

**VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
OFFICE OF CHARITABLE AND REGULATORY PROGRAMS**

P.O. Box 526 - Richmond, VA 23218-0526
Phone: 804-786-1343 • FAX: 804-225-2666 • www.vdacs.virginia.gov

OCRP-104 Revised 6/15

**REMITTANCE FORM
Professional Solicitor
Form 104**

YOU MUST USE THIS FORM TO RECEIVE PROPER CREDIT OF YOUR FEE(S)

Organization name: _____

Address: _____

FEES:

Registration fee	\$500.00	(910-02682)
Add \$250 late registration fee if solicitations begin prior to registration or renewal		(910-02194)
Total fees		

Check Number: _____

MAKE CHECKS PAYABLE TO "TREASURER OF VIRGINIA"

The Code of Virginia authorizes state agencies to assess interest, administrative charges and penalty fees for returned checks and past-due accounts in accordance with guidelines promulgated by the Department of Accounts.

PLEASE ATTACH COMPLETED REMITTANCE FORM TO FRONT OF REGISTRATION FORM WITH CHECK ATTACHED AND MAIL TO:

**Virginia Department of Agriculture and Consumer Services
P.O. Box 526
Richmond, VA 23218-0526**

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**REGISTRATION STATEMENT FOR A PROFESSIONAL SOLICITOR
FORM 104**

All information provided on this form and related attachments must be for the **CURRENT** year, unless otherwise noted.

1. Primary name: _____

2. List any other names under which you may conduct business in Virginia:

3. Primary address: _____

City

State

Zip Code

4. a. List addresses and telephone numbers of any other offices located in Virginia

b. Other contact information: _____
Telephone, including area code Fax, including area code

Internet URL

Solicitor's official e-mail address*

c. Do you prefer to be contacted via e-mail?

YES

NO

***The Official E-mail address entered above will be used for the notifications unless alternate email preference is indicated here:** _____

5. Please indicate type of organization. Please check the correct type:

	Type of organization
<input type="checkbox"/>	Corporation
<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Other (specify: _____)

6. Date of incorporation or formation: _____

7. Location where the organization was legally established: _____

City

State

REGISTRATION STATEMENT FOR A PROFESSIONAL SOLICITOR

Revised 6/15

8. Name and address of designated agent for receipt of process (e.g., registered agent or other officer) within the Commonwealth of Virginia:

Name

Address

City

State

Zip Code

9. Please attach a list of officers and directors if the organization is a corporation or the names of the partners or principal owner and executive personnel if it is a partnership or sole proprietorship.
10. a. Has any **person employed by the organization** to solicit contributions ever been convicted in any jurisdiction of embezzlement, larceny or other crimes involving the obtaining of money under false pretenses, or the misapplication of funds impressed with a trust?

YES

NO

1. If "Yes," attach a copy of the court Order that states the reasons for the conviction, or a copy of any applicable pardon.
2. If "Yes" above (10a), has the organization notified all charitable organizations with whom it has fundraising contracts that it employs a person to solicit contributions that has been convicted in any jurisdiction of embezzlement, larceny or other crimes involving the obtaining of money under false pretenses, or the misapplication of funds impressed with a trust?

Yes

No

- b. Has any **officer of the organization** ever been convicted in any jurisdiction of embezzlement, larceny or other crimes involving the obtaining of money under false pretenses, or the misapplication of funds impressed with a trust?

YES

NO

If "Yes," attach a copy of the court Order that states the reasons for the conviction, or a copy of any applicable pardon.

11. Is the organization, or any officer or employee of the organization **CURRENTLY** enjoined by any court or otherwise prohibited from soliciting in any jurisdiction?

YES

NO

If "Yes," attach a copy of the Order that states the reasons and time period for the injunction or prohibition.

12. Is the professional solicitor filing this registration licensed by, registered with, or given a permit by any other state or governmental agency for the purpose of soliciting contributions on behalf of a civic or charitable organization?

YES

NO

If "Yes," name the agencies:

13. Has the professional solicitor filing this registration ever been denied a license, permit, or registration by any state or local government?

YES

NO

If "Yes," attach a statement describing the facts surrounding said denial(s).

14. Attach a list of the names and addresses of all charitable and civic organizations with which your organization has **CURRENT** contracts to solicit contributions in Virginia and list the dates (from mo/yr, to mo/yr) that each contract covers, **as well as** a list of all the charitable or civic organizations for which you solicited in the past 12 months.

REGISTRATION STATEMENT FOR A PROFESSIONAL SOLICITOR

Revised 6/15

15. Are any of the members, partners, officers, directors or executive personnel of the professional solicitor filing this registration also members, partners, officers, directors or executives of, or otherwise associated with, any civic or charitable organization with which this professional solicitor has contracts?

YES

NO

If "Yes," provide the following information. Use additional pages if necessary:

Name of Individual	Name of Organization	Connection with organization

16. Attach a list with the full names and home addresses of all individuals employed by the organization to supervise the solicitation of contributions **occurring** in Virginia.
17. Pursuant to §57-61.F of the Code of Virginia, has the professional solicitor filing this registration maintained, during each solicitation campaign and for not less than 3 years afterward (or for the length of time since formation if less than 3 years), the following records? (Check all that apply)

Records
<input type="checkbox"/> The name and address of each contributor and the date and amount of the contribution.
<input type="checkbox"/> The name and residence address of each employee, agent, or other person involved in the solicitations.
<input type="checkbox"/> Records of all expenses incurred in the course of the solicitation campaign(s).
<input type="checkbox"/> The account number and location of all bank accounts where receipts from each campaign were deposited. If the charity-client receives all funds directly from donors, "Check" here:

*By checking this box, the solicitor is certifying that all records are kept according to Law. If these records are not kept, please provide a written explanation.

18. Except as otherwise provided, all information required to be filed under Chapter 5 of Title 57 of the Code of Virginia shall become public records in the Office of the Commissioner, and shall be open to the general public for inspection. You are advised that you are required by law to supply this information as a prerequisite to the soliciting of charitable contributions. If you do not provide this information, you may not solicit in Virginia.
19. Bond Requirement: As required by the Virginia Solicitation of Contributions Law and the Rules Governing the Solicitation of Contributions, each professional solicitor shall, at the time this form is initially filed, submit for approval a bond to run to the benefit of the Commonwealth of Virginia in which the professional solicitor shall be the principal obligor in the sum of \$20,000. Such bond shall be maintained in effect, or a replacement bond provided, for the length of time the professional solicitor solicits in Virginia. (a sample bond template may be obtained using the following link: <http://www.vdacs.virginia.gov/allforms.shtml>).

REGISTRATION STATEMENT FOR A PROFESSIONAL SOLICITOR

Revised 6/15

20. OATH OR AFFIRMATION

I, the undersigned swear or affirm under penalties provided by law that this Registration Statement (including any accompanying appendices) has been examined by me and is, to the best of my knowledge and belief, a true, correct and complete statement for the **CURRENT** year, pursuant to the laws of the Commonwealth of Virginia.

_____	Mr./Ms./Mrs. _____
Signature of sole proprietor or officer	Print name
_____	_____
Title	Date
	Daytime Phone Number

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

_____	_____
Notary Public's Signature	My commission expires (date)

REQUIRED ATTACHMENTS

I (We) have attached the following required attachments (Check all that apply):

Item
Remittance form and check for \$500, plus \$250 late fee if applicable, made payable to "Treasurer of Virginia."
Listing of officers and directors or partners.
Copies of any applicable Court Orders.
A listing of any organizations and/or persons under your direction and copies of all related contracts.
Statement describing the facts surrounding past denial(s) of licenses, registrations, etc.
<u>Current Year</u> : A list of the names and addresses of all charitable and civic organizations with which your organization has current contracts and list the dates (from mo/yr, to mo/yr) that each contract covers, for which solicitations for contributions will occur in Virginia.
<u>Past Year</u> : A list of the names and addresses of all charitable and civic organizations for which you solicited in the <u>past 12 months</u> in Virginia.
Copy of signed contract(s) between your organization and each charitable or civic organization.
List of the full names and home addresses of all individuals employed by the organization to supervise the solicitation of contributions <u>occurring</u> in Virginia, and the terms of their remuneration (e.g. salary, commission, bonus, etc.)
Bond: Attached or previously filed and still in effect