



WARNING: False or misleading statements
Subject to maximum \$5,000 civil penalty. T.C.A. §48-101-514

Office Use Only

Reg. No.

Fee Paid

Rec. No.

Department of State

**APPLICATION FOR REGISTRATION
OF A CHARITABLE ORGANIZATION**

Division of Charitable Solicitations and Gaming

William R. Snodgrass Tennessee Tower
312 Eighth Avenue North, 8th Floor
Nashville, TN 37243
(615) 741-2555; Fax (615) 253-5173

INSTRUCTIONS: Please type or print all applicable items. If you are unable to answer in the space, attach additional sheets. Indicate that an item does not apply by placing N/A by its number. **A NONREFUNDABLE registration fee of \$50.00 must accompany this application. If an organization is renewing its application, please complete form SS-6007, Application to Renew Registration of a Charitable Organization.**

1. Name of organization: _____

2. Federal Employer Identification Number: _____

3. Principal Office Address or Address of Person Having Custody of Financial Records:

Name	Street	City	State	Zip

4. Mailing / Contact Address, if different from principal office: (Contact Name / Title) _____

Name	Street	City	State	Zip

5. Telephone Number: _____ Fax Number: _____ Email: _____

6. Do you have other offices in Tennessee? Yes No If yes, attach a list of the addresses.

7. A. Do you solicit contributions under any other name(s)? Yes No If yes, list name below:

B. Attach copies of documents authorizing your solicitation of contributions under the name(s) shown above.

8. Has any officer, manager, director, operator, principal, or control person of the organization ever been the subject of an injunction, judgment, or administrative order or been convicted of a felony? Yes No
If yes, attach a detailed explanation.

9. A. Attach a list of the name, title, address, telephone, and date of birth for all officers, trustees, and directors of the organization. (List chief salaried officers first.)

B. Attach a ten year employment history of the organization's control or key persons.

10. Describe the purpose of the organization: _____

11. A. Legal entity of organization: Corporation Partnership Association Other (specify)

B. When and where was the legal entity organized? Date: _____ City: _____ State: _____

C. Beginning and ending dates of the organization's fiscal year: (m/d) _____ to (m/d) _____

12. A. Attach a copy of your charter, bylaws, or other similar governing document.

B. Attach a copy of amendments to the organization's charter, bylaws, or other governing documents.

13. A. Is the organization recognized by the Internal Revenue Service as tax exempt?

Yes (Attach a copy of the determination letter) No

B. Has the IRS ever revoked the organization's tax exempt status? Yes No

If yes, attach a copy of the revocation letter and a written summary of the basis of revocation.

C. If the organization applied with the IRS for tax exempt status but has not received the final determination letter, attach a copy of the application or the IRS letter acknowledging receipt of the application.

14. List all chapters, branches, and affiliates of the organization located in Tennessee and indicate whether you are reporting the financial activities of this organization.
- | | | |
|------------------------------------|---------|--|
| Name of chapter, branch, affiliate | Address | Reporting financial activity? |
| _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> |
15. Is the organization currently registered in any other governmental authority? Yes No If yes, attach a list of other governmental authorities.
16. Has the organization ever been enjoined or prohibited from soliciting contributions? Yes No If yes, attach a detailed explanation.
17. List the name and address of individual(s) who have final responsibility for the custody of contributions:
- | | | | | |
|-------|--------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| Name | Street | City | State | Zip |
18. List the name and address of individual(s) who have responsibility for the final distribution of contributions:
- | | | | | |
|-------|--------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| Name | Street | City | State | Zip |
19. A. The organization intends to solicit from the public during this registration period by the following methods:
- Personal contact Mail Telephone Radio/TV Volunteers
Professional Solicitor Fund Raising Counsel Vendor Internet
Webpage address: _____
Other: _____
- B. Does the organization intend to utilize a professional solicitor and/or fundraising counsel to assist in the solicitation of contributions from or within Tennessee?
Yes No If yes, attach a true copy of any contract with such persons.
20. For what purpose will the organization use the contributions? (be specific) _____

THIS DOCUMENT MUST BE SIGNED BY TWO SEPARATE AUTHORIZED OFFICERS. THE NOTARY MUST VERIFY EACH SIGNATURE. I / We certify that the statements in this registration statement and all supplemental forms, documents and continuation sheets are true and correct. We understand that this registration will be accepted only if the requirements of the charitable solicitation laws are met. We agree to cooperate fully with any requests by the Secretary of State to inspect the records of this organization in order to ascertain compliance with the statute and all pertinent rules and regulations. We are aware that we are subject to punishment if any of the statements we provide are false.

Signature of Authorized Officer Date

Print Name

Title

Notary Seal

Sworn and subscribed before me at:

(County / State) _____

This _____ day of _____, 20 _____

Signature of Notary Public

My commission expires: _____

Signature of Authorized Officer Date

Print Name

Title

Notary Seal

Sworn and subscribed before me at:

(County / State) _____

This _____ day of _____, 20 _____

Signature of Notary Public

My commission expires: _____