

**PS**  
90-06

KANSAS SECRETARY OF STATE  
**Professional Solicitor Application**  
Instructions

The following form **must be complete** and accompanied by **the correct filing fee** or the document will **not** be accepted for filing.

**Kansas Office of the Secretary of State:**

Memorial Hall, 1st Floor (785) 296-4564  
120 S.W. 10th Avenue kssos@sos.ks.gov  
Topeka, KS 66612-1594 www.sos.ks.gov

Save time and money by filing your forms online at **www.sos.ks.gov**. There, you can also stay up-to-date on your organization's status, annual report due date, and contact addresses.

<input type="checkbox"/> <b>Filing fee</b>	The filing fee for this document is <b>\$25</b> .
<input type="checkbox"/> <b>Payment</b>	Please enclose a check or money order payable to the Secretary of State. Forms received without the appropriate fee will not be accepted for filing. Please do not send cash. <b>NOTICE: There is a \$25 service fee for all checks returned by your financial institution. Also, to expedite processing, please do not use staples on your documents or to attach checks.</b>
<input type="checkbox"/> <b>Registration/re-registration</b>	This registration/re-registration shall be for a period of one year, or a part thereof, expiring on the 30th day of June and may be renewed upon written application for additional one-year periods.

**PS**  
90-06

**KANSAS SECRETARY OF STATE**  
**Professional Solicitor Application**

**Kansas Office of the Secretary of State:**

Memorial Hall, 1st Floor (785) 296-4564  
120 S.W. 10th Avenue kssos@sos.ks.gov  
Topeka, KS 66612-1594 www.sos.ks.gov

THIS SPACE FOR OFFICE USE ONLY.

**This form must be complete and accompanied by the correct filing fee or the document will not be accepted for filing.**

<b>1. This report covers the contract year of:</b>	<b>Beginning Date:</b>			<b>Ending Date:</b>		
	Month	Day	Year	Month	Day	Year
	7	1		6	30	
<b>2. Name of professional solicitor</b>						
<b>3. Address of professional solicitor</b>	Address					
	City			State		Zip
<b>4. Name of professional fund raiser</b>						
<b>5. Address of professional fund raiser</b>	Address					
	City			State		Zip
<b>6. Date of application</b>	Month	Day	Year			

**7. I agree to abide by the disclosure requirements of Kansas law, specifically, K.S.A. 17-1766, as set forth below:**

All solicitations by professional solicitors shall contain the following disclosures at the point of solicitation:

- a. The name, address and telephone number of the charitable organization;
- b. the registration number, obtained pursuant to K.S.A. 17-1763 for the charitable organization;
- c. if the solicitation is made by a person acting as a professional solicitor, the registration number obtained pursuant to K.S.A. 17-1765; and
- d. that an annual financial report required by K.S.A. 17-1763 for the preceding fiscal year is on file with the secretary of state

**8. I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.**

Signature of Applicant	Month	Day	Year
X			
Signature of Professional Fund Raiser	Month	Day	Year
X			