State of Issue:</b>
<b>Type of Government ID:</b>	<b>Type of Government ID:</b>

7. Has the applicant or any of its officers, directors, trustees, persons with a controlling interest in the applicant, or employees or agents involved in solicitation have, within the last ten (10) years, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or have 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? [s. 496.410(2)(f), F.S.]

Yes  No If yes, please provide the following information for each individual: (Attach a separate sheet if necessary, using the same format.)

Name:	Nature of offense:	Date:
_____	_____	____/____/____
		Month      Day      Year
Court having jurisdiction:	Disposition of offense:	Date:
_____	_____	____/____/____
		Month      Day      Year

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

Yes  No If yes, please provide the following information for each individual: (Attach a separate sheet if necessary, using the same format.)

Name:	Court having jurisdiction:	Date:
_____	_____	____/____/____
		Month      Day      Year
Nature of offense:	Disposition of offense:	Date:
_____	_____	____/____/____
		Month      Day      Year

9. Has the applicant 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, using the same format.)

Name:	Court issuing the injunction:	Date of injunction:
_____	_____	____/____/____
		Month      Day      Year

10. Answer Yes or No to the following questions: [s. 496.410(2)(e), F.S.] (Attach a separate sheet if necessary, using the same format.)

a. Are any of the owners, directors, officers, or employees of the applicant related as parent, child, spouse, or sibling to any other directors, officers, owners, or employees of the applicant?

Yes  No If yes, please provide the names and relationship:

\_\_\_\_\_

b. Are any such persons related to any owner, director, officer, trustee or employee of a charitable organization or sponsor with whom you hold a contract?

Yes  No If yes, please provide the names and relationship:

\_\_\_\_\_

c. Are any such persons related to any suppliers or vendors of a charitable organization or sponsor with whom you hold a contract?

Yes  No If yes, please provide the names and relationship:

\_\_\_\_\_

<b>11. List all telephone numbers the applicant will use to solicit contributions as well as the actual street address associated with each telephone number and any fictitious names associated with such addresses:</b> <i>(Attach additional sheets as necessary using the same format.)</i>	
<b>Telephone Number:</b>	<b>Fictitious Name:</b>
<b>Street Address:</b>	<b>City, State, Zip:</b>

**12. Are any written scripts, presentations, or literature provided to the donor when soliciting contributions?**  
*[s. 496.410(2)(k), (l), F.S.]*

- Yes**    **No**   **If yes,** written scripts, presentations, or literature must be submitted with the application unless they are submitted with FDACS-10105 Notice of Commencement of Solicitation, Rev. 12/24

**List all current contracts and agreements with charitable organizations or sponsors soliciting in the state of Florida and include the registration (CH) number of each.** *(Attach a separate sheet if necessary, using the same format.) [s. 496.410(6)(h), F.S.]*  
**Note:** 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 FDACS-10105, Notice of Commencement of Solicitation, Rev. 12/24, for further information regarding contracts please see s.496.410(6) and (7), F.S.

**Name:** \_\_\_\_\_

**Street Address** \_\_\_\_\_  
*(Include APT or SUITE # in all address lines; addresses must match those filed with the Division of Corporations; do not use a mail drop.)*

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**Telephone Number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Registration Number:** CH \_\_\_\_\_

**Contract Beginning Date:** \_\_\_\_\_ **Ending Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Street Address** \_\_\_\_\_  
*(Include APT or SUITE # in all address lines; addresses must match those filed with the Division of Corporations; do not use a mail drop.)*

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**Telephone Number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Registration Number:** CH \_\_\_\_\_

**Contract Beginning Date:** \_\_\_\_\_ **Ending Date:** \_\_\_\_\_

**ADDITIONAL REQUIREMENT**

A surety bond in the sum of \$50,000 must be submitted with each application. A sample surety bond form can be obtained by visiting our website at [www.FDACS.gov](http://www.FDACS.gov), once there, select Business Services, select Solicitation of Contributions, the form can be found under program resources on the Solicitation of Contributions page.

Any material change in any information filed with the department pursuant to section 496.410, F.S., must be reported in writing to the department within 7 days after the change occurs. A sample material change form can be found at [www.FDACS.gov](http://www.FDACS.gov).  
*[s. 496.410(13), F.S.]*

**CERTIFICATION**

I certify that I am authorized to complete this registration application and that the information provided is true and accurate.

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

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Title*

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

\_\_\_\_\_  
*Telephone Number*

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