FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES



ADAM H. PUTNAM COMMISSIONER

PROFESSIONAL SOLICITORS REGISTRATION APPLICATION

Chapter 496, Florida Statutes Rule 5J-7.010, Florida Administrative Code

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 of the registration statement from the Florida Department of Agriculture and Consumer Services (FDACS).

Registration fee is \$300.00 for 1 year. Renewal applications will be mailed thirty (30) days before the expiration of this registration and the solicitor must file a renewal prior to their expiration, 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.

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 Florida Department of 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

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

□ Certification

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

FDACS-10101 Rev. 08/13

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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 Solicitation of Contributions 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 of Florida, Department of Agriculture and Consumer Services 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. [s. 496.410(4), F.S.]

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. (FDACS-10105 Rev. 07/13)

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

Within 45 days after a solicitation campaign has been completed, and within 45 days after 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), F.S., 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



PROFESSIONAL SOLICITORS REGISTRATION APPLICATION

Chapter 496, Florida Statutes Rule 5J-7.010, Florida Administrative Code

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 to FDACS and remit with application to:

FDACS P.O. Box 6700 Tallahassee, FL 32314-6700

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.

Bus	siness Information			
1. Name (Legal name as registered with the Florida D	Department of State (if app	olicable) follow	ved by fictitious/d	ba name):
* Fictitious (DBA) Name:				
*All fictitious names must be registered with the Florida corporation then 'Name' is the legal name of the busine	ess as listed with the Divis	ion of Corpora	ations.	
2. Street Address (include APT or SUITE # in all address	ss lines; addresses must ma	tch those filed	with the Division o	f 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), ☐ Corporation ☐ LLC ☐ Partnership	496,410(2)(b), (c), F.S.] ☐ Sole Proprietorshi	p 🗖 Oth	ner (please descr	ibe below):
Date incorporated or legally established: Month /		State	:	
5. Federal Employer ID Number [s. 119.092, F.S.]:		Org Code: 4. EO: A2 Object Code:	2 10 06 25 000 001133	\$300.00

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 additional sheets as necessary using the same format) [s. 496.410(2)(d), F.S.] Name: Title: Residence Address: City: State: Zip Code: Email: **Telephone Number:** Name: Title: **Residence Address:** Zip Code: City: State: **Telephone Number:** Email: Title: Name: **Residence Address:** City: State: Zip Code: **Telephone Number:** Email: Name: Title: **Residence Address:** City: State: Zip Code: **Telephone Number:** Email: Title: Name: Residence Address: City: State: Zip Code: **Telephone Number:** Email:

6. List all officers, directors, trustees, and principal salaried executive personnel. Include owners, partners,

7.	List name of all	person(s) res	oonsible for solicitation	n activit	y: [s. 496.410(2)(i), F.S.]
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NOTE: No person may act as a professional solicitor, and no professional solicitor shall, to solicit for compensation, knowingly employ any officer, trustee, director, employee, or any person with a controlling interest therein, who 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, a felony 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, or has been enjoined from violating any law relating to a charitable solicitation. [s. 496.410(14), F.S.]

Any material change in any information filed with the department pursuant to this section must be reported in writing to the department within 7 days after the change occurs. [s. 496.410(13), F.S.]

8. List all other offices located in the state of Florida. [s. 496.410(2)(a), F.S.] (attach additional sheets as necessary using the same format)

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

Nature of offense: Court having jurisdiction: Disposition of offense: 11. Have any persons or any of its officers, directors, trustees, or employees or agents involved in solicitation, been enjoined from violating any law relatings. 496.410(2)(h), F.S.] Yes No If yes, please provide the following information for each individual format) Name: Court issuing the injunction: 12. Answer Yes or No to the following questions: [s. 496.410(2)(e), F.S.] a. Are any of the owners, directors, officers, or employees of the applicant relation other directors, officers, owners, or employees of the applicant?	ng to a charitable solicitation? al: (attach additional sheets as necessary using Date of injunction: Month Day	Year applicant, the same
Nature of offense: Court having jurisdiction: Disposition of offense: 11. Have any persons <i>or any of its officers, directors, trustees, or employees</i> or agents involved in solicitation, been enjoined from violating any law relatings. 496.410(2)(h), F.S.] Yes No If yes, please provide the following information for each individual format) Name: Court issuing the injunction:	Date:	applicant,
Nature of offense: Court having jurisdiction: Disposition of offense: 11. Have any persons <i>or any of its officers, directors, trustees, or employees</i> or agents involved in solicitation, been enjoined from violating any law relatir [s. 496.410(2)(h), F.S.] Yes No If yes, please provide the following information for each individual format) Name:	Date:	applicant,
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Nature of offense: Court having jurisdiction: Disposition of offense: 11. Have any persons or any of its officers, directors, trustees, or employees or agents involved in solicitation, been enjoined from violating any law relatings. 496.410(2)(h), F.S.] Yes No If yes, please provide the following information for each individual format)	Date: Month Day Day Day The persons with a controlling interest in a congruence of the person of	Year applicant,
Nature of offense: Court having jurisdiction: Disposition of offense: 11. Have any persons <i>or any of its officers, directors, trustees, or employees</i> or agents involved in solicitation, been enjoined from violating any law relatings. 496.410(2)(h), F.S.]	Date: Month Day Day Day The persons with a controlling interest in a congruence of the person of	Year applicant,
Nature of offense: Court having jurisdiction: Disposition of offense:	Date:	Year
Nature of offense: Court having jurisdiction:	/ //	Year
Nature of offense:		Year
Tune.		
☐ Yes ☐ No If yes, please provide the following information for each individue Name:	iai. (attach additional sheets as necessary usil	ng tne same
10. Have any persons or <i>any</i> of its directors, officers, trustees, persons employees or agents involved in solicitation have, regardless of adjudication guilty or nolo contendere to, or have been incarcerated within the last 1 convicted of, or found guilty of, or pled guilty or nolo contendere to, a criminal larceny, embezzlement, fraudulent conversion, or misappropriation of proposolicitation for a charitable organization or sponsor? [s. 496.410(2)(g), F.S.]	on, been convicted of, or found guilty 10 years as a result of having previous within the last 10 years involving forty, or any crime arising from the control of the contr	of, or pled ously been raud, theft onduct of a
40 Hove one persons at any of its directors, officers, trustees, persons	Month Day	
Disposition of offense:	Date:	
Court having jurisdiction:	Month Day	Year
Nature of offense:	Date: / //	
Name:		
☐ Yes ☐ No If yes, please provide the following information for each individue format)	Ial: (attach additional sheets as necessary usin	ng the same
If you placed provide the following information for each individu		
of, or pled guilty or nolo contendere to, or have been incarcerated within the been convicted of, or found guilty of, or pled guilty or nolo contendere to, any		previous

b. Are any such persons related to any member of a	charitable organization or sponsor with whom you hold a contract?
\square Yes \square No $$ If yes, please provide the names and	relationship:
c. Are any such persons related to any suppliers or contract?	vendors of a charitable organization or sponsor with whom you hold a
\square Yes \square No If yes, please provide the names and	relationship:
	CERTIFICATION
l,, a	am the
name Of	Title
· 	ganization or Company
And further state as follows: (Please check all that app	oly)
☐ I am the individual who has completed the foregoin	ng Professional Solicitors Registration Application;
☐ I have read the foregoing registration application a	and know the contents thereof; and
	se of complying with the provisions of Chapter 496, Florida Statutes,
I certify that I am authorized to complete this registrati accurate.	on application and that the information provided is true and
Signature	Printed Name Date
()	
Telephone Number	Email Address