



ENCLOSE \$75 FEE

This form is for reinstating your registration if you have failed to renew it within 45 days of your initial registration.
Return to: Missouri Attorney General's Office • Attention: Registration Specialist • P.O. Box 899 • Jefferson City, MO 65102

Professional Fundraiser Information

OFFICIAL NAME _____ REGISTRATION # _____

OTHER NAMES USED (DBAs) _____

PRINCIPLE PLACE OF BUSINESS

Street City State Zip Phone () -

ADDRESS AND PHONE OF EACH SOLICITATION LOCATION IN MISSOURI

Street City MO Zip Phone () -

Street City MO Zip Phone

NAME, ADDRESS AND PHONE OF EACH GOVERNMENTAL AGENCY REGISTERED WITH DURING PAST THREE YEARS

NAME _____ PHONE NO. () -

ADDRESS _____
Street City State Zip County

TYPE OF BUSINESS ENTITY (Check one of four boxes below.)

☐ **CORPORATION** (Attach articles of incorporation) List officers' and directors' names, positions, phones and home addresses

NAME _____ PHONE NO. () -

ADDRESS _____
Street City State Zip Position

NAME _____ PHONE NO. () -

ADDRESS _____
Street City State Zip Position

NAME _____ PHONE NO. () -

ADDRESS _____
Street City State Zip Position

NAME _____ PHONE NO. () -

ADDRESS _____
Street City State Zip Position

NAME, ADDRESS AND PHONE OF CORPORATION'S REGISTERED AGENT

NAME _____ PHONE NO. () -

ADDRESS _____
Street City State Zip Position



☐ **PARTNERSHIP** (Attach partnership agreement) List partners' names, positions, phones and home addresses

NAME _____ PHONE NO. () -

ADDRESS _____
Street City State Zip Position

NAME _____ PHONE NO. () -

ADDRESS _____
Street City State Zip Position

NAME _____ PHONE NO. () -

ADDRESS _____
Street City State Zip Position

NAME _____ PHONE NO. () -

ADDRESS _____
Street City State Zip Position

NAME, ADDRESS, PHONE, INTEREST AMOUNT OF THOSE OWNING AT LEAST 10% OF ORGANIZATION

NAME _____ PHONE NO. () -

ADDRESS _____
Street City State Zip Interest Owned (%)

☐ **SOLE PROPRIETORSHIP** ☐ **OTHER** (explain) _____

Solicitation Information

NAME, ADDRESS AND PHONE OF ORGANIZATIONS FOR WHICH FUNDRAISER SOLICITED IN PAST 5 YEARS (include current clients)

NAME _____ PHONE NO. () -

ADDRESS _____
Street City State Zip

NAME _____ PHONE NO. () -

ADDRESS _____
Street City State Zip

HOW FUNDRAISER WILL BE PAID _____



TYPES OF SOLICITATION PROGRAMS USED (such as personal contact, direct mail, radio and TV commercials or newspaper ads) Enclose all written sales presentations, ads, phone scripts or other solicitations.

FINANCIAL INSTITUTIONS, ADDRESSES, PHONES AND ACCOUNT NAMES INTO WHICH ALL FUNDS WILL BE DEPOSITED

INSTITUTION _____ PHONE NO. () -

ADDRESS _____
Street City State Zip Account Name

INSTITUTION _____ PHONE NO. () -

ADDRESS _____
Street City State Zip Account Name

WHAT CONSUMERS WILL BE TOLD ABOUT THE CHARITY AND HOW THE FUNDS WILL BE USED

Professional Fundraiser & Charitable Organization Background Check

HAS A LICENSE OR PERMIT TO SOLICIT FUNDS EVER BEEN DENIED OR REVOKED? ☐ NO ☐ YES If "yes," explain in detail:

LOCATION OF ACTION _____ DATE OF ACTION (MM-DD-YY) _____

GOVERNMENT AGENCY BRINGING ACTION _____

REASON FOR ACTION _____

HAS A GOVERNMENTAL AGENCY ENJOINED OR PROHIBITED YOUR ORGANIZATION OR PROFESSIONAL FUNDRAISER FROM SOLICITING? ☐ NO ☐ YES If "yes," explain in detail:

LOCATION OF ACTION _____ DATE OF ACTION (MM-DD-YY) _____

AGENCY BRINGING ACTION _____

REASON FOR ACTION _____



HAVE ANY OFFICERS, INDIVIDUAL FUNDRAISERS, DIRECTORS, OR OWNERS OF AT LEAST 10% OF THE CHARITY BEEN CONVICTED OF A FELONY? ☐ NO ☐ YES If "yes," explain in detail:

Verification Statement

Being duly sworn deposes and states that s/he has made the foregoing professional fundraiser's registration statement, as required by section 407.462, RSMo; that s/he has read the foregoing registration statement and knows the contents thereof; that s/he is authorized to verify the foregoing registration statement and that the foregoing registration statement is true to her/his knowledge; and that the foregoing registration statement was made for the purpose of complying with the requirements of sections 407.450 through 407.478 RSMo.

Printed Name _____

Authorized Signature _____

Enclose \$75 check (\$50 filing fee plus \$25 reinstatement fee). Make check payable to "Merchandising Practices Revolving Fund".

Notary

Subscribed and sworn to before me, this _____ day of _____, 20_____

Notary Public Signature _____