Initial FR form (1-S) Rev. 05/2026

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 or DBAs, 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) _____/_____/_____

If you do not provide a date, we will use December 31.

If you have not yet completed your first fiscal year end, no financial documents are required with your application

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):

☐ Exempt status approved. Provide copy of IRS Federal Tax Exemption Letter.

Indicate, **Exempt 501 (c) code** _____ and date of determination _____ .

☐ Exempt status pending. Provide copy of the filed IRS form 1023 or 1024.

Indicate pending, **Exempt 501 (c) code** _____ and date of application _____ .

☐ **Not exempt.** Will you be applying for tax exempt status? ☐ Yes ☐ No

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

_____
Print Name

_____
Title (Occupation)

_____
Daytime Phone Number

_____
Address

_____
Address

_____
Town/City

_____
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 Apply for a License, select Charitable Solicitation to find the **"Apply Online"** button**. Note:** You will need to create a business account under the name of the organization you wish to register.

Exempt organizations can qualify for exemption from the full registration **if** the organization meets **one** of the criteria for exemption as outlined on **the website**. Do not use this application to apply and claim exemption from the full registration. The **Claim of Exemption from the Full Registration Application is ONLINE ONLY and** is located at www.ct.gov/dcp

Non-exempt organizations will be required to provide their primary financial institution and a copy of the most currently filed, fiscal year-end of the filed IRS 990, 990EZ, 990N or 990PF (if applicable). 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 the 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 charitable 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 them 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.