

Form \_\_\_\_\_ of \_\_\_\_\_ filed with this application

1. Applicant Name:	
2. Contractor Name:	
3. Contractor Street Address:	
4. Contractor Telephone Number:	
5. Contractor Type:	<input type="checkbox"/> Coventurer   <input type="checkbox"/> Fund-raising Consultant   <input type="checkbox"/> Solicitor
6. Contract Signing/Execution Date:	
7. Contract services Begin Date:	
8. Contract services End Date:	
9. Is this a continuing or multiyear contract?	<input type="checkbox"/> YES   <input type="checkbox"/> NO
10. Are North Carolina residents solicited for contributions as a direct or indirect result of this contract?	<input type="checkbox"/> YES   <input type="checkbox"/> NO
11. Does contract contain salary, rate, or fee terms? <u>If YES, state terms and conditions below:</u>	<input type="checkbox"/> YES   <input type="checkbox"/> NO
12. Does contract contain bonus terms? <u>If YES, state terms and conditions below:</u>	<input type="checkbox"/> YES   <input type="checkbox"/> NO
13. Does contract contain commission terms? <u>If YES, state terms and conditions below:</u>	<input type="checkbox"/> YES   <input type="checkbox"/> NO
14. Does contract contain expenses terms? <u>If YES, state terms and conditions below:</u>	<input type="checkbox"/> YES   <input type="checkbox"/> NO
15. Does contract contain other compensation terms? <u>If YES, state terms and conditions below:</u>	<input type="checkbox"/> YES   <input type="checkbox"/> NO
16. Amount of funds received resulting from contract since your last license application filing: <i>(For <u>initial</u> applicants: amount of funds received within past fiscal year or past 12 months):</i>  Answer <u>either</u> or <u>both</u> line items:      Gross Amount Received: \$ _____  Net Amount Received: \$ _____	