

Applicant's NC CSL License Number : SL003225

1. Applicant Organization's Full Legal Name: Basic Needs Ministry
2. Applicant's Principal Telephone Number (include area code): 919-661-6565
3. Applicant's Principal Street Address, including City, State Code, and Zip Code (do not use a P.O. Box address):  
1413 Kenbrook Drive, Garner, NC 27529-4447
4. Name under which you intend to solicit contributions: Basic Needs Ministry
5. Describe the purpose for which you are organized: Basic Needs Ministry will serve the region centered at Interstate 40 and N.C. Highway 42 by providing free clothing to all needy residents without discrimination.
6. Describe the purpose for which contributions will be used:  
To provide free and reduced priced clothing to local residents.
7. Are you authorized by any other state to solicit contributions?  
 YES: Attach a list of these states.      |      X NO.
8. During the time since your last application filing, have you or any of your officers, directors, trustees, or salaried executive personnel been enjoined or prohibited in any jurisdiction from soliciting contributions?  
 YES: Attach an explanatory statement.      |      X NO.
9. During the time since your last application filing, have you or any of your officers, directors, trustees, or salaried executive personnel been found to have engaged in unlawful practices in the solicitation of contributions or the administration of charitable assets?  
 YES: Attach an explanatory statement.      |      X NO.
10. Do you compensate any of your officers, trustees, organizers, incorporators, fundraisers, or solicitors?  
 YES.      |      X NO.
11. Name the individual(s) or officer(s) in charge of any solicitation activities: Ronald Lee Still
12. Other than your principal office identified above, do you maintain any additional office locations in North Carolina?  
 YES: Attach a list identifying the street address and telephone number for each additional office location in North Carolina.  
X NO.
13. Do you maintain your principal office outside North Carolina and possess no other office location in North Carolina?  
 YES: Attach the name, street address, and telephone number of the person who has custody of your financial records.  
X NO.
14. During the time since your last application filing, have you had your authority denied, suspended, or revoked by any governmental agency?  
 YES: Attach a statement of the reasons for each denial, suspension, or revocation.  
X NO.
15. During the time since your last application filing, have you entered into any assurance of voluntary compliance or similar agreement?  
 YES: Attach one (1) copy of each agreement.      |      X NO.
16. Do you have any contract(s) with any person who qualifies as a fund-raising consultant, solicitor, or coventurer that (1) is currently active or (2) has been completed within the past fiscal year?

CSL Contact Information:

Agency Internet Site: [www.sosnc.com](http://www.sosnc.com) Electronic Mail: [csi@sosnc.com](mailto:csi@sosnc.com)  
Telephone: (919) 807-2214 - Toll free for NC residents: 1-888-830-4989  
Facsimile: (919) 807-2220  
Mailing Address: P.O. Box 29622, Raleigh, NC 27626-0622

Renewal License Application Form  
for charitable or sponsor organizations

Form Revision: 1  
Effective Date: November 17, 2004

YES: Attach one (1) completed fundraising disclosure form for each contract relationship.

X NO.

17. Annual Financial Information Reporting: Choose one (1) financial information reporting option for this application:

X Check here if choosing Option 1: filing federal tax forms. Proceed to Item 18.

Check here if choosing Option 2: filing state forms. Skip Item 18. Proceed to Item 19.

18. Option 1: filing federal tax forms: Provide the following information:

A. X Attach a signed and completed federal Form 990 or Form 990-EZ, Schedule A, and attachments (except Schedule B) for the preceding fiscal year.

B. Do your federal forms and attachments list post office box addresses for any officer, director, trustee, salaried executive personnel, or individual responsible for custody and distribution of contributions?

YES. Identify a street address the Department or consumers may use to contact these persons, as follows:

1.  Check here if these persons may be contacted through your organization's primary street address (*see Item 3*).  
Skip Item 19 and proceed to Item 20.

2.  Check here if attaching individual street address information for these persons. Skip Item 19 and proceed to Item 20.

X NO. Skip Item 19 and proceed to Item 20.

19. Option 2: filing state forms: Provide all of the following information:

A.  Required Financial Information. Check here and attach either a signed and completed Department annual financial report form covering the preceding fiscal year, or an optional audit prepared by or with an opinion by an independent certified public accountant (*see Item 20*).

B.  Attach a list identifying your officers, directors, trustees, and salaried executive personnel, including names and street addresses (no P.O. Box addresses).

C.  Attach a list of the names, street addresses, and telephone numbers of the individuals or officers who have final responsibility for the custody and distribution of contributions.

D.  Attach a description of your organization's major program activities.

20. Optional Audit Submission: Check here if attaching an audit:

21. Amount of G.S. §131F-2(5) contributions received in last fiscal year: \$ 85,294

22. Calculated license fee amount for this application: \$ 50.00

23. Calculated late fee amount for this application: \$ N/A

24. Total fee amount attached to this application: \$ 50.00

25. Federated fund-raising organization information: Is your organization or any of your subordinates a united way, united arts fund, community chest, or other federation of independent charitable organizations which have voluntarily joined together for the purpose of raising and distributing contributions and where membership does not confer operating authority and control of the individual group organization upon the federated group organization?

YES. Attach a list of your member agencies that complies with the following requirements:

A. For each NC-CSL exempt member agency, provide the agency's NC-CSL exemption number (if known), the agency's name, why the agency is exempt (a statutory cite is sufficient), and the amount allocated by the applicant to the member agency during the previous fiscal year.

B. For each NC-CSL licensed member agency, provide the agency's NC-CSL license number (if known), the agency's name, the agency address, the name of the executive in charge of the member agency, the agency's telephone number, and the amount allocated by the applicant to the licensed member agency during the previous fiscal year.

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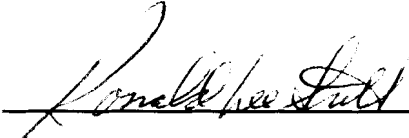
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X NO. Proceed to Item 26.

26. Applicant's signature:

I swear or affirm that I am the treasurer or chief fiscal officer of the applicant organization, and that the information furnished in this application and all supplemental forms, reports, documents, and attachments are true and correct to the best of my knowledge under penalty of perjury.

Signature: 


Signer's Name (Print): Ronald Lee Still

Signer's Title (Print): Director

27. Notarization: The following is for a notary public to place you under oath and then notarize your signature:

Sworn to and subscribed before me this the 14<sup>th</sup> day of August

in the year of 2006.

Notary Public's Signature: 

Notary Public's Name (Print): Brenda K. Jones

Date Notary Public's Commission Expires: 8-17-2008

If using a notary stamp or seal, stamp or imprint seal beside or below this line:

Optional applicant contact information:

Contact Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Internet Site Address: \_\_\_\_\_

Electronic Mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Facsimile Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Optional third party filer information:

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Internet Site Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact's Electronic Mail Address: \_\_\_\_\_

Contact's Telephone Number: \_\_\_\_\_

Contact's Facsimile Number: \_\_\_\_\_

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