

CHARITABLE SERVICES BUSINESS WORKSHEET

Select the applicable license category: Charitable Exempt Charitable Solicitation

AFFIDAVIT

(Charitable Exempt Only)

I, _____ certify that I am the _____
(Name) (Title)

for _____; attest the exemption under §501 of the Internal
(Organization Name)

Revenue Code of 1954 is in force and effect on the date of the submission of proof under this
section for _____.
(Organization Name)

CERTIFIED RESOLUTION

(Charitable Solicitation Only)

I, _____ certify that I am the _____
(Title)

for _____; authorize _____
(Organization Name) (Name and Title)

to submit the application for Charitable Solicitation Registration Certificate. I hereby certify all information submitted within this package is true to the best of my knowledge.

Signature

Subscribed and sworn before me, a Notary Public

SEAL

Notary _____

Today's Date _____

Commission Expires _____

