

STATE OF WISCONSIN  
Department of Financial Institutions

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www.wdffi.org

**APPLICATION FOR REGISTRATION AS A  
PROFESSIONAL FUND-RAISER OR  
FUND-RAISING COUNSEL**

**Purpose:** A completed application for registration as a professional fund-raiser or a fund-raising counsel should be submitted to the Department of Financial Institutions (“department”) for consideration of registration. Upon the filing of such application the department shall investigate the relevant facts to determine if the applicant satisfies all of the eligibility requirements for registration. If the department finds that the applicant meets all of the requirements, the department shall register the applicant as a professional fund-raiser or fund-raising counsel.

Print or type the information requested in the spaces provided.

**Name of applicant:** The “applicant” is the corporation, limited liability company, limited partnership, partnership, or sole proprietorship that is registering with the department. If the applicant uses any trade names or DBA (doing business as) names for soliciting, include those names as well.

**SECTION A**

Answer the following questions to determine if the applicant should be registered as a professional fund-raiser.

1. Will the applicant, for compensation, **solicit contributions** in Wisconsin for a charitable organization that is required to be registered under s. 202.12(1), Stats.?  Yes  No

NOTE: Pursuant to s. 202.11(8), Stats., “Solicit” means to request, directly or indirectly, a contribution and to state or imply that the contribution will be used for a charitable purpose or will benefit a charitable organization.

- If you send mailings to prospective donors with your name and/or address on them and solicit contributions, you are soliciting.
- If you contact prospective donors by telephone or other electronic means and solicit contributions, you are soliciting.

2. Will the applicant at any time have **custody** of contributions from a solicitation for a charitable organization that is required to be registered under s. 202.12(1), Stats.? “Custody” is defined as possession or control of cash, checks or donations of merchandise, even though checks may be made payable to the charitable organization.  Yes  No

If you answered “YES” to question #1 above, the applicant is required to **REGISTER AS A PROFESSIONAL FUND-RAISER. There is no need to answer the questions in Section B.**

If you answered “NO” to question #1 above, the applicant is not required to register as a professional fund-raiser, but may be required to register as a fund-raising counsel. **Answer questions in Section B.**

**SECTION B**

Answer the following questions to determine if the applicant should be registered as a fund-raising counsel.

1. Will the applicant, for compensation, plan, manage, advise, consult or prepare materials for solicitation in Wisconsin for a charitable organization?  Yes  No

2. Will the applicant have custody of contributions? "Custody" is defined as possession or control of cash, checks or donations of merchandise, even though checks may be made payable to the charitable organization.  Yes  No

If you answered "YES" to #1 and #2, you must register as a **FUND-RAISING COUNSEL**.

If you answered "YES" to #1 and "NO" to #2, you are not required to register as a fund-raising counsel.

**SECTION C: APPLICANT INFORMATION**

1. Type of registration being applied for (mark with an "x"):  Professional Fund-Raiser  Fund-Raising Counsel

2. Provide the following information for the applicant's headquarters office:

Street Address:				
City:		State:		Zip:
Telephone Number::	Fax Number:	E-mail:		

3. Provide the following information for applicant's Wisconsin office if the headquarters office is not located in Wisconsin. If the applicant does not have a Wisconsin office, please so indicate.

Street Address:		Telephone Number:	
City:	State:	Zip:	

4. Name, title, address, telephone number, and e-mail address of person to whom questions regarding this application should be addressed:

First Name:	Last Name:		Title:	
Street:		City:		
State:	Zip:	Telephone Number:	E-mail:	

5. Provide the applicant's website address, if any:

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6. Indicate the type of organization with an "X."

- |  |   |
|--|---|
| <input type="checkbox"/> Corporation               | <input type="checkbox"/> Partnership            |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Sole Proprietorship    |
| <input type="checkbox"/> Limited Partnership       | <input type="checkbox"/> Other (Please Specify) |

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7. Provide the date and state of incorporation/organization. Date:  State:

8. If the applicant is a corporation, a limited liability company, or a limited partnership, provide the applicant's Federal Employer Identification Number:

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If the applicant is a sole proprietorship or a general partnership, provide each owner's Social Security Number:

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Note: Pursuant to Sections 202.021(4)(a)5.-7., Wis. Stats., this Department is required to obtain this information from all applicants. The information will be shared with other state agencies for the purpose of matching against tax information and outstanding child and family support data.

9. Complete the following chart with personnel information that is relevant to the applicant. Attach additional pages if necessary. You can determine what personnel information you need to provide by reading the following:

- Corporation:** Identify all officers and directors
- Limited Liability Company (LLC):** Identify all members
- Partnership or Limited Partnership:** Identify all partners
- Sole Proprietorship:** Identify sole proprietor

Name:	Title:	Birth Date:	% Ownership:
Name:	Title:	Birth Date:	% Ownership:
Name:	Title:	Birth Date:	% Ownership:
Name:	Title:	Birth Date:	% Ownership:
Name:	Title:	Birth Date:	% Ownership:

10. Identify the Wisconsin-registered charitable organizations with which you have contracts to act as a professional fund-raiser OR fund-raising counsel.

Name of Organization:			
Street:	City:	State:	Zip:

Name of Organization:			
Street:	City:	State:	Zip:

Name of Organization:			
Street:	City:	State:	Zip:

11. Has the applicant ever had a license, permit, registration, or other authority denied, suspended, cancelled, revoked, or enjoined by a court or other governmental authority or are proceedings pending?  Yes  No

If **YES**, give a detailed statement of explanation and a copy of the court or regulatory order.

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12. Have the applicant or any of its owners, partners, members, corporate officers or directors been convicted of a felony or misdemeanor (excluding traffic violations) or are charges pending?  Yes  No

If **YES**, complete and attach the Convictions and Pending Charges form (Form #2252).

## **SECTION D: ATTACHMENTS**

Submit the following items with your application.

- A) **\$50 Registration Fee** – Make checks payable to The Department of Financial Institutions.

If an applicant, who is organized as a sole proprietorship, is a veteran who would like to participate in the Veterans Fee Waiver Program for this application; provide the authorization number obtained from the Wisconsin Department of Veterans Affairs and do not include any fees with this filing.

Veteran's Fee Waiver Authorization Number (if applicable):

- B) **\$20,000 bond** if registering as a professional fund-raiser that will, at any time, have custody of contributions;  
**OR**  
**\$5,000 bond** if registering as a professional fund-raiser that will never have custody of contributions.

The bond that is submitted to the department must:

- be completed on form DFI/DCCS/201 (custodial bond) or on form DFI/DCCS/203 (non-custodial bond). Any bond that is not completed on one of these forms will be rejected. The bond forms may be downloaded from the department's website at [www.wdfi.org](http://www.wdfi.org).
- identify the exact name of the applicant.
- identify all trade names or DBA (doing business as) names that the applicant uses.
- be the original surety bond. The original power-of-attorney form must also be submitted with the bond.
- be signed by an officer/owner/partner whose signature is witnessed or sealed.

- C) **\$20,000 bond** if registering as a fund-raising counsel.

The bond that is submitted to the department must:

- be completed on form DFI/DCCS/202. Any bond that is not completed on this form will be rejected. The bond form may be downloaded from the department's website at [www.wdfi.org](http://www.wdfi.org).
- identify the exact name of the applicant.
- identify all trade names or DBA (doing business as) names that the applicant uses.
- be the original surety bond. The original power-of-attorney form must also be submitted with the bond.
- be signed by an officer/owner/partner whose signature is witnessed or sealed.

- D) **A List of States** that have issued the applicant a license, registration, permit, or other formal authorization to solicit contributions.

- E) **Professional Fund-raiser Solicitation Notice (Form #1941)** if registering as a professional fund-raiser. A professional fund-raiser is required by ss. 202.14(3) and (4), Stats., to file a completed solicitation notice and copies of all contracts with the department before performing services under a contract with a charitable organization which is required to be registered under s. 202.12(1), Stats. If the applicant does not currently have a contract with a charitable organization that is required to be registered in Wisconsin, please so indicate in the cover letter you submit with the application.

- F) **Fund-raising Contract** if registering as a fund-raising counsel. Before a registered fund-raising counsel performs any material services for a charitable organization that is required to be registered under s. 202.12(1), Stats., the charitable organization and the fund-raising counsel shall contract in writing and the fund-raising counsel shall file the contract with the department pursuant to s. 202.13(3), Stats. If the applicant does not currently have a contract with a charitable organization that is required to be registered in Wisconsin, please so indicate in the cover letter you submit with the application.

**SECTION E: CERTIFICATION**

I, the undersigned, affirm under penalties provided by law that this Registration Statement (including attachments) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete statement.

Print Name of Owner/Officer/Member/Partner:	Title:
Signature of Owner/Officer/Member/Partner:	Date:

**RETURN APPLICATION MATERIALS TO:**

Department of Financial Institutions  
Division of Corporate and Consumer Services

*Mailing Address:*  
PO Box 7879  
Madison, Wisconsin 53707-7879

*Street Address:*  
4822 Madison Yards Way, North Tower  
Madison, Wisconsin 53705

This form is required under Sections 202.13 and 202.14, Wisconsin Statutes. Refusal to provide this information may result in the denial of this registration application. Personally identifiable information on this form may be matched against tax information, outstanding child and family support data and law enforcement agencies. Failure to complete this application completely and accurately may result in denial or revocation of registration, and any other penalties as provided by law.

This document can be made available in alternate formats upon request to qualifying individuals with disabilities.