

Please - Do Not Staple

Chapter 202, Wis. Stats.
Subchapter II

STATE OF WISCONSIN
Department of Financial Institutions

Division of Corporate and
Consumer Services,
Charities Section

E-Mail:
DFICharitableOrgs@dfi.wisconsin.gov



Mailing Address:
PO Box 7879
Madison, WI 53707-7879

Telephone: (608) 267-1711

WEBSITE: DFI.WI.GOV
APPLICATION FOR REGISTRATION AS
A PROFESSIONAL FUNDRAISER OR
FUNDRAISER COUNSEL

Courier Address:
4822 Madison Yards Way
North Tower
Madison, WI 53705

Fax: (608) 267-6813

Purpose: A completed application for registration as a professional fundraiser or a fundraising counsel should be submitted to the Department of Financial Institutions (“department”) for consideration of registration. Upon the filing of such application the department shall investigate the relevant facts to determine if the applicant satisfies all of the eligibility requirements for registration. If the department finds that the applicant meets all of the requirements, the department shall register the applicant as a professional fundraiser or fundraising counsel.

Print or type the information requested in the spaces provided.

Name of applicant: The “applicant” is the corporation, limited liability company, limited partnership, partnership, or sole proprietorship that is registering with the department. If the applicant uses any trade names or DBA (doing business as) names for soliciting, include those names as well.

SECTION A

Answer the following question to determine if the applicant should be registered as a professional fundraiser.

1. Will the applicant, for compensation, solicit contributions in Wisconsin for a charitable organization that is required to be registered under s. 202.12(1), Stats.? Yes No

NOTE: Pursuant to s. 202.11(8), Stats., “Solicit” means to request, directly or indirectly, a contribution and to state or imply that the contribution will be used for a charitable purpose or will benefit a charitable organization.

- If you send mailings to prospective donors with your name and/or address on them and solicit contributions, you are soliciting.
- If you contact prospective donors by telephone or other electronic means and solicit contributions, you are soliciting.

If you answered “YES” to question #1 above, the applicant is required to REGISTER AS A PROFESSIONAL FUNDRAISER. There is no need to answer the questions in Section B.

If you answered “NO” to question #1 above, the applicant is not required to register as a professional fundraiser, but may be required to register as a fundraising counsel. Answer questions in Section B.

SECTION B

Answer the following questions to determine if the applicant should be registered as a fundraising counsel.

- 1. Will the applicant, for compensation in excess of \$1,000 per year, plan, manage, advise, consult or prepare materials for solicitation in Wisconsin for a charitable organization? Yes No

- 2. Will the applicant have custody of contributions? "Custody" is defined as possession or control of cash, checks or donations of merchandise, even though checks may be made payable to the charitable organization. Yes No

If you answered "YES" to **Either #1 or #2**, you must register as a **FUNDRAISING COUNSEL**.

If you answered "NO" to **Both #1 and #2**, you are not required to register as a fundraising counsel.

SECTION C: APPLICANT INFORMATION

- 1. Type of registration being applied for (choose): Professional Fundraiser Fundraising Counsel

- 2. Provide the following information for the applicant's headquarters office:

Street Address:			
City:		State:	Zip:
Telephone Number:	Fax Number:	E-mail:	

- 3. Provide the following information for applicant's Wisconsin office if the headquarters office is not located in Wisconsin. If the applicant does not have a Wisconsin office, please so indicate.

Street Address:		Telephone Number:	
City:		State:	Zip:

- 4. Name, title, address, telephone number, and e-mail address of person to whom questions regarding this application should be addressed:

First Name:		Last Name:		Title:	
Street:			City:		
State:	Zip:	Telephone Number:	E-mail:		

- 5. Provide the applicant's website address, if any:

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6. Indicate the type of organization (choose 1)

Corporation

Partnership

Limited Liability Company

Sole Proprietorship

Limited Partnership

Other (Please Specify)

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7. Provide the date and state of incorporation/organization. Date:

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State:

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8. If the applicant is a corporation, a limited liability company, or a limited partnership, provide the applicant's Federal Employer Identification Number:

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If the applicant is a sole proprietorship or a general partnership, provide each owner's Social Security Number:

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Note: Pursuant to Sections 202.021(4)(a)5.-7., Wis. Stats., this Department is required to obtain this information from all applicants. The information will be shared with other state agencies for the purpose of matching against tax information and outstanding child and family support data.

9. Complete the following chart with personnel information that is relevant to the applicant. Attach additional pages if necessary. You can determine what personnel information you need to provide by reading the following:

- Corporation:** Identify all officers and directors
- Limited Liability Company (LLC):** Identify all members
- Partnership or Limited Partnership:** Identify all partners
- Sole Proprietorship:** Identify sole proprietor

Name:	Title:	Birth Date:	% Ownership:
Name:	Title:	Birth Date:	% Ownership:
Name:	Title:	Birth Date:	% Ownership:
Name:	Title:	Birth Date:	% Ownership:
Name:	Title:	Birth Date:	% Ownership:

10. Identify the Wisconsin-registered charitable organizations with which you have contracts to act as a professional fundraiser OR fundraising counsel.

Name of Organization:			
Street:	City:	State:	Zip:

Name of Organization:			
Street:	City:	State:	Zip:

Name of Organization:			
Street:	City:	State:	Zip:

11. Has the applicant ever had a license, permit, registration, or other authority denied, suspended, cancelled, revoked, or enjoined by a court or other governmental authority or are proceedings pending? Yes No

If **YES**, give a detailed statement of explanation and a copy of the court or regulatory order.

12. Have the applicant or any of its owners, partners, members, corporate officers or directors (1) ever been convicted of a felony at any time, (2) been convicted of a misdemeanor within the last 10 years, or (3) been charge with a felony or misdemeanor, and the charges remain pending? Yes No

If **YES**, complete and attach the Convictions and Pending Charges form (Form #2252).

SECTION D: ATTACHMENTS

Submit the following items with your application.

- A) \$50 Registration Fee** – Make checks payable to The Department of Financial Institutions.

If an applicant, who is organized as a sole proprietorship, is a veteran who would like to participate in the Veterans Fee Waiver Program for this application; provide the authorization number obtained from the Wisconsin Department of Veterans Affairs and do not include any fees with this filing.

Veteran’s Fee Waiver Authorization Number (if applicable):

- B) \$20,000 bond** if registering as a professional fundraiser that will, at any time, have custody of contributions.

OR

\$5,000 bond if registering as a professional fundraiser that will never have custody of contributions.

The bond that is submitted to the department must:

- be completed on form CRED201 (custodial bond) or on form CRED203 (non-custodial bond). Any bond that is not completed on one of these forms will be rejected. The bond forms may be downloaded from the department’s website at dfi.wi.gov
- identify the exact name of the applicant.
- identify all trade names or DBA (doing business as) names that the applicant uses.
- be the original surety bond. The original power-of-attorney form must also be submitted with the bond.
- be signed by an officer/owner/partner whose signature is witnessed or sealed.

- C) \$20,000 bond** if registering as a fundraising counsel.

The bond that is submitted to the department must:

- be completed on form CRED202. Any bond that is not completed on this form will be rejected. The bond form may be downloaded from the department’s website at dfi.wi.gov
- identify the exact name of the applicant.
- identify all trade names or DBA (doing business as) names that the applicant uses.
- be the original surety bond. The original power-of-attorney form must also be submitted with the bond.
- be signed by an officer/owner/partner whose signature is witnessed or sealed.

- D) **A List of States** that have issued the applicant a license, registration, permit, or other formal authorization to solicit contributions.
- E) **Professional Fundraiser Solicitation Notice (Form #1941)** if registering as a professional fundraiser. A professional fundraiser is required by s. 202.14(3), Stats., to file a completed solicitation notice with the department before performing services under a contract with a charitable organization which is required to be registered under s. 202.12(1), Stats. If the applicant does not currently have a contract with a charitable organization that would require the PROFESSIONAL FUNDRAISER to submit a solicitation notice, please so indicate in the cover letter you submit with the application.
- F) **Fundraising Contracts** for registering as a professional fundraiser OR as fundraising counsel. Before a professional fundraiser or fundraising counsel performs any material services for a charitable organization that is required to be registered under s. 202.12(1), Stats., the charitable organization and the professional fundraiser or fundraising counsel shall contract in writing and the professional fundraiser or fundraising counsel shall file all such contracts with the department pursuant to ss. 202.13(3) & 202.14(4), Stats. If the applicant does not currently have a contract with a charitable organization that would require the PROFESSIONAL FUNDRAISER OR FUNDRAISING COUNSEL to be registered in Wisconsin, please so indicate in the cover letter you submit with the application.

SECTION E: CERTIFICATION

I, the undersigned, affirm under penalties provided by law that this Registration Statement (including attachments) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete statement.

Print Name of Owner/Officer/Member/Partner:	Title:
Signature of Owner/Officer/Member/Partner:	Date:

RETURN APPLICATION MATERIALS TO:

Department of Financial Institutions
 Division of Corporate and Consumer Services

Mailing Address:
 PO Box 7879
 Madison, Wisconsin 53707-7879

Street Address:
 4822 Madison Yards Way, North Tower
 Madison, Wisconsin 53705

This form is required under Sections 202.13 and 202.14, Wisconsin Statutes. Refusal to provide this information may result in the denial of this registration application. Personally, identifiable information on this form may be matched against tax information, outstanding child and family support data and law enforcement agencies. Failure to complete this application completely and accurately may result in denial or revocation of registration, and any other penalties as provided by law. Upon filing, the data in the report becomes public and might be used for purposes other than that for which it was originally collected.

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