C-1 FUND-RAISING CONSULTANT REGISTRATION STATEMENT REV ./01

COMMONWEALTH OF KENTUCKY
OFFICE OF THE ATTORNEY GENERAL
**FUND-RAISING CONSULTANT**
**REGISTRATION STATEMENT**

Each consultant registration shall expire on December 31 of the calendar year in which it was filed and shall be renewed by reapplying and paying the prescribed fee.

Initial Reg ___ Renewal Reg ___ Reg No. C-_____ Date:_____

1. FULL NAME OF FUND-RAISING CONSULTING FIRM:

_____

2. LIST ANY OTHER NAMES YOU ARE KNOWN BY OR HAVE BEEN KNOWN BY OR HAVE USED:_____

3. ADDRESS OF PRINCIPAL PLACE OF BUSINESS:

_____

4. TELEPHONE / FAX NUMBER PRINCIPAL CONTACT FOR YOUR FIRM

_____ _____

5. PRINCIPAL KENTUCKY STATE ADDRESS, IF ANY:_____

_____

6. TYPE OF FUND-RAISING CONSULTANT:

CORPORATION _____ *State Incorporated* _____ *Date Incorporated* _____

PARTNERSHIP _____ *City and state in which organized* _____

INDIVIDUAL _____ *Date* _____

7. Do you or the firm employ a professional fund-raiser? *Yes* *No*

8. Will the fund-raising consultant, at any time, have custody or control of contributed funds? *Yes* *No*

9. Do you or a representative of your firm solicit, as defined in KRS 367.650? *Yes* *No*

10. Do you or a representative of your firm have access to contributions or other receipts from solicitations? *Yes* *No*

11. Do you or a representative of your firm have authority to pay expenses associated with a solicitation? *Yes* *No*

12. List names and addresses of the charitable organization(s) with which the firm presently has contracts, or has contracted within the past twelve months, to act as a fund-raising consultant, either wholly or partly, in the Commonwealth of Kentucky:

*Name of Organization* *Period Covered* *Description of Activity*

13. Give the names and addresses of any charitable organization will sharing in the charitable contributions received in this state:

14. Enter names, residence addresses, and titles or relationship to the business for: the applicant, partners of the firm, a partnerships with other firms, corporate officers, directors and any other representative of your firm, including employees and independent contractors:

*Name* *Residence Address* *Title or Relationship to the Firm*

15. Has the firm or any representative of the firm ever been, or are they now, associated with any charitable or other organization with which the firm has contracted to act as a fund-raiser? *Yes* *No*

*If yes, complete the following:*

*Name of individual* *Name/Address of Organization* *Relationship to Organization*

16. Has the firm or any member of the firm ever been, or are they now, associated with any other professional fund-raiser, or fund-raising consultant? *Yes* *No*

*If yes, complete the following:*

*Name of Individual* *Name/Address of Organization* *Relationship to Organization*

17. Is the firm registered as a professional fund-raiser or fund-raising consultant with any other state or local government? *Yes* *No*

*If yes, list other registrations:*

_____

_____

_____

18. Are you aware of or do you have knowledge of a pending investigations by a governmental agency into your business operations as fund-raising consultant?

*Yes* *No*

If yes, give a detailed explanation of the investigations of which you are aware: _____

_____

_____

_____

19. Has the firm ever had a license, registration, or permit denied, canceled, suspended, revoked, or has any official disciplinary or legal action ever been taken, or is one currently pending against the firm or any representative of the firm in relation to any fund-raising, consulting activity?

*Yes* *No*

*If yes, complete the following:*

| *Name and Address of Government Agency (City/State)* | *Nature of Action (Denied, canceled, suspended, revoked) Against whom is the action being taken* | *Date* |
|---|---|---|
| | | |
| | | |

20. Has the fund-raising consultant paid a fine or entered into an agreement with a governmental authority in this state, or another state, limiting or prohibiting its fund-raising activities?

*Yes* *No*

*If yes, indicate the name of the governmental authority, the date of the agreement, and provide full details of the agreement*

*Name of Governmental Authority* *Date of Agreement*

_____

*Details of the Agreement:* _____

_____

*Name of Governmental Authority* *Date of Agreement*

_____

_____

*Details of the Agreement:* _____

_____

21. Has an officer, director, or a person with a controlling interest in the business, or a person who advises, consults, plans, or manages a solicitation campaign been convicted of a felony, a violation of any states charitable solicitation laws, or any crime of moral turpitude?

*Yes* *No*

*If yes, indicate the state in which the conviction occurred, the name of the member, officer, employee or agent, the date of the conviction, the name of the case, case number, and court of jurisdiction:*

*Name of Member, Officer, Employee, Agent:*_____

*State in which conviction occurred:* _____

*Court of Jurisdiction:* _____

*Date of the Conviction:* _____ *Case Number:* _____

22. Name and address of agent authorized to accept service of process in Kentucky.

Name:_____ Address:_____

_____

*** If you have chosen the Kentucky Secretary of State as your service of process agent, provide the following information:*

I, _____, a professional fund-raising consultant, hereby appoint the Secretary of State of the Commonwealth of Kentucky as my agent for service in case of any and all law suits, proceedings and actions growing out of the violation of any of the provisions of KRS 367.650-367.670.

I hereby agree that this appointment is irrevocable and that service on the Secretary of State, Commonwealth of Kentucky, shall be as binding on me as if due service had been made on me personally.

Signed: _____

Fund-raising Consultant

Name of Firm: _____

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STATE OF _____

COUNTY OF _____

I, _____, certify that I am _____ of the professional
*Name* *Title*

fundraising consultant, _____, and that the statements in this registration are true.
*Name of Firm*

_____ _____
Signature of Authority Date

Subscribed and sworn to me this _____ day of _____ 20____.

_____
Notary Signature

My commission expires _____ 20 _____.

ATTACHMENTS:

- A Check or money order in the amount of $50.00 made payable to the Commonwealth of Kentucky.
- A copy of your articles of incorporation. (If a foreign corporation, attach a copy of Authorization.
- A copy of each contract related to the Commonwealth of Kentucky.
- Request for Criminal Conviction Record Check Forms

Mail to: Office of the Attorney General
Consumer Protection Division
Registration and Compliance
1024 Capital Center Drive
Frankfort, Kentucky 40601
Questions? Call 502-696-5389