



Office of the Secretary of State
Corporations & Charities Division

Charities Program • PO Box 40234 • Olympia, WA 98504-0234
Phone: 360-725-0378 • Web Address: www.sos.wa.gov/charities Email
Address: commercialfund@sos.wa.gov

COMMERCIAL FUNDRAISER REGISTRATION / RENEWAL

Check all that apply

- Initial/Re-Registration \$300
- Renewal \$225
- Late Fee/add additional \$50
- Expedited Service (optional) \$50

This Box For Office Use Only

REGISTRATION NUMBER: (1-5 digits) _____

Need your registration number?
Search <http://www.sos.wa.gov/charities/search.aspx>

(Section 1)

GENERAL INFORMATION

Organization's Legal Name _____

Mailing Address _____ Phone () _____

City _____ State _____ Zip Code _____

Email _____ Website _____

- Check here if the organization prefers to receive annual renewal reminders via email (*Email address is required above*)
- Check if Street Address is the same as Mailing Address (*unless Mailing Address is a PO Box or PMB*) **Provide County below.**

Street Address _____

(If no street address, please indicate by providing County, City, State and Zip)

City _____ State _____ Zip Code _____ County (WA only) _____

Alternate Address(s):

If the commercial fundraiser uses any other mailing, street, electronic or internet address(s) (*excluding those already listed in Section 1*) to conduct solicitations in Washington State, then you must enclose a list of the other address(s) used.

(Section 2) ORGANIZATIONAL STRUCTURE & FEDERAL EMPLOYER IDENTIFICATION NUMBER

- WA State Corporation Washington State Unified Business Identifier (UBI) (Nine digits) _____ - _____ - _____
 - Foreign Corporation (*Outside WA State*) _____
(State of Formation)
 - Limited Liability Company Sole Proprietorship Other _____
- Federal EIN/Tax ID # (Nine digits) _____ - _____ - _____

(Section 3)

SURETY BOND

Has the organization submitted proof of a surety bond in the amount of \$25,000 to the Secretary of State?

- Yes No (*If No, include proof of bonding with this form*)

A bond form is available at <http://www.sos.wa.gov/assets/charities/SuretyBondForm.pdf>

TYPES OF FUNDRAISING SERVICES CONDUCTED & OTHER STATES

Did the organization solicit or collect contributions in Washington during the accounting year reported in Section 7?

Yes No If Yes, indicate types of solicitations conducted (*Check all that apply*)

Entertainment/Special Events Telephone Direct Mail Product Sale Personal Contact Email

Vehicle Donations Internet Combined Fund Drive Other _____

Is the organization registered to fundraise outside of Washington State? If so, please attach a list of states where the organization is registered to solicit contributions.

(Section 8) OWNERS, OFFICERS AND PERSONS RESPONSIBLE FOR FUNDRAISING ACTIVITIES IN WASHINGTON & LEGAL ACTIONS

(Note: Name and check at least one person responsible for fundraising activities in WA below)

1. Name _____ Title _____

Address _____ City _____ State _____ Zip _____

Check if responsible for fundraising activities in Washington Phone () _____

2. Name _____ Title _____

Address _____ City _____ State _____ Zip _____

Check if responsible for fundraising activities in Washington Phone () _____

(If necessary, attach an additional sheet)

Has the commercial fundraiser or any individual in its registration been subject to any legal action in which a judgment or final order was entered, or action is currently pending? If so, please attach a list of legal actions, including the court or other forum, case number, title of legal action, and date of each action.

“Legal Actions” include any administrative or judicial proceedings alleging that the entity has failed to comply with these rules, chapter 19.09 RCW, or state or Federal laws pertaining to taxation, revenue, charitable solicitation, or record-keeping, whether such action has been instituted by a public agency or a private person or entity.

(Section 9) THREE CURRENT OWNERS, OFFICERS, OR EMPLOYEES RECEIVING THE GREATEST COMPENSATION

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

(Section 10) CHARITABLE ORGANIZATIONS FOR WHICH SERVICES WERE PROVIDED IN WA DURING THE ACCOUNTING YEAR REPORTED IN SECTION 7

(If necessary, attach an additional sheet)

1. Name of Charitable Organization _____ Registration # _____

Address _____ City _____ State _____ Zip _____

Phone () _____

