



## Secretary of State of the State of Arkansas

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### **PAID SOLICITOR ANNUAL APPLICATION FOR REGISTRATION**

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Pursuant to Ark. Code Ann. §§ 4-28-401 through 416, Arkansas law requires paid solicitors to register with the Secretary of State. Registration is only valid for one year but may be renewed for additional one-year periods. This form and all required attachments must be submitted at least 15 days prior to commencing performance on the contract.

The following must be included with the submission of this application:

1. A fee of \$200.00 made payable to Office of the Secretary of State;
2. A fully executed bond in the amount of \$10,000.00;
  - a. The bond must be on an appropriate form (Form PS-02),
  - b. The bond must run in favor of the Secretary of State, and
  - c. The bond must remain current at all times for registration to remain valid;
3. An executed Consent for Service (Form PS-03), if applicable;
4. A completed Notice of Entry Into a Contract with a Charitable Organization (Form PS-04);
5. If you employ professional telemarketers, you must also submit an application for each such individual (Form PT-01) and Form PT-02, if applicable;
6. A properly executed copy of the contract between the paid solicitor and the charitable organization.

You are obligated to update or revise any material change in the information submitted to the Secretary of State not more than 30 days after the change occurs. Changes or updates should be submitted on this form.

This form and all attachments should be submitted via email to [charities@sos.arkansas.gov](mailto:charities@sos.arkansas.gov). Incomplete submissions will not be accepted.

If you have questions or inquiries, please contact us via email at [charities@sos.arkansas.gov](mailto:charities@sos.arkansas.gov), via phone at (501) 683-0094, or via mail to Arkansas Secretary of State, Business and Commercial Services, ATTN: Charities Registration, 1401 W. Capitol, Suite 250, Little Rock, AR 72201.

1401 W. Capitol, Suite 250 • Little Rock, Arkansas 72201

Telephone (501) 683-0094 • Fax (501) 682-3437

WEBSITE • [www.sos.arkansas.gov](http://www.sos.arkansas.gov)

## Section I. Organization Information

Federal EIN		SoS Filing Number	
Legal Name			
Any Previous Legal Name(s)			
Mailing Address			
City		State	Zip
Physical Address (if different from mailing)			
City		State	Zip
Web Address			
Telephone Number		Fax Number	
Designated Contact for Correspondence			
Designated Contact's Phone Number		Designated Contact's Email Address	
State of Incorporation		Date of Incorporation or Establishment __/__/__	
Names of any programs or promotions by which you are or have ever been known:			
Other names, aliases, or fictitious names by which you are or have ever been known:			

## Section II. Regulatory Compliance and Ownership Information

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

Have you ever had your registration denied, suspended, revoked, or enjoined by any governmental authority or any court?

☐ Yes ☐ No If yes, please attach a copy of any such judgment, notice, or order.

Have you ever been sued for fund-raising-related activities?

☐ Yes ☐ No If yes, please attach a copy of any applicable complaint, judgment, notice, or order.

Have you ever entered into, or been subject to, any assurance of voluntary compliance, cease and desist order, or settlement with a governmental entity?

☐ Yes ☐ No If yes, please attach a copy of any such document.

If you are an individual, have you ever been charged, arrested, or convicted of a crime other than a traffic violation?

☐ Yes ☐ No If yes, in what jurisdiction?

Have any officers, directors, partners, managers or you ever been sued for fund-raising-related activities?

☐ Yes ☐ No If yes, please attach a copy of any applicable complaint, judgment, notice, or order.

Have any officers, directors, partners, managers or you ever entered into, or been subject to, any assurance of voluntary compliance, cease and desist order, or settlement with a governmental entity?

☐ Yes ☐ No If yes, please attach a copy of any such document.

Have any officers, directors, partners, managers or you ever been charged, arrested, or convicted of a crime other than a traffic violation?

☐ Yes ☐ No If yes, please list the name of the individual and in what jurisdiction.

You are required to provide the names, addresses, telephone numbers and percentage of ownership interest for all officers, directors, partners, managers, and supervisors of the applicant on a separate sheet of paper.

You are required to provide the names, addresses, and telephone numbers of all employees and agents who are actively involved in fund-raising or related activities on behalf of the applicant on a separate sheet of paper.

## Section III. Solicitations Information

Specify the types of solicitations you will facilitate and/or fund-raising activities will conduct inside the state of Arkansas.

☐ Special Events

☐ Sale of Goods or Services

☐ Direct Mail

☐ Website

☐ Telephone Appeals

☐ Web Banner Ads

☐ Personal Contact

☐ Auctions

☐ Grant Writing

☐ Other \_\_\_\_\_

If any website will be used for fund-raising or solicitations that is not the registered charity's website, please list the URLs.

Below, please list the names of the registered charitable organization(s) for whom you will conducting solicitations or fund-raising activities and the time frame for the service. If there is not space below to list all of the organizations, please include an additional sheet of paper.

Name of Charitable Organization

Time Frame

\_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Name of Charitable Organization	Time Frame <div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> to <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div>
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## AFFIRMATION

**I swear and/or affirm, under penalty of law, that the foregoing representations are true and accurate.**

Date \_\_\_\_\_

Name of Paid Solicitor

By: \_\_\_\_\_  
Signature

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

**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:

\_\_\_\_\_

Signature of Notary Public

County of Residence

Printed Name \_\_\_\_\_

STAMP or SEAL: