

STATE OF NORTH CAROLINA DEPARTMENT OF THE SECRETARY OF STATE

Date of On-line Submission: _____

ELAINE F. MARSHALL CHARITABLE SOLICITATION LICENSING DIVISION - APPLICATION SIGNATURE PAGE SECRETARY OF STATE

Name:___

Αc	ldress:			
Organization Name:		License Number (If Applicable)		
-	r signing below, I acknowledge and certify the fo That I will maintain a paper original inked, sig by N.C.G.S. §131F-32.	=	submission of this form: e page in my own records for three years as required	
2.	·	vailable to the Department for inspection and shall be furnished no later than 10 days after the ed by N.C.G.S. §131F-32.		
3.	. The ten (10) days review period for CSL to approve or deny this license application per N.C.G.S. §131F-5 SHALL NOT BEGIN unt the date on which CSL receives a completed application, including this fully completed notarized signature page.			
4.	Applicable late fees are assessed based on the date a completed application, including this completed notarized document is received by CSL.			
ΑP	PPLICANT SIGNATURE: To be signed in the prese	ence of a Notary Public who	has administered the following oath:	
th		all supplemental forms, re	applicant charitable or sponsor organization, and that ports, documents, and attachments are true and	
Sig	gnature:			
Signer's Name (Print):		Signer's Title	Signer's Title (Print):	
	OTARIZATION:			
In	County	State		
Sworn to and subscribed before me this the		day of	in the year of	
No	otary Public's Signature:			
No	otary Public's Name (Print):			
Da	ate Notary Public's Commission Expires:			
Ρl	ease place notary stamp or seal imprint beside	this line: (Notary Seal mus	<u>t be</u>	
le	gible otherwise application will be denied)			

THIS FORM IS TO BE SUBMITTED AT THE TIME OF APPLICATION

Complete notarized signature form prior to starting a charitable solicitation application for licensure.

This notarized signature form must be submitted with application.