

**Solicitor Registration**

To Solicit Contributions for Charitable Organization

Fees: - 1 year License - No Fee**Applicant Information**

Last Name:	First Name:	Middle Initial:	<input type="checkbox"/>	Male
			<input type="checkbox"/>	Female
Home Address:		City, State and Zip Code:		
Local Address, if applicable:		City, State and Zip Code:		
Phone Number:	E-mail Address:			

Organization Information

Organization Name:	
Organization Address:	City, State and Zip Code:
Organization Phone Number:	Length of Service w/Organization:
Anticipated dates (or date range) of solicitation:	
Purpose of Organization:	Purpose of Solicitation:
Is the Organization registered with the Department of Regulation and Licensing under Wis. Stats. 440.41 et seq.? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Notification

Provide the e-mail address we should use for notification when the license(s) is ready:

Required Documentation

- A list of the names, addresses, and telephone numbers of the person who will actually engage in the soliciting, along with the time periods and routes on which the persons will solicit
- A clear photocopy of your Driver License/State ID or other proof of identity
- A copy of your credentials from the Organization
- **If your organization is required to be registered with the State** – A complete copy of the organization's registration form and supporting materials under Wis. Stats. §202.12 et seq, the latest annual report under Wis. Stats. §202.12(3), and the registration materials, bond and contract under Wis. Stats. §202.12 (5), (6), and (7)
- **If your organization is not required to be registered with the State** – A copy of the charitable organization's latest filed federal tax form

Certification

I certify that I am the applicant in the foregoing application and any attachments thereto, that I have read and made complete answers to each question, and that my answers in each instance are true and correct.

Signature of Applicant:

Date: