

**SOUTH CAROLINA  
SECRETARY OF STATE**

PUBLIC CHARITIES DIVISION

**NOTICE OF SOLICITATION  
COMMERCIAL CO-VENTURE**

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**Filing Instructions**

- **A copy of the commercial co-venture contract or agreement must be filed with this Notice of Solicitation no less than 10 days prior to the start of any solicitation in South Carolina.**
- **If the commercial co-venturer and the charitable organization intend for the Notice of Solicitation to serve as the contract or agreement, section 6 of this form must be completed.**
- Please contact our office with any questions regarding this form at 803-734-1790 or [charities@sos.sc.gov](mailto:charities@sos.sc.gov).
- Mail to South Carolina Secretary of State, Public Charities Division, 1205 Pendleton St., Suite 525, Columbia, SC 29201.
- Please type or print clearly.

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**Commercial Co-venturer Registered  
with the Secretary of State's Office**

\_\_\_\_\_  
Registration No.

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Full Business Legal Name

\_\_\_\_\_  
DBA

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

**Charitable Organization Registered  
with the Secretary of State's Office**

\_\_\_\_\_  
Registration No.

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Full Charity Name

\_\_\_\_\_  
DBA

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

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1. Solicitation in South Carolina: Start date: \_\_\_\_\_ End date: \_\_\_\_\_ or \_\_\_\_\_ is continuous.
  2. Provide a brief description of the fundraising campaign or event. Attach a separate sheet if necessary.

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

3. Location (physical address, phone number and web address) where the fundraising event will be held, if applicable:

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

4. Minimum percentage of gross receipts guaranteed to charitable organization or other terms of agreement:

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

5. Name, residential address and phone number of each person directing or supervising the fundraising campaign or event. Attach a list if necessary.

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6. **This Notice of Solicitation must be signed by an authorized representative of the commercial co-venturer and an officer of the charitable organization, unless a contract or agreement signed by both parties is attached to this form.**

**Commercial Co-venturer**

**Charitable Organization**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date