

THE CITY OF NEW YORK
HUMAN RESOURCES ADMINISTRATION/DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL AFFAIRS
PUBLIC SOLICITATION SECTION
150 GREENWICH STREET - 38TH FLOOR
NEW YORK, NEW YORK 10007
(929) 221-6539

PUBLIC SOLICITATION LICENSE APPLICATION

DO NOT WRITE IN THIS SPACE
DECISION: _____
DATE: _____

TO: The Commissioner of Social Services of The City of New York _____ 20_____

Name of Organization _____

Address _____ Telephone Number _____

Hereby applies for a license pursuant to Chapter 24, Section 603-11.0 of the Administrative Code of The City of New York. A true copy of the resolution adopted by such organization certified to as correct by the proper officer thereof, authorizing the application is attached hereto.

1. If organization is incorporated

State, County and Date of Incorporation _____

Type of Corporation: () Membership () Religious () Other (specify) _____

2. If organization is unincorporated

Date Established: _____ City and State: _____

3. If organization has been known by another name, specify other name

4. List Officers, Directors, Trustees and Officials in charge of direction and management

Name	Office Held	Home Address	Business Address

(If additional space is needed, attach separate sheet)

5. If proposed solicitation is for the benefit of an organization other than that represented by applicant, give name and address

6. Check method by which organization seeks to raise funds, and give dates and places

- a. Street solicitation
- b. Indoor collection at public function
- c. Indoor collection in public places
- g. Sale of tickets for public function by:
 - Personal Contact
 - Mail
 - Telephone
 - Box Office
- h. Solicitation of contributions by:
 - Personal Contact
 - Mail
 - Telephone
- d. Door to door solicitation
- e. Placing of collection containers
- f. Rummage sale, thrift shop or bazaar

Dates _____ Places _____

7. Purpose or object for which funds are to be raised

8. Percentage of the proceeds to be given or devoted to the purpose or object for which the funds are to be raised: _____%
If not the entire proceeds, specify what disposition is to be made of the remainder

9. Estimated cost of the fund raising project:
\$ _____

10. Has the organization registered with the Office of Charities Registration of the Department of the Department of State pursuant to Article 7-A of the Executive Law of the State of New York?
Yes: Registration No. _____ Expiration Date _____

No. (reason): _____

11. Has the organization filed a financial statement with the Office of Charities Registration of the Department of State as required by Article 7-A of the Executive Law of the State of New York?
Yes No (reason): _____

12. Has the organization ever been denied a license, permit or registration or has any license permit or registration ever been revoked by any government agency or are proceedings pending therefor?
 Yes No
If "yes", give detailed information: _____

13. Has the organization secured the necessary consents to use the names of persons as required by Article 7-A of the Executive Law of the State of New York?
 Yes No

14. Will a professional fund raiser or promoter be engaged?
 Yes No (If "yes", complete questions 17-13)

15. Will paid solicitors be retained by the professional fund raiser or promoter?
 Yes No (If "yes", complete questions 17-23)

16. Are any commissions, fees, wages or emoluments to be paid in connection with the solicitation or function where there are NO paid promoters or fund raisers?

Yes No

If "yes", specify:

Name	Address	Sum or %	Type of Service

IF YOUR ANSWER IS "YES" TO QUESTIONS 14 OR 15, PLEASE ANSWER THE FOLLOWING (QUESTIONS 17-23):

17. Name and address of professional promoter or fund raiser retained

Name: _____

Address: _____

18. Is he/she registered with the Office of Charities Registration of the Department of State as required by Article 7-A of the Executive Law of the State of New York?

Yes: Registration Number _____ Expiration Date _____

No (reason): _____

19. Will the promoter or fund raiser receive a salary? Yes No

If "yes": Amount \$ _____ Duration _____

Will remuneration be based on percentage? Yes No

If "yes", state terms _____

20. Are all current contracts with professional fund raisers on file in your office as required by Article 7-A of the Executive Law of the State of New York?

Yes (attach a copy of contract or agreement)

No

(reason): _____

21. Will the promoter or fund raiser engage solicitors? Yes No

22. Are the solicitors registered with the Office of Charities Registration of the Department of State as required by Article 7-A of the Executive Law of the State of New York?

Yes No

23. Solicitors

Name	Address	Registration No. and Expiration Date	Amount of Salary or Commission

(If additional space is needed attach separate sheet)

I M P O R T A N T

THIS APPLICATION WILL NOT BE CONSIDERED COMPLETE UNLESS ACCOMPANIED BY A FINANCIAL STATEMENT PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT COVERING THE LAST FISCAL OR CALENDAR YEAR; OR A FINANCIAL STATEMENT PREPARED AND PROPERLY SIGNED BY A RESPONSIBLE OFFICER OF THE ORGANIZATION.

*** * * * ***

I have prepared the foregoing application and the statements made therein are true. The accompanying financial statement is made a part hereof. All statements contained in the said financial statement accurately reflect the financial status and activities of the organization.

Name of Organization _____

Signature of Officer _____ **Title** _____

Dated: _____

Any person who knowingly makes, or allows to be made, any false statement in this application is subject to the penalties provided in Section 982-9.0 of the Administrative Code of the City of New York.