



State of Maine
 Department of Professional & Financial Regulation
 Office of Professional & Occupational Regulation

COMMERCIAL CO-VENTURER APPLICATION

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME			
FEIN OR SSN			
PHYSICAL ADDRESS			
CITY	STATE	ZIP	COUNTY
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ()	FAX # ()	E-MAIL:	
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional & Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.			
SIGNATURE		DATE	

CHARITABLE SOLICITATION PROGRAM

Commercial Co-Venturer Application

Required Fee: \$250.00

COMMERCIAL CO-VENTURER (CCV1421)

Office Use Only:

1421 - \$200.00

1446 - \$50.00

Office Use Only:

Check # _____

Amount: _____

Cash # _____

Lic. # _____

Issue Date: _____

PAYMENT OPTIONS:	
Make checks payable to "Maine State Treasurer" – if you wish to pay by Mastercard or Visa, fill out the following:	
NAME OF CARDHOLDER (please print)	<i>FIRST MIDDLE INITIAL LAST</i>
I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD the following amount: \$ _____	
Card number: <i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date <i>mm / yyyy</i>
SIGNATURE	DATE

List other name(s) used (d/b/a):

Has your organization ever been the subject of a revocation, suspension or other disciplinary action in this or any other jurisdiction?

Yes No If yes, enclose a detailed explanation and copies of all documents.

Purpose for which a solicitation campaign is being conducted:

CP - Coupon

OV – Other – Describe:

RY – Royalties

CHECKLIST:

- ✓ State of Maine Commercial Co-Venturer Application Form. Complete every item on the application. Incomplete applications will not be processed.
- ✓ Sign and date your application
- ✓ Include correct amount (payable to Maine State Treasurer) or payable by credit card information (plus signature)
- ✓ Copy of the contract executed between you and the Charitable Organization
- ✓ Bond in the amount of \$25,000. The bond must expire on the date of expiration of the Charitable Organization
- ✓ Make a copy of your application to keep for your records
- ✓ DO NOT SEND CASH

FAXED OR EMAILED DOCUMENTS WILL NOT BE ACCEPTED. A COMPLETE APPLICATION INCLUDES EVERYTHING ON THIS CHECKLIST. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.



STATE OF MAINE
 DEPARTMENT OF PROFESSIONAL
 AND FINANCIAL REGULATION
 OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
Charitable Solicitations Act
 35 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333-0035

Paul R. LePage
 Governor

Anne L. Head
 Director

**SURETY BOND OF
 COMMERCIAL CO-VENTURER**

BOND EXPIRATION DATE: NOVEMBER 30, 20 _____

BOND NUMBER #: _____

KNOW ALL PERSONS BY THESE PRESENTS that _____

(Name of Applicant)

of _____ as principal, and _____

(Address)

(Name of Surety)

of _____

(Address)

as surety, are held and firmly bound unto the State of Maine, as Obligee, in the sum of **Twenty-Five Thousand Dollars (\$25,000)**, to the payment of which we bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally.

The condition of this obligation is that if the Applicant becomes licensed as a commercial co-venturer, as described in Title 9, Chapter 385 of the Maine Revised Statutes; complies with all requirements of Title 9, Chapter 385, §5008; and makes full accounting and payment of all funds coming into the Applicant's possession while acting in said capacity to all persons entitled thereto; this obligation is void. Otherwise, this obligation remains in full force and effect.

This bond remains in force until the State of Maine releases the Surety from liability or until the Surety cancels the bond. The Surety may only cancel the bond upon giving 30 days advance written notice to the State of Maine and the Applicant. Any such cancellation shall be prospective only and shall not defeat the Surety's obligation to make payment for any breach of the condition of this obligation that occurs or has occurred prior to expiration of the 30-day notice period set forth in this paragraph.

Signed, sealed and dated this _____ day of _____, _____

(Day)

(Month)

(Year)

Witnessed by:

 (Signature of witness)

 (Signature of Applicant)

Printed name of witness:

 (Surety)

SEAL

By: _____
 (Signature of authorized representative of surety)

Printed name of representative: _____



PRINTED ON RECYCLED PAPER

STATE OF MAINE – DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION

Mailing Address: 35 State House Station, Augusta, ME 04333

Courier/Delivery Address: 76 Northern Avenue, Gardiner, ME 04345

Phone: (207)624-8603 (TTY users call Maine relay 711) **Fax:** (207)624-8637

Website: www.maine.gov/professionallicensing

Frequently Asked Questions

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine
- **What hours are you open?** 8:00 a.m. to 5:00 p.m. weekdays
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How long does it take to process an application?** You can check our website: www.maine.gov/professionallicensing. Your organization's license will show up as PENDING at first. As soon as the status is ACTIVE, your organization is authorized to solicit.

What if I have other questions? Visit our website at

<http://www.maine.gov/pfr/professionallicensing/professions/charitable/index.htm> or contact the office at (207)624-8603, e-mail: charitable.sol@maine.gov.

NOTICE

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRS §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.