



STATE OF MAINE
 DEPARTMENT OF PROFESSIONAL
 AND FINANCIAL REGULATION
 OFFICE OF LICENSING AND REGISTRATION
COMMERCIAL CO-VENTURER APPLICATION

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME			
FEIN OR SSN			
PHYSICAL ADDRESS			
CITY	STATE	ZIP	COUNTY
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ()	FAX # ()	E-MAIL:	
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Licensing and Registration will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.			
SIGNATURE		DATE	

CHARITABLE SOLICITATION PROGRAM

Commercial Co-Venturer Application

Required Fee: \$250.00

COMMERCIAL CO-VENTURER (CCV1421)

Office Use Only:

1421 - \$200.00
 1446 - \$50.00

<i>Office Use Only:</i>
Check # _____
Amount: _____
Cash # _____
Lic. # _____
Issue Date: _____

PAYMENT OPTIONS:			
Make checks payable to "Maine State Treasurer" – if you wish to pay by Mastercard or Visa, fill out the following:			
NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
I authorize the Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD the following amount: \$ _____			
Card number: <i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date <i>mm / yyyy</i>		
SIGNATURE	DATE		

List other name(s) used (d/b/a):

Has your organization ever been the subject of a revocation, suspension or other disciplinary action in this or any other jurisdiction?

Yes No If yes, enclose a detailed explanation and copies of all documents.

Purpose for which a solicitation campaign is being conducted:

CP - Coupon

OV – Other – Describe:

RY – Royalties

CHECKLIST:

- ✓ State of Maine Commercial Co-Venturer Application Form. Complete every item on the application. Incomplete applications will not be processed.
- ✓ Sign and date your application
- ✓ Include correct amount (payable to Maine State Treasurer) or payable by credit card information (plus signature)
- ✓ Copy of the contract executed between you and the Charitable Organization
- ✓ Bond in the amount of \$25,000. The bond must expire on the date of expiration of the Charitable Organization
- ✓ Make a copy of your application to keep for your records
- ✓ DO NOT SEND CASH

FAXED OR EMAILED DOCUMENTS WILL NOT BE ACCEPTED. A COMPLETE APPLICATION INCLUDES EVERYTHING ON THIS CHECKLIST. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

NOTE: Any Commercial Co-Venturer whose annual contributions to charitable organizations do not exceed \$10,000 is exempt from the licensure requirements.

STATE OF MAINE – DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
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Mailing Address: 35 State House Station, Augusta, ME 04333

Courier/Delivery Address: 76 Northern Avenue, Gardiner, ME 04345

Phone: (207)624-8603 **Fax:** (207)624-8637 **Hearing Impaired:** (888)577-6690

Website: www.maine.gov/professionallicensing

Frequently Asked Questions

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine
- **What hours are you open?** 8:00 a.m. to 5:00 p.m. weekdays
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How long does it take to process an application?** You can check our website: www.maine.gov/professionallicensing. Your organization's license will show up as PENDING at first. As soon as the status is ACTIVE, your organization is authorized to solicit.

What if I have other questions? Visit our website at

<http://www.maine.gov/pfr/professionallicensing/professions/charitable/index.htm> or contact Marlene McFadden, Office Specialist I, Tel. (207)624-8624, e-mail: Marlene.M.McFadden@maine.gov.

NOTICE

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRS §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.