



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

**EXEMPT CHARITABLE ORGANIZATION  
 APPLICATION**

<b>APPLICANT INFORMATION (please print)</b>			
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.			
<b>SIGNATURE</b>		<b>DATE</b>	

**CHARITABLE SOLICITATION ACT**

**Exempt Charitable Organization Application**

**Required Fee: \$10.00 (Nonrefundable)**

**EXEMPT CHARITABLE ORGANIZATION (ECO1421)**

Office Use Only:

1421 - \$10.00

*Office Use Only:*

Check # _____
Amount: _____
Cash # _____
Lic. # _____

<b>PAYMENT OPTIONS:</b>			
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</i>	<i>MIDDLE INITIAL</i>
		<i>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: \$_____			
<input type="checkbox"/> <b>I understand that fees are non-refundable</b>			
Card number: <i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date <i>mm / yyyy</i>		
<b>SIGNATURE</b>		<b>DATE</b>	

On a separate sheet, provide a current list of officers, directors and trustees, including the organization's principal officer. This list should include mailing address, contact phone number and e-mail address.

Have any of the officers, directors, trustees or principal officer of your organization ever been convicted by any court of any crime?

Yes  No If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.

Fiscal Year: *mm/dd/yyyy* to *mm/dd/yyyy*

Total dollar amount received as contributions in the last fiscal year: \$

Identify the primary purpose of your organization:

- |   |  |
|---|--|
| <input type="checkbox"/> CH – Children's Assistance | <input type="checkbox"/> PH – Philosophical          |
| <input type="checkbox"/> CU – Cultural              | <input type="checkbox"/> PO – Political              |
| <input type="checkbox"/> ED – Educational           | <input type="checkbox"/> RE – Religious              |
| <input type="checkbox"/> EM – Emergency Relief      | <input type="checkbox"/> SA – Safety Promotion       |
| <input type="checkbox"/> EN – Environmental         | <input type="checkbox"/> SP – Sports Promotion       |
| <input type="checkbox"/> HE – Healthcare            | <input type="checkbox"/> TR – Training & Development |
| <input type="checkbox"/> HI – Historic Preservation | <input type="checkbox"/> VA – Veterans' Assistance   |
| <input type="checkbox"/> HU – Humanitarian Relief   | <input type="checkbox"/> WP – Wildlife Preservation  |
| <input type="checkbox"/> LA – Legal Assistance      | <input type="checkbox"/> OT – Other - Describe:      |

Identify the category of exemption for which your organization is applying:

- Organizations that solicit primarily within their membership and do not contract with a professional solicitor or professional fund-raising counsel. For purposes of this paragraph, the term "membership" does not include those persons who are granted a membership upon making a contribution as a result of a solicitation.
- Persons soliciting contributions for the relief of any individual specified by name at the time of the solicitation, when all of the contributions collected, without any deductions whatsoever, are turned over to the named beneficiary for that individual's use.
- Charitable organizations that do not intend to solicit and receive and do not actually solicit or receive contributions from the public in excess of \$35,000 during a calendar year or do not receive contributions from more than 35 persons during a calendar year, if the charitable organizations do not contract with professional solicitors or professional fund-raising counsel and if no part of the assets or income inures to the benefit of or is paid to any officer or member. **\*\*Please see note below\*\***
- Educational institutions, the curriculums of which in whole or in part, are registered or approved by the Department of Education(DOE), either directly or by acceptance of accreditation by an accrediting body recognized by the DOE and organizations operated by the student bodies of such institutions. Please submit a copy of DOE certificate.
- Hospitals which are nonprofit and charitable. "Hospital" means an institution that is engaged primarily in providing inpatient, outpatient or both inpatient and outpatient medical and psychiatric diagnostic and therapeutic services in the care and treatment of injured, disabled, sick or mentally ill persons who are under the supervision of a physician.
- Free clinics. "Free clinic" means an incorporated nonprofit health facility that provides health care to persons at no charge.

**\*\* If a charitable organization that does not intend to solicit or receive contributions from the public in excess of \$35,000 or does not intend to receive contributions from more than 35 persons during a calendar year does actually solicit or receive contributions in excess of that amount, whether or not all such contributions are received during a calendar year, or actually receives contributions from more than 35 persons during a calendar year, the charitable organization, within 30 days after the date contributions reach \$35,000 or the number of contributors reaches 35, must be licensed with the director as required by this Act.\*\***

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](http://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](http://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 the office at (207)624-8603, e-mail: [charitable.sol@maine.gov](mailto:charitable.sol@maine.gov).

### CHECKLIST:

- ✓ State of Maine Exempt Charitable Organization 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)
- ✓ On a separate sheet, list the name, title, address, telephone number and email address of current officers, directors and trustees, including the organization's principal officer of your organization
- ✓ Provide a copy of your organization's budget for the current fiscal year
- ✓ 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.**

### 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.