



DUSTIN McDANIEL
ATTORNEY GENERAL
OFFICE OF THE ATTORNEY GENERAL
323 CENTER STREET, Suite 200
LITTLE ROCK, AR 72201-2610 (501) 682-2007

PAID SOLICITOR APPLICATION FOR REGISTRATION

Pursuant to Ark. Code Ann. § 4-28-401 *et seq.*, a paid solicitor is a person or entity, who for compensation, performs for a charitable organization any service in connection with which contributions are solicited by the person or by any other person he employs, procures, or engages to solicit for compensation; or a person who at any time has custody or control of contributions. A paid solicitor must properly register with the Office of the Attorney General, prior to commencing performance pursuant to the contract. Registration as a paid solicitor in the State of Arkansas must be renewed on an annual basis. Once registration is effective, it remains so for one (1) calendar year. This form should be used for such renewal.

INSTRUCTIONS:

- A. Answer all items completely. This form will be returned without filing if it is incomplete, contains blank responses, or otherwise fails to comply with Ark. Code Ann. § 4-28-401 *et seq.*
 - B. Include a \$200.00 annual registration fee, payable to the Office of the Attorney General.
 - C. Attach a fully executed bond for \$10,000 on an appropriate form. The bond must run in favor of the Attorney General. The bond must remain current at all times for registration to remain valid.
 - D. You must notify the Consumer Protection Division of any change(s) in the information contained in this application within thirty (30) days of any such change(s). Notification of changes must be in writing. This form should be used to notify the Consumer protection Division of such changes.
 - E. Attach an executed copy of the Consent for Service for Paid Solicitor form.
 - F. This form, along with a properly executed contract, notice of entry and all attachments, *must* be submitted *at least fifteen (15) days* prior to the paid solicitor commencing performance pursuant to the contract.
 - G. File with: Office of the Attorney General - Consumer Protection Division
 ATTN: Charitable Registration
 323 Center Street, Suite 200
 Little Rock, Arkansas 72201-2610
-

THIS APPLICATION IS:

NEW (FEE REQUIRED) **RENEWAL** (FEE REQUIRED) **INFORMATION CHANGE ONLY** (NO FEE REQUIRED)

1. _____
LEGAL NAME OF PAID SOLICITOR

ANY PREVIOUS LEGAL NAME(S)

2. _____
PHYSICAL ADDRESS CITY STATE ZIP CODE

MAILING ADDRESS (if different from physical) CITY STATE ZIP CODE

3. _____
DESIGNATED CONTACT PERSON FOR CORRESPONDENCE JOB TITLE

MAILING ADDRESS CITY STATE ZIP CODE

DESIGNATED CONTACT PERSON'S E-MAIL () - BUSINESS TELEPHONE NUMBER

4. Names of programs or promotions, aliases, and/or fictitious name(s) for your operation:

5. Other name(s), alias(es), and/or fictitious name(s) by which you have ever been known:

6. Have you ever had your registration or renewal denied, suspended, revoked, or enjoined by any governmental authority or any court? NO YES. **If so**, explain in detail and attach a copy of any such judgment, notice, or order:

7. Have you ever been sued for fund-raising-related activities? NO YES. **If so**, explain in detail and attach a copy of any such judgment, notice and/or order for such occurrence:

8. Have you ever entered into, or been subject to, any assurance of voluntary compliance, cease and desist order, or private settlement with a government authority? NO YES. **If so**, explain in detail and attach a copy of any such document:

9. Have you (if you are an individual) ever been charged, arrested or convicted of a crime other than a simple traffic violation? NO YES. **If so**, state the charge(s), the state(s) involved, and, if convicted, attach a copy of each relevant judgment or court order:

10. Have any officers, directors, partners, managers, or supervisors ever been sued for fund-raising-related activities? NO YES. **If so**, explain in detail and attach copies of the lawsuit, judgment, decree and/or court order for each such occurrence:

11. Have any officers, directors, partners, managers, or supervisors ever entered into, or been subject to, any assurance of voluntary compliance, cease and desist orders, or other private settlements with any governmental authority? NO YES. **If so**, explain in detail and attach a copy of any such document:

12. Have any officers, directors, partners, managers, or supervisors ever been charged, arrested and/or convicted of a crime other than a simple traffic violation? NO YES. **If so**, state the charge(s), state(s) involved and, if convicted, attach a copy of each relevant judgment and/or court order:

13. In what other states have you acted as a paid solicitor?

14. Specify the type of solicitation and/or fund-raising in which you intend to engage in, in the State of Arkansas:

- Telephone appeals Sale of goods or services Newspaper/magazine Ads
 Grant writing Special events Auctions Radio/TV
 Direct mail Personal Contact Other _____

15. If your organization will be soliciting donations via the Internet, please provide your Web site:

16. List the legal name(s) of the charitable organization(s) for whom you will be conducting fund-raising activities and the time frame (starting and ending dates) for the service:

17. Is the registrant a corporation or other entity (not an individual)? No Yes **If so**, provide the following information:

Name of corporation/entity

State in which registrant is incorporated and/or organized

Address - principal place of business

(____) _____ - _____
Business Telephone Number

18. State the names, addresses, and telephone numbers of all persons (including individuals, organizations, trusts, foundations, associations, partnerships, and/or corporations) who own a ten percent (10%) or greater interest in the registrant: (Attach additional sheets if necessary.)

(a) _____ Name _____ Address _____ Telephone Number	(b) _____ Name _____ Address _____ Telephone Number
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19. Provide a detailed description of any other business related to fund-raising activities conducted by the registrant or any person who owns ten percent (10%) or more interest:

20. Provide the names, date of birth, residence street address(es), mailing addresses (if different), and residence telephone number(s) of all officers, directors, partners, managers, and supervisors of the paid solicitor (Attach additional sheets if necessary):

Name	Title	Date of Birth			
		()			
Address	City	State	Zip Code	Telephone Number	

Name	Title	Date of Birth			
		()			
Address	City	State	Zip Code	Telephone Number	

21. Provide the name(s), date of birth, residence(s) street address(es), mailing address(es) if different, and telephone number(s) of all employees and agents who are actively involved in fund-raising or related activities: (attach additional sheets if necessary):

Name	Title	Date of Birth			
		()			
Address	City	State	Zip Code	Telephone Number	

Name	Title	Date of Birth			
		()			
Address	City	State	Zip Code	Telephone Number	

22. If you are utilizing professional telemarketers, provide a current list of professional telemarketers including names, addresses, telephone numbers and date of birth.

23. If you do not utilize professional telemarketers do you subcontract the work? No Yes **If so**, provide the name, address, and telephone number of the company or individual(s) that the work is subcontracted to:

24. Describe contractual relationship with professional telemarketer(s), including compensation arrangements:

- **THE INFORMATION REQUESTED IN NUMBERS 22, 23, and 24 ABOVE MUST BE KEPT CURRENT. PLEASE BE SURE TO ATTACH ADDITIONAL PAGES WHEN NECESSARY TO PROPERLY AND COMPLETELY RESPOND TO ALL QUESTIONS.**
- *File a financial report for each solicitation campaign with the Attorney General no more than ninety (90) days after a solicitation campaign has been completed and on the anniversary of the commencement of any solicitation campaign lasting more than one (1) year.*

I swear and/or affirm, under penalty of law, that the representations made in this application are true and accurate.

By: _____
 Legal Name of Paid Solicitor

 Signature

 Printed Name

 Title/Official Position

 Date Signed

NOTARY

STATE OF _____)
) ss.
COUNTY OF _____)

Subscribed and sworn to, before me, a Notary Public in, and for, said County and State, this _____ day of _____, 20____.

 Signature of Notary Public

 Printed Name

My Commission Expires:
____/____/____

STAMP or SEAL:



DUSTIN McDANIEL
 ATTORNEY GENERAL
 OFFICE OF THE ATTORNEY GENERAL
 323 CENTER STREET, Suite 200
 LITTLE ROCK, AR 72201-2610 (501) 682-2007

**CONSENT FOR SERVICE
 PAID SOLICITOR**

_____, a paid solicitor, hereby appoint(s) the Attorney General of the State of Arkansas as agent for service in case of any and all lawsuits, proceedings, and actions growing out of the violation of any of the provisions of Ark. Code Ann. § 4-28-401 *et seq.*, or as a result of any activities conducted in the State of Arkansas giving rise to a cause of action.

It is hereby agreed that Consent for Service is irrevocable, and service on the Attorney General of the State of Arkansas shall be binding on this organization as if due service had been made on its agents in person.

 Date Signed

 Legal Name of Paid Solicitor

BY: _____
 Signature

 Printed Name

 Title/Official Position

NOTARY

STATE OF _____)
) ss.
 COUNTY OF _____)

Subscribed and sworn to, before me, a Notary Public in, and for, said County and State, this _____ day of _____, 20____.

My Commission Expires:

_____/_____/____

County of Residence

STAMP or SEAL:

 Signature of Notary Public

 Printed Name



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PROMOTIONAL REPORT OF PAID SOLICITOR

Pursuant to Ark. Code Ann. § 4-28-401 *et seq.*, paid solicitors are required to file a financial report for each solicitation campaign with the Attorney General no more than ninety (90) days after a solicitation campaign has been completed and on the anniversary of the commencement of any solicitation campaign lasting more than one (1) year.

- A. Answer all items completely. This form will be returned without filing if it is incomplete, contains blank responses, or otherwise fails to comply with Ark. Code Ann. § 4-28-401 *et seq.*
- B. Complete the Solicitation Campaign Financial Report.
- C. Complete the Attestation. An authorized official of the paid solicitor and two authorized officials of the charitable organization must attest to the report.
- D. File with: Office of the Attorney General
 ATTN: Charitable Registration
 323 Center Street, Suite 200
 Little Rock, Arkansas 72201-2610

-
1. _____
LEGAL NAME OF PAID SOLICITOR
 2. _____
LEGAL NAME OF CHARITABLE ORGANIZATION
 3. _____
CONTRACT START DATE
 4. _____
CONTRACT END DATE
 5. _____
TIME PERIOD COVERED BY THIS PROMOTIONAL REPORT (Start and End Dates)
-



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FINANCIAL REPORT FOR PAID SOLICITOR PROMOTIONAL REPORT

Contract Dates: Begin ____/____/____ End ____/____/____
 Financial Report Dates: Begin ____/____/____ End ____/____/____

	1	2	3
a. Total Pledged Funds			
b. Salaries and Commissions			
c. Other Expenses			
Advertising (employment)			
Collection			
Furniture and Equipment			
Office Expenses			
Office Rental			
Telephone			
Postage and Shipping			
Printing and Publications			
Utilities			
Other Expenses			
Total			
d. Direct Event Expenses			
Auditorium Rental			
Booking Fee			
Printing (tickets, program book)			
Event Insurance			
Show Fee (performers)			
Other Direct Expenses			
Total Direct Event Expense			
e. Total Collected Funds**			
f. Total of all Expenses*			
g. Amount Retained by Charity			
h. Amount Retained by Paid Solicitor			

*The amounts in Column 2 should equal the amount on line 3f.

** The amounts on lines 3f, 3g, and 3h should equal the amount on line 3e.



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BOND FOR PAID SOLICITOR

AMOUNT \$10,000.00

INSURANCE COMPANY BOND NO. _____

KNOW ALL MEN BY THESE PRESENTS:

That we, _____ (Legal Name of Paid Solicitor), as Principal, and _____ (Name of Surety Company), a Surety authorized to do business in the State of Arkansas, are held and firmly bound to the ATTORNEY GENERAL OF THE STATE OF ARKANSAS for the use of the STATE OF ARKANSAS and any person who may have a cause of action against the principal obligor for any deceptive trade practice, malfeasance, or misfeasance of the Principal or any professional telemarketer retained by him in the conduct of a solicitation in the amount of Ten Thousand Dollars (\$10,000), lawful money of the United States of America for the payment of which well and truly to be made, we and each of us, bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by this document.

WHEREAS, the above named Principal has applied to the Attorney General of the State of Arkansas to register as a Paid Solicitor for the period ending _____, in accordance with the provisions of Ark. Code Ann. § 4-28-401 *et seq.*, and is required to furnish a surety bond with such registration.

And, if the Principal shall fully and faithfully observe all provisions of Ark. Code Ann. § 4-28-401 *et seq.* and other relevant Arkansas law, then this obligation shall be void, otherwise to remain in full force and effect.

The Surety may cancel this bond at any time by filing notice of its intent to cancel or terminate this bond with the Attorney General of the State of Arkansas in writing by certified mail with thirty (30) days advance notice. The Surety shall not be discharged from any liability already accrued under this bond, or which shall accrue hereunder before the expiration of the thirty (30) day period.

This bond shall not become void upon the first recovery thereon but may be sued upon from time to time until the full amount thereof shall have been exhausted.

Signed and sealed this _____ day of _____, 200____.

PAID SOLICITOR/PRINCIPAL
 Legal Name of Person, Corporation, or Entity

SURETY

BY: _____
 Signature of paid solicitor authorized individual

 Type or print name

 Business Address

 Telephone

BY: _____
 Signature of surety authorized individual

 Type or print name

 Business Address

 Telephone

FOR PAID SOLICITOR/PRINCIPAL:

STATE OF _____)
) SS:
COUNTY OF _____)

On this the ____ day of _____, 20____, before me, the undersigned, personally appeared

_____, who acknowledged himself/herself to be the _____
(Name of Individual) (Title/Position)

of _____, and that as such _____
(Name of Paid Solicitor/Principal) (Title/Position)

being authorized to do so, executed the foregoing instrument for the purposes therein contained, by signing the name

of _____ by himself/herself as _____ .
(Name of Paid Solicitor/Principal) (Title/Position)

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission Expires:

____/____/____

SIGNATURE OF NOTARY PUBLIC

STAMP or SEAL:

PRINTED NAME

FOR SURETY:

STATE OF _____)
) SS:
COUNTY OF _____)

On this the ____ day of _____, 20____, before me, the undersigned, personally appeared

_____, who acknowledged himself/herself to be the _____
(Name of Individual) (Title/Position)

of _____ and that as such _____ being authorized so to do,
(Name of Surety) (Title/Position)

executed the foregoing instrument for the purposes therein contained, by signing the name _____
(Name of Surety)

by himself/herself as _____.
(Title/Position)

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission Expires:

____/____/____

SIGNATURE OF NOTARY PUBLIC

STAMP or SEAL:

PRINTED NAME

FILL IN ALL AREAS ON THIS FORM – THE FORM WILL BE RETURNED IF AREAS ARE LEFT BLANK.



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PROFESSIONAL TELEMARKETER APPLICATION FOR REGISTRATION

Pursuant to Ark. Code Ann. § 4-28-401 *et seq.*, you must register **within seventy-two (72) hours** after accepting employment with a paid solicitor. You may not act as a professional telemarketer in the State of Arkansas until you are first properly registered with the Office of the Attorney General. A professional telemarketer is any person who is employed or retained for compensation by a paid solicitor to solicit contributions in this state for charitable purposes. Your registration as a professional telemarketer in the State of Arkansas must be renewed annually. Once registration is effective, it remains so for one (1) calendar year. This form also should be used for renewal.

INSTRUCTIONS:

- A. Answer all items completely. This form will be returned without filing if it is **incomplete, contains blank responses, is illegible or otherwise fails to comply** with Ark. Code Ann. § 4-28-401 *et seq.*
 - B. Include a \$10.00 annual registration fee, payable to the Office of the Attorney General.
 - C. You must notify the Consumer Protection Division of any change(s) in the information contained in this application within thirty (30) days of any such change(s). Notification of any change(s), including but not limited to **any change** in employment status, must be in writing. This form should be used to notify the Consumer Protection Division of such change(s).
 - D. Attach an executed copy of Consent for Service for the Professional Telemarketer.
 - E. Do not leave any question blank. Write "N/A" if not applicable.
 - F. File with: Office of the Attorney General - Consumer Protection Division
 ATTN: Charitable Registration
 323 Center Street, Suite 200
 Little Rock, Arkansas 72201-2610
-

6. First and last name(s) under which you intend to solicit sales:

(a) _____

(b) _____

7. First and last name(s) under which you have ever solicited sales:

(a) _____

(b) _____

8. Have **YOU**, the applicant, ever had your professional telemarketer registration and/or renewal denied, suspended, revoked, or enjoined by any governmental authority and/or any court? No Yes **If so**, explain in detail and attach a copy of any such judgment, notice, or order:

9. Have **YOU**, the applicant, ever been sued and/or assessed civil penalties for fund-raising-related activities? No Yes **If so**, explain in detail and attach a copy of any such judgment, notice and/or order for such occurrence(s):

10. Have **YOU**, the applicant, ever entered into, or been subject to, any assurance of voluntary compliance, cease and desist order, or private settlement with a government authority? No Yes **If so**, explain in detail and attach a copy of any such document:

11. Have **YOU**, the applicant, ever been charged, arrested or convicted of a crime other than a minor traffic offense? No Yes **If so**, state the charge(s), the state(s) involved, and, if convicted.

12. In what other states have you acted as a professional telemarketer?

13. List the charitable organizations for whom you will be soliciting:

14. List all other paid solicitor company(ies) that you have been employed by and the dates of that employment:

