

NYS APPLICATION FOR AUTHORITY - NOT-FOR-PROFIT

DATE: _____

1. Name of Organization as It Appears in Home State: _____
2. State Where Organization Was Organized: _____
3. Date of Initial Filing: _____
4. Purpose of Organization: _____
5. Principal Business Address in NY: _____
County: _____

6. Name and Title of Person Authorizing the Filing:
Name: _____ Title: _____
7. Service of Process Address (May be any valid address in the U.S.):

8. (Optional) Name and Address of Registered Agent: _____
Use RCSG (annual fee applies): _____

Contact Name: _____ Email: _____
Business Name: _____
Phone Number: _____ Fax Number: _____
Billing Address: _____
Address for Delivery of Legal Documents: _____

COST OF SERVICE

Preparation and Submission: \$ 200.00
Obtain Certificate of Good Standing: \$ _____.00**
NYS Filing Fees: \$ 210.00
Administrative Fees: \$ 10.00
TOTAL: \$ _____.00
<i>If state agency approvals are needed, add \$XXX per agency + any agency fees.</i>

CREDIT CARD PAYMENT

Card No: _____ Exp: _____ Code: _____
Amount: \$ _____ Cardholder Name: _____
Cardholder Signature: X _____

Please note: The fee above is an estimate only. It is possible to incur additional disbursements to complete this order. If there are additional fees, they will be applied to this credit card.

