

STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 Email registration questions to: dcp.publiccharities@ct.gov



**STATE OF CONNECTICUT
 FULL REQUIREMENT INITIAL CHARITY REGISTRATION APPLICATION**

Any organization that solicits contributions for charitable purposes must register with the Department of Consumer Protection prior to the commencement of solicitation and must remain registered at all times during which it solicits funds in Connecticut.

Mail Registration Fee & Application to: Dept. of Consumer Protection
Attn: Public Charities Unit
450 Columbus Blvd, Suite 801
Hartford, CT 06103

Non-refundable Registration fee: \$50.00
 Make payment payable to:
Treasurer, State of Connecticut

- **All required information must be complete before application will be processed. See page 3 for Instructions to questions.**
- **Do not** use this registration application to **renew** or **reinstate** a charitable organization registration

Section 1

Full legal name of registering organization:				
Physical Address		City	State	Zip Code
Telephone Number (w/ area code)	FEIN #	Email Address		
Names, other than the name given above, under which funds will be solicited: (Attach a sheet if needed):				
Mailing Address (If different than above)				
In Care of:		Telephone Number (w/ area code)		
Street Address		City	State	Zip Code

Section 2

Fiscal year end or the date your fiscal year will end (mm/dd/yy) ____/____/____ <i>If you do not provide a date, we will use December 31.</i> <i>If you have not yet completed your first fiscal year end, no financial documents are required with your application</i>
Where and date of when the organization was legally established? State: _____ Date: _____
Purpose of organization: _____ _____ _____ (attach a sheet if needed).

Section 3

What is the organization's IRS Tax Exempt Status? (Check only one answer): <input type="checkbox"/> Exempt status approved. Provide copy of IRS Federal Tax Exemption Letter. Indicate, Exempt 501 (c) code _____ and date of determination _____ . <input type="checkbox"/> Exempt status pending. Provide copy of the filed IRS form 1023 or 1024. Indicate pending, Exempt 501 (c) code _____ and date of application _____ . <input type="checkbox"/> Not exempt. Will you be applying for tax exempt status? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Section 4

If yes is indicated for any questions 10 through 21, attach a detailed explanation on a separate sheet and indicate the number your answer(s) apply to for each line item, as required.

- 10. If the organization is not exempt, has it ever applied for exemption? Yes No Never applied for exemption
- 11. If the organization is not exempt, has the organization ever been previously exempt? Yes No Never applied for exemption
- 12. Has an IRS tax exemption been refused, changed, revoked or modified? Yes No Never applied for exemption
- 13. Has there been any change in the organization's tax status with the IRS? Yes No Never applied for exemption
- 14. Has the organization solicited contributions in Connecticut during any year prior to submission of this application?
 Yes No If yes, include a copy of the organization's most recently filed IRS 990, 990 EZ, 990 N or 990 PF and audit if required for such prior year in which the organization solicited in Connecticut, but was not registered.
- 15. Has the organization ever registered as a charity in Connecticut? Yes No
If yes, provide registration number(s) _____
- 16. Has the organization whose registration expired in Connecticut, solicited contributions in Connecticut during any year since its registration expired? Yes No

Questions 17 through 21 applies to the organization, any of its officers, directors, board members as well as fundraising staff or employees:

- 17. Been enjoined or otherwise prohibited by a government agency/court from soliciting? Yes No
- 18. Had a registration denied or revoked? Yes No
- 19. Been subject of proceedings regarding any solicitation or registration? Yes No
- 20. Entered into a voluntary agreement of compliance with any government agency or in a case before a court or administrative agency? Yes No
- 21. Have any of the organization's officers, directors or principal executives been convicted of a misdemeanor or felony?
 Yes No

22. List the name, address & phone number of the organization's **Primary financial institution:** _____

23. **** Provide the name, title, address (street & P.O.) and telephone number of the signatory of this application below.**

I, _____ hereby certify under penalty of false statement that I am authorized to sign this document for the organization and that the information provided, including all attachments, is true and complete to the best of my knowledge.

Signature & Date

Address

Print Name

Address

Title (Occupation)

Town/City

Daytime Phone Number

State & Zip Code

****State Law requires one signature****

General Instructions

Please type or print all requested information. If the space provided is insufficient please attach a separate sheet and number the response to correspond with each item number. You can also apply online at www.ct.gov/dcp, under online services, select application form and then select Charitable Solicitation to find the link "**Apply Online**". **Note:** An upload of the Initial Charity Registration form with an authorized signature will be required in order to complete the online submission.

Exempt organizations can qualify for exemption from the full registration if the organization meets one of the criteria for exemption as outlined on the **Claim of Exemption from full Registration Application Form, CPC-54 New (1-S)**. Do not use this application to apply and claim exemption from the full registration. The **Claim of Exemption from the Full Registration Application Form** is located on our web-site at www.ct.gov/dcp.

Non-exempt organizations will be required to file with this initial application a copy of the most currently filed, fiscal year-end of the filed IRS 990, 990EZ, 990N or 990PF and audit (if applicable). An audit is only required if gross revenues exceed \$500,000.00. After the initial issuance no financials will be required unless, reinstating a lapsed status or if the organization is being audited by the Department of Consumer Protection. Registrations will expire after the last day of the eleventh month following the organization's fiscal year end. Annual Renewal notices will be emailed. If organization has not completed the first fiscal year end, no IRS form is required.

Section 1

1. **Full legal name**, this is also the name that will appear on your certificate. Do not use a contact name.
2. **Physical address and mailing address, if different.** You may use a post office box in addition to your charity's physical address. If the charity has representatives filing registrations on their behalf the charity may use the representing company's mailing address but must still provide the physical address of the charity's location.
3. **Names, in which funds will be solicited under**, other than the name provided on line item one.
4. **Email address** is required. Office uses this method of contact to notify charities of approvals or deficiencies on pending applications or renewal status.
5. **Federal ID number (EIN), must be provided.** Organization's nine digit identification number assigned by the IRS.

Section 2

6. **Fiscal year end or the date your fiscal year will end.** Provide the complete date of the fiscal year end your organization has selected and provided to the IRS. If you have not yet completed or obtained a date we will assign a fiscal year of December 31st until further notice. We must have a fiscal year end to determine your charity's registration expiration date. Registrations expire on the last day of the eleventh month after a fiscal year end. Your initial registration period may be less than one year.
7. **Where and date of when organization was legally established.** Indicate state of incorporation or originally established as an organization and date.
8. **Purpose of organization.** Describe the purpose or mission and programs of the organization for which funds are solicited.

Section 3

9. **IRS tax exempt status.** Determine which best describes the organization's current IRS tax exemption status, as it applies at the time of completion of this application, by checking the appropriate box (**check only one answer**).

Provide code as granted by the IRS. If the charity has a pending application or will not be applying for a 501 (c)(3) or any 501 (c) charitable status with the IRS, the charity must not misrepresent its non-exempt status. If a charity does solicit before obtaining exempt status, the charity should not misrepresent its tax-deductible status. Information about tax exempt status can be obtained from the IRS by calling 1-800-829-FORM (3676) and ordering Publication 557, "Tax Exempt Status for Your Organization," or on the web at www.irs.gov. We urge you to seek professional advice.

Important: Line number 9: **A registration of a public charity with the Department of Consumer Protection does not grant the charitable organization a tax exempt status under any 501 (c) charitable Status. Only the IRS grants the recognitions.**

Section 4

10. **through 21. Answer all questions, do not leave unanswered** if it does not apply. If you answer yes, explain by attaching a separate sheet and indicate your answers for each line item.
22. **Primary financial institution.** The primary financial institution is where the charity deposits donations and pays permissible expenses. List the name, address and telephone for this line item on the application.
23. **Signatures**, State law requires **one signature**. Include name, title, address and telephone numbers.

Important: Registration **must be approved** by the Department of Consumer Protection **prior to solicitation**. **Return completed form and attachments with the required non-refundable registration fee to the address on the front of the application.**

Do not include these instructions. Keep instructions for future your reference.