

SR-1 PROFESSIONAL SOLICITOR REGISTRATION STATEMENT



COMMONWEALTH OF KENTUCKY
OFFICE OF THE ATTORNEY GENERAL
PROFESSIONAL SOLICITOR
REGISTRATION STATEMENT

Each solicitor 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 Registration ___ Renewal Registration ___ Registration No. _____
For the Year Ending 20 _____ Today's Date _____

1. FULL NAME OF THE FIRM/PROFESSIONAL SOLICITOR

2. LIST ANY OTHER NAME(S) YOU ARE KNOWN BY OR HAVE BEEN KNOWN BY OR HAVE USED: _____

3. PRINCIPAL ADDRESS OF BUSINESS

4. TELEPHONE NUMBER _____ FAX _____ PRINCIPAL CONTACT FOR YOUR FIRM _____

5. PRINCIPAL KENTUCKY STATE ADDRESS, IF ANY:

6. FORM OF ORGANIZATION (Check One):

CORPORATION ___ State Incorporated _____ Date Incorporated _____

PARTNERSHIP _____ City and state in which organized _____

INDIVIDUAL _____ Date _____

SR-1 PROFESSIONAL SOLICITOR REGISTRATION STATEMENT

7. Enter name, residence address and title or relationship to the business for each officer, director, or person with a controlling interest in the business, and any person the professional solicitor employs or procures to solicit for compensation, or to advise, consult, plan or manage a solicitation campaign:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

8. Give the name and address of each charitable organization sharing in the charitable contributions solicited by your firm (Attach a continuation page if necessary):

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

9. Have you provided a copy of your organization's By-Laws and Articles of Incorporation. Yes No
(A copy of the organization's By-Law and Articles of Incorporation must be provided each year, regardless of whether they have been provided with previous registrations.)

10. Has an officer, director, or a person with a controlling interest in the business, a person the professional solicitor employs or procures to solicit for compensation, 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 complete the following:

Name of Member, Officer, Employee, Agent: _____

State in which conviction occurred: _____

Court of Jurisdiction: _____

Date of the Conviction: _____ Case Number: _____

11. Has the firm or a representative of the firm ever been, or are they now, associated with a charitable or other organization with which the firm has contracted to act as a solicitor? Yes No

If yes, complete the following:

Name of individual

Name/Address of Organization

Relationship to Organization

SR-1 PROFESSIONAL SOLICITOR REGISTRATION STATEMENT

12. Has the firm or a representative 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:

| | | |
|---------------------------|-------------------------------------|-------------------------------------|
| <i>Name of Individual</i> | <i>Name/Address of Organization</i> | <i>Relationship to Organization</i> |
|---------------------------|-------------------------------------|-------------------------------------|

13. Is the firm registered as a professional solicitor or fund-raising consultant with another state or local government? Yes No

If yes, list other registrations:

14. Has the firm ever had a license, registration, or permit denied, canceled, suspended, revoked, or has an official disciplinary or legal action ever been taken, or is one currently pending against the firm or a representative of the firm in relation to any fund-raising, consulting activity? Yes No

If yes, complete the following

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

15. Has the professional solicitor paid fines or entered into agreements with a governmental authority in this state or another state limiting or prohibiting its fund-raising activities, in any way? Yes No

If yes, indicate the name of the governmental authority, the date of the agreement, a copy of the agreement

SR-1 PROFESSIONAL SOLICITOR REGISTRATION STATEMENT

Name of Governmental Authority

Date of Agreement

Summary of the Agreement:

Name of Governmental Authority

Date of Agreement

Summary of the Agreement:

Name of Governmental Authority

Date of Agreement

Details of the Agreement:

16. Names and addresses of financial institutions with which the professional solicitor has an account. Include the type of account(s) and account number(s). (Should an account be added during the year, send the information to this office immediately):

Name and Address

Type of Account

Account Number

17. Location of professional solicitor's financial records:

18. Name, Address and Telephone Number of accounting firm responsible to handle your accounts:

Name: _____

Address: _____

Telephone Number: _____

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

Name: _____ Address: _____

SR-1 PROFESSIONAL SOLICITOR REGISTRATION STATEMENT

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

I, _____, a professional fundraising solicitor, hereby appoint the Secretary of State of the Commonwealth of Kentucky as my agent for service incase of 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 consent for service 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: _____
Professional Solicitor

Name of Firm: _____

SR-1 PROFESSIONAL SOLICITOR REGISTRATION STATEMENT

STATE OF _____

COUNTY OF _____

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

solicitor firm, _____, 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 \$300.00 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

THE OFFICE OF THE ATTORNEY GENERAL DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, AGE OR DISABILITY IN EMPLOYMENT OR THE PROVISION OF SERVICES AND PROVIDES, UPON REQUEST, REASONABLE ACCOMMODATION NECESSARY TO AFFORD INDIVIDUALS WITH DISABILITIES AN EQUAL OPPORTUNITY TO PARTICIPATE IN ALL PROGRAMS AND ACTIVITIES.

SR-1 PROFESSIONAL SOLICITOR REGISTRATION STATEMENT

Continuation Page: