

APPLICATION/REGISTRATION STATEMENT FOR SOLICITATION BY
RELIGIOUS/CHARITABLE/NOT FOR PROFIT ORGANIZATION

FEE: Religious Organization - no fee
Charitable/Not for Profit Organization - \$20.00 initial fee
Charitable/Not for Profit Organization - \$5.00 renewal fee

PLEASE TYPE OR PRINT IN BLACK INK

This application/registration statement is required by "An Ordinance Concerning Charitable Solicitations" (CB 77-199), Article 2 of Chapter 25 of the Champaign City Code.

Please answer all items which are applicable to your organization. If you are unable to answer any question fully in the space provided, please attach a sheet containing the remainder of your answer. Provision should be made for accurate and detailed accounting information. Every organization shall notify the City Clerk in writing within ten (10) days of any change in the information submitted herein.

DATES OF SOLICITATION: _____
Starting Date Ending Date

1. Name of organization _____

Street and Number: _____

City, County, State, and Zip Code: _____

ORGANIZATION IS ___ RELIGIOUS ___ NON-RELIGIOUS/CHARITABLE

2. If the name under which the organization intends to solicit funds differs from the name listed in No 1 (above), provide name(s) under which contributions will be solicited, and the reason for the use of such other name(s).

3. On Attachment 1, list the name, office, and address of every officer, director, trustee, and chief executive officer of the organization.

4. Show the address and telephone number of the organization's headquarters, and the addresses of any offices in Illinois. If the

organization does not maintain a headquarters, give the name and address of the person having custody of the financial records.

HEADQUARTERS: _____

OTHER OFFICES IN ILLINOIS: _____

5. Organization's legal status (corporation, trust, unincorporated, etc.), and the date, method, and place of organization establishment:

6. Has the United States Internal Revenue Service determined that this organization is tax exempt? ___ Yes ___ No

Tax exempt number _____

Date of IRS exemption letter _____

Section of Internal Revenue Code under which the organization is exempted _____

7. Has the organization tax exempt status ever been questioned, audited, denied, or cancelled at any time by any governmental agency?

___ Yes ___ No

If "Yes", give facts on a separate attachment.

8. State the purposes of the organization _____

9. Briefly describe how funds collected will be used

What percentage of the funds will be retained by the organization

What percentage of the funds will the solicitors obtain

-
10. Does the organization intend to use the services of a professional fund raiser as defined by "An Ordinance Concerning Charitable Solicitations"? Yes No

If the answer to #10 (a) is yes. Give the following:

Name, address, and telephone number of professional fund raiser(s).

Has the professional fund raiser(s) registered with the office of the Illinois Attorney General Yes No

Attach copies of contracts between your organization and professional fund raiser(s) relating to financial compensation or profit to be derived by the professional fund raisers. If any signed contract is executed after filing of registration statement, a copy thereof shall be filed with the Champaign City Clerk within ten (10) days of the date of the execution of the contract.

11. Has your organization solicited in the City of Champaign before?

Yes No

If "Yes", please give the month and year for each solicitation

12. Is your organization registered with the Illinois Attorney General's Office as a charitable organization?

Yes No

If "Yes", give number under which registered, last registration number and date registered _____

13. Has organization been registered with any other Illinois municipality to solicit contributions? Yes No.

If "Yes", name the three most recent Illinois municipalities and date of authorization for solicitation.

1. _____
2. _____
3. _____

14. Has the organization or persons soliciting on behalf of the organization ever been enjoined or prohibited by any court or other governmental agency from soliciting contributions, or is such action pending? ___ Yes ___ No.
15. Date on which the annual accounting period of the organization ends (day and month). _____
16. In accordance with Sections 25-32 of the Champaign Municipal Code, please attach a copy of the organization's most recent Statement of Operations, Annual Balance Sheet, and Schedule of Securities.
17. Describe the proposed method of solicitation (Sale of seals or products? Coin collection containers? Special-events? Will the solicitation be towards business or residents?
18. On Attachment II, give the name, age, address, telephone number, driver's license number, social security number, and criminal history of each person who is or will be soliciting for the organization in the City of Champaign, and of all persons in charge of solicitation.
19. Attach a list of the names, telephone numbers, and mailing address of the board, group, or individual having final discretion as to the distribution and use of contributions to be received.
20. State the benefits to the people of the City of Champaign from this solicitation of contributions. _____

CERTIFICATION

NOTE: If the organization is a corporation, the President and the Chief Fiscal Officer are required to sign; if the organization is a trust, all trustees are required to sign.

I/WE CERTIFY THAT THE INFORMATION IN THIS STATEMENT AND ALL ALL ATTACHED SHEETS IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE. I/WE

UNDERSTAND THAT IF ANY INFORMATION CONTAINED IN THIS DOCUMENT CHANGES, I/WE MUST NOTIFY THE CHAMPAIGN CITY CLERK AS TO THE NATURE AND EXTENT OF THE CHANGES WITHIN TEN (10) DAYS OF ANY CHANGE.

Signature Title Date

Signature Title Date

Signature Title Date

Subscribed and sworn to before me this ____ day of _____ 19__

Notary Public

My commission expires: _____ Seal

NOTE: APPLICATION IS NOT COMPLETE UNTIL THE ATTACHED "MEDIA" INFORMATION SHEET" IS COMPLETED, ON THE FOLLOWING PAGE #7

NOTICE

IT IS SUGGESTED THAT YOU MAKE A COPY OF THIS REQUEST FOR YOUR FUTURE USE. ALL COPIES ARE DESTROYED EXCEPT PERMITS AT THE END OF EACH CALENDAR YEAR.

MEDIA INFORMATION SHEET
CHARITABLE SOLICITATION PERMIT

The Champaign City Clerk has issued a charitable solicitation permit to:

Name of Organization

to conduct charitable solicitations for _____

Briefly describe method of solicitation, such as, door to door, business establishments, cash collections, canned goods, boxes by cash registers, walkathons, offering something for donations (what?) _____

The dates of solicitations will be from _____

through _____, 198 _____.

SPECIAL NOTICE TO ALL SOLICITORS: CHAMPAIGN MUNICIPAL CODE, SECTION 3-17 STATES IN PART THE PARAGRAPH BELOW. IT IS THE RESPONSIBILITY OF THE PUBLICITY AGENT WHO SIGNS THIS PAGE TO SEE THAT THIS PROVISION OF THE CODE IS NOT ABUSED.

Sec. 3-17. Billposting prohibited except where expressly authorized by law.

No placard, poster, circular, showbill, card, leaflet, political sign, or other advertising matter whatsoever, except that which may be expressly authorized by law, shall be placed, posted, nailed, painted, printed, stamped, or in any way be attached, on any street or sidewalk, or upon any fence, wall post, tree, platform tower, telegraph pole, telephone pole, electric light pole, or other utility pole or tower or in or upon any easement, right of way, or on any public property whatsoever in this City.

Signature of Organization's Publicity Agent

Home Address

Phone Number

DISTRIBUTION: Members of the City Council
News Media File
Police Department

AUTHORIZATION FOR POLICE RECORD SEARCH

Name: _____
Please Print

Address: _____

Phone Number: _____

Date of Birth: _____

Social Security Number: _____

Driver's License Number: _____

I hereby understand and agree that by applying for a permit or license from the City of Champaign, I hereby agree, authorize and empower the City of Champaign, Illinois and its agents, servants and employees to conduct a police record search of me for use in processing my application. I understand that a police record search is a search of records for criminal convictions.

_____ DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY. _____

License No. _____ Date Approved/Disapproved _____

License Fee: _____ Approved/Disapproved _____
Police Official

revised 03-21-89