



State of Maine
 Department of Professional & Financial Regulation
 Office of Professional & Occupational Regulation

**PROFESSIONAL FUND-RAISING COUNSEL
 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 Professional & Occupational Regulation 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 ACT
 Professional Fund-Raising Counsel Application
 Required Fee: \$250.00

PROFESSIONAL FUND-RAISING COUNSEL (PFR1421)

Office Use Only:

Office Use Only:

1421 - \$200.00
 1446 - \$50.00

| |
|---------------|
| Check # _____ |
| Amount: _____ |
| Cash # _____ |
| Lic. # _____ |

| | | | |
|--|----------------------------------|--------------|-----------------------|
| 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 Professional & Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD the following amount: \$_____ | | | |
| <input type="checkbox"/> I understand that fees are non-refundable | | | |
| Card number: <i>XXXX-XXXX-XXXX-XXXX</i> | Expiration Date <i>mm / yyyy</i> | | |
| SIGNATURE | | DATE | |

STATE OF MAINE – DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION

Mailing Address: 35 State House Station, Augusta, ME 04333

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

Phone: (207)624-8603 (TTY users call Maine relay 711) **Fax:** (207)624-8637

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 the office at (207)624-8603, e-mail: charitable.sol@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.