



STATE OF NORTH CAROLINA DEPARTMENT
OF THE SECRETARY OF STATE

ELAINE F. MARSHALL CHARITABLE SOLICITATION LICENSING DIVISION - APPLICATION SIGNATURE PAGE SECRETARY OF STATE

Name: _____ Title: _____ Date of On-line Submission: _____

Address: _____

Organization Name: _____ License Number (If Applicable) _____

By signing below, I acknowledge and certify the following with the electronic submission of this form:

1. Applicant is retained by a charitable organization through a written agreement for each solicitation campaign to solicit contributions in the State of North Carolina.
2. Applicant shall maintain a bond in effect during the entire licensing period.
3. Applicant will maintain a valid license for one year or a part of one year which expires on March 31 of each year.
4. That the bond must be signed by the principal obligor and a surety authorized to do business in North Carolina.
5. That I will maintain a paper original inked, signed, and notarized signature page in my own records for three years as required by N.C.G.S. §131F-32.
6. The records shall be made available to the Department for inspection and shall be furnished no later than 10 days after the request was made as required by N.C.G.S. §131F-32.
7. The ten (10) days review period for CSL to approve or deny this license application per N.C.G.S. §131F-5 SHALL NOT BEGIN until the date on which CSL receives a completed application, including this fully completed notarized signature page.

APPLICANT SIGNATURE: To be signed in the presence of a Notary Public who has administered the following oath:

I swear or affirm that the applicant meets the requirements of N.C.G.S. §131F-16(b) for acquiring and maintaining a North Carolina Solicitor's License and that the information furnished in this application and all supplemental forms, reports, documents, and attachments are true and correct to the best of my knowledge under penalty of perjury.

Signature: _____

Signer's Name (Print): _____ Signer's Title (Print): _____

NOTARIZATION:

In County _____ State _____

Sworn to and subscribed before me this the _____ day of _____ in the year of _____

Notary Public's Signature: _____

Notary Public's Name (Print): _____

Date Notary Public's Commission Expires: _____

Please place notary stamp or seal imprint beside this line: (Notary Seal must be legible otherwise, application will be denied)

THIS FORM IS TO BE SUBMITTED AT THE TIME OF APPLICATION
Complete notarized signature form prior to starting a charitable solicitation application for licensure.
This notarized signature form must be submitted with application.

Forms may NOT be faxed or emailed. Questions??? Call (919) 814-5400