

**STATE OF NEW HAMPSHIRE  
DEPARTMENT OF JUSTICE  
OFFICE OF THE ATTORNEY GENERAL  
CHARITABLE TRUSTS UNIT**

**APPLICATION FOR REGISTRATION/RENEWAL OF FUND RAISING COUNSEL**

Type or print in ink. Submit completed application and the filing fee in the amount of **\$150.00** (payable to the State of New Hampshire) to the Department of Justice, Office of the Attorney General, Charitable Trusts Unit, 33 Capitol Street, Concord, NH 03301-6397.

Registration # \_\_\_\_\_

1. Name: \_\_\_\_\_

2. Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

3. Address of principal office: \_\_\_\_\_

4. **Attach** a list of names, addresses and titles of all officers, directors and key employees.

5. Is your organization registered in other states as a professional fundraiser?

Yes \_\_\_ No \_\_\_ If yes, **attach** a list of all other states.

6. Has the registration of your organization ever been denied, suspended, revoked or enjoined by any state agency or by any court, or are such proceedings pending?

Yes \_\_\_ No \_\_\_ If yes, **attach** a detailed explanation.

7. Do you intend, within the next twelve months, to employ, contract with, arrange for, or otherwise engage any individual or firm (other than a charitable organization) to solicit contributions? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, **attach** a detailed explanation including the name and address of each such individual or firm.

**-OVER-**

8. The undersigned acknowledges by execution of this application that this registration

- Does not entitle the registrant to perform any material services for a charitable trust, police, law enforcement, or firefighters' association until the contract pursuant to which services are to be rendered has been received by the Attorney General pursuant to RSA 7:28-b, I and IV.
- Expires one year from the date of issuance.

Date: \_\_\_\_\_

\_\_\_\_\_  
Duly Authorized

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Personally appeared the above named \_\_\_\_\_ and took oath or affirmed that the statements contained in the foregoing application are true to the best of his/her knowledge and belief.

Before me,

\_\_\_\_\_  
Notary Public  
My Commission Expires \_\_\_\_\_