

CHARITABLE SOLICITATION
OR
NON PROFIT REGISTRATION



Business Services
Office Location: 7447 E. Indian School Rd. Ste 110
Scottsdale, AZ 85251
Telephone: (480) 312-2400 Fax: (480) 312-4806
www.ScottsdaleAZ.gov/licenses

Check one: New Organization: _____ Former Owner (If applicable): _____ Previous City Registration # : _____ New Owner of Existing Organization: _____	Office Use Only
Check one: Name Change Only: _____ Update: _____ Location Change: _____ Date of Change: _____	NO FEE
SECTION I. ORGANIZATION INFORMATION	License #
Organization Name: (Individual, Company or "DBA", (first name first) _____ _____ Street No. (N,E,S,W) _____ Street Name _____ Ste/Apt # _____ _____ City _____ State _____ Zip Code + 4 _____ Business Telephone # _____ _____ Effective Date or Dates of Solicitation: _____ E-mail address _____	Date
	Initials
	Comments
SECTION II. MAILING ADDRESS & PHONE NUMBER	
Applicant Name (Individual, Partnership, Corporation or LLC) _____ _____ Street No. (N,E,S,W) _____ Street Name _____ Ste/Apt # _____ _____ City _____ State _____ Zip Code + 4 _____ Mobile Telephone # _____ E-mail address _____	
SECTION III. ORGANIZATION OWNERSHIP: Individual _____ LLC _____ Corp. _____ Gen Partnership _____ Other: _____ State of Incorporation. _____ (For Additional Names, Please Attach List)	
Name _____ Title _____ Street No. (N,E,S,W) _____ Street Name _____ Ste/Apt # _____ _____ City _____ State _____ Zip Code + 4 _____ Mobile Telephone # _____	
Name _____ Title _____ Street No. (N,E,S,W) _____ Street Name _____ Ste/Apt # _____ _____ City _____ State _____ Zip Code + 4 _____ Mobile Telephone # _____	
SECTION IV. TYPE OF ACTIVITY: Permanent Location _____ Special Event _____ Charitable Solicitation _____ Other: _____	
If a Special Event, please list the event address: _____ Street No. (N,E,S,W) _____ Street Name _____ Ste/Apt # _____ _____ Describe Nature of Activity or purpose of solicitation: _____ Amount to be raised: _____ Use of funding: _____ Person conducting the solicitation: _____ Name _____ Street No. (N,E,S,W) _____ Street Name _____ Ste/Apt # _____ _____ City _____ State _____ Zip Code + 4 _____ Mobile Telephone # _____	

Name of those actively connected with or to be connected with the soliciting:
 (For additional names, please attach a list)

Name _____

Street No. _____ (N,E,S,W) _____ Street Name _____ Ste/Apt # _____

City _____ State _____ Zip Code + 4 _____

Name _____

Street No. _____ (N,E,S,W) _____ Street Name _____ Ste/Apt # _____

City _____ State _____ Zip Code + 4 _____

Name _____

Street No. _____ (N,E,S,W) _____ Street Name _____ Ste/Apt # _____

City _____ State _____ Zip Code + 4 _____

How is the solicitation to be conducted: _____

Funds obtained last preceding fiscal year: _____

Final distribution amount: _____

A statement of the character and extent of the charitable work being done by the applicant and how much is being done or proposed to be done in Scottsdale: _____

Has the applicant, managing officers, agents or any other persons conducting the solicitation or connected with it been convicted within the last 5 years, of a felony, or any misdemeanor involving dishonesty, theft or assaultive conduct? Yes _____ No _____

If yes, you must provide specific information describing:

WHO	OFFENSE	WHERE OFFENSE OCCURRED	DATE OF OFFENSE	COURT(S) ENTERED INTO

I, the applicant, certify the information on this application to be complete and accurate to the best of my knowledge, and that no personal profit is obtained by officials, leaders, members and/or representatives of the organization. I, the applicant, also understand that if the permit is granted, it will not be represented as an endorsement by the City, City department or City office, and that solicitation is in the interest of and not harmful to the safety, convenience or welfare of the residents of Scottsdale.

Applicants Signature _____

Date _____

Please Attach: Copy of 501(c) Determination Letter and a Financial Statement, if applicable. FSCS2008-1227NPR (03/2019)