



THE ATTORNEY GENERAL
STATE OF ARKANSAS
LESLIE RUTLEDGE

PAID SOLICITOR ANNUAL APPLICATION FOR REGISTRATION

Pursuant to Ark. Code Ann. §§ 4-28-401 through 416, Arkansas law requires paid solicitors to register with the Attorney General. Registration is only valid for one year but may be renewed for additional one-year periods. This form and all required attachments must be submitted at least 15 days prior to commencing performance on the contract.

The following must be included with the submission of this application:

1. A fee of \$200.00 made payable to Office of the Attorney General;
2. A fully executed bond in the amount of \$10,000.00;
 - a. The bond must be on an appropriate form (Form PS-02),
 - b. The bond must run in favor of the Attorney General, and
 - c. The bond must remain current at all times for registration to remain valid;
3. An executed Consent for Service (Form PS-03), if applicable;
4. A completed Notice of Entry Into a Contract with a Charitable Organization (Form PS-04);
5. If you employ professional telemarketers, you must also submit an application for each such individual (Form PT-01); and
6. A properly executed copy of the contract between the paid solicitor and the charitable organization.

You are obligated to update or revise any material change in the information submitted to the Attorney General not more than 30 days after the change occurs. Changes or updates should be submitted on this form.

This form and all attachments should be submitted via email to Charities@ArkansasAG.gov. Incomplete submissions will not be accepted. If you have questions or inquiries, please contact us via email at Charities@ArkansasAG.gov, via phone at (501) 682-2007 or (800) 482-8982, or via mail to Arkansas Attorney General's Office, Consumer Protection Division, ATTN: Charities Registration Bureau, 323 Center Street, Suite 500, Little Rock, AR 72201.

Section I. Organization Information

Federal EIN

Legal Name

Any Previous Legal Name(s)

Mailing Address

City

State

Zip

Physical Address (if different from mailing)

City

State

Zip

Web Address

Telephone Number

Fax Number

Designated Contact for Correspondence

Designated Contact's Phone Number

Designated Contact's Email Address

State of Incorporation

Date of Incorporation or Establishment

__/__/__

Names of any programs or promotions by which you are or have ever been known:

Other names, aliases, or fictitious names by which you are or have ever been known:

Section II. Regulatory Compliance and Ownership Information

In what other states have you acted as a paid solicitor?
Have you ever had your registration denied, suspended, revoked, or enjoined by any governmental authority or any court? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a copy of any such judgment, notice, or order.
Have you ever been sued for fund-raising-related activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a copy of any applicable complaint, judgment, notice, or order.
Have you ever entered into, or been subject to, any assurance of voluntary compliance, cease and desist order, or settlement with a governmental entity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a copy of any such document.
If you are an individual, have you ever been charged, arrested, or convicted of a crime other than a traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what jurisdiction?
Have any officers, directors, partners, managers or you ever been sued for fund-raising-related activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a copy of any applicable complaint, judgment, notice, or order.
Have any officers, directors, partners, managers or you ever entered into, or been subject to, any assurance of voluntary compliance, cease and desist order, or settlement with a governmental entity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a copy of any such document.
Have any officers, directors, partners, managers or you ever been charged, arrested, or convicted of a crime other than a traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the name of the individual and in what jurisdiction.
You are required to provide the names, addresses, telephone numbers, dates of birth, and percentage of ownership interest for all officers, directors, partners, managers, and supervisors of the applicant on a separate sheet of paper.
You are required to provide the names, addresses, and telephone numbers of all employees and agents who are actively involved in fund-raising or related activities on behalf of the applicant on a separate sheet of paper.

Section III. Solicitations Information

Specify the types of solicitations you will facilitate and/or fund-raising activities will conduct inside the state of Arkansas.	
<input type="checkbox"/> Special Events <input type="checkbox"/> Direct Mail <input type="checkbox"/> Telephone Appeals <input type="checkbox"/> Personal Contact <input type="checkbox"/> Grant Writing	<input type="checkbox"/> Sale of Goods or Services <input type="checkbox"/> Website <input type="checkbox"/> Web Banner Ads <input type="checkbox"/> Auctions <input type="checkbox"/> Other _____
If any website will be used for fund-raising or solicitations that is not the registered charity's website, please list the URLs.	
Below, please list the names of the registered charitable organization(s) for whom you will conducting solicitations or fund-raising activities and the time frame for the service. If there is not space below to list all of the organizations, please include an additional sheet of paper.	
Name of Charitable Organization	Time Frame ___/___/___ to ___/___/___

