



STATE OF HAWAII  
DEPARTMENT OF THE ATTORNEY GENERAL  
TAX DIVISION  
425 QUEEN STREET  
HONOLULU, HAWAII 96813  
(808) 586-1480 FAX (808) 586-8116

**REGISTRATION STATEMENT FOR  
PROFESSIONAL FUNDRAISING COUNSEL - FORM - AGTAX-1**

INITIAL  RENEWAL  
(CHECK ONE ABOVE)

FEE REMITTED \_\_\_\_\_

**1. Business name and address of applicant :**

\_\_\_\_\_ FULL BUSINESS NAME \_\_\_\_\_

c/o \_\_\_\_\_

\_\_\_\_\_ STREET AND NUMBER \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

\_\_\_\_\_ COUNTY \_\_\_\_\_ TELEPHONE # \_\_\_\_\_ 800 TELEPHONE # \_\_\_\_\_

**2. Any other names under which you conduct business:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Form of organization:**

- a. Corporation (State of Incorporation and Date) \_\_\_\_\_ c. Individual   
b. Partnership  d. Other \_\_\_\_\_

**4. If principal place of business is located outside Hawaii, do you have any offices in Hawaii?**

Yes  No  If "Yes", attach address(es) and telephone number(s).

**5. If "Yes" to any of the following you must register as a professional solicitor:**

- (A) Will you at any time solicit contributions? Yes  No   
(B) Will you at any time have control and approval over the content and volume of any solicitations that are conducted by a charitable organization? Yes  No   
(C) Will you at any time have custody or control of contributions? Yes  No   
(D) Will your compensation be related to the amount of contributions received? Yes  No

**6. Attach a list of the names and residence addresses of all principals of the applicant, including officers, directors and owners.**

**7. Provide the name of all persons in charge of any counsel services:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Visit our Web site at: [www.hawaii.gov/ag/charity\\_resources.htm](http://www.hawaii.gov/ag/charity_resources.htm)

8. If you answer "Yes" to any of the following, attach a list of related individuals with names and relationship. Are any owners, directors, officers or employees of the applicant related by blood, marriage or adoption to:

(A) Any other directors, officers, owners or employees of the applicant? Yes  No

(B) Any officer, director, trustee or employee of any charitable organization under contract with applicant? Yes  No

(C) Any supplier or vendor providing goods or services directly or indirectly to any charitable organization under contract with applicant? Yes  No

9. Are all contracts with charitable organizations soliciting contributions from Hawaii residents on file with the Hawaii Department of the Attorney General? Yes  No  Not Applicable If "No", attach copies. File only those contracts regarding the solicitation of contributions from Hawaii residents. Renewal registrants, should not re-file contracts previously filed with the Department of the Attorney General.

**Item 10 need only be completed by initial registrants**

10. Date organization first acted as a professional fundraising counsel with respect to a charitable organization's solicitation of contributions from Hawaii residents: \_\_\_/\_\_\_/\_\_\_ (If not applicable, please state such).

I swear or affirm, under the penalties provided in section 710-1062, Hawaii Revised Statutes, that the information provided in this registration is true and correct.

\_\_\_\_\_  
SIGNATURE OF PRINCIPAL OFFICER

DATE \_\_\_\_\_

\_\_\_\_\_  
TYPE OR PRINT NAME AND TITLE OF  
PRINCIPAL OFFICER

CHECKLIST

- Registration Statement signed.
- Any attachments to the Registration Statement.
- Any contracts/solicitation notices not previously filed.
- \$250 registration fee.