



Division of Charitable Solicitations and Gaming Office of Tennessee Secretary of State Tre Hargett

312 Rosa L. Parks Avenue, 8th Floor
Nashville, Tennessee 37243
615-741-2555

Application for Registration of a Professional Fundraising Counsel

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

All registrations expire December 31

Instructions: Type or print your answers. If an answer does not apply, write "N/A." **Attach** additional sheets if you are unable to answer in the space provided. A **nonrefundable** registration fee of \$100.00, payable to the State of Tennessee, must accompany this application.

1. Name of organization: _____

List other names the organization uses to conduct business and, if applicable, **attach** documents authorizing such use: _____

Federal Employer Identification Number: _____

2. Principal Office Address or, if no physical office is maintained, Name and Address of Person Having Custody of Financial Records (P.O. Box not acceptable):

Print Title (Mr., Ms., etc.): _____ Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Has principal address changed since last registration? Yes No

3. List address of additional offices/places of operation in Tennessee: _____

4. Print Title (Mr., Ms., etc.): _____ Contact Name: _____

Contact Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Phone: (_____) _____ Fax: (_____) _____

Email Address: _____ Website: _____

5. Applicant is a Sole Proprietor Partnership Corporation Other

Year organized: _____ State: _____

6. **Attach** a list of corporate officers and directors of the corporation, or unincorporated association; each partner in the partnership; or owner in sole proprietorship. Provide the following information:

Title (Mr., Ms., etc.): _____ Name: _____

Position Title: _____ Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

7. **Attach** a list containing the name and address of each charitable organization soliciting from or within Tennessee, for which the applicant is providing fundraising counsel services.

8. List the other states where applicant solicits contributions.

9. Has the applicant had any license, registration, or permit revoked or denied or been enjoined or prohibited from soliciting contributions?

Yes No If "yes", describe the action, date, and place of the actions:

10. Disclose any civil administrative or other legal action filed against applicant pursuant to any state or local charitable solicitations act, including the complete case style, summary, and disposition of the action:

Signature: This document must be signed by an authorized officer. I certify that the statements in this registration statement and all supplemental forms, documents, and continuation sheets are true and correct to the best of my knowledge and belief.

Signature of Authorized Officer: _____

Print Title (Mr., Mrs., etc.): _____ First: _____

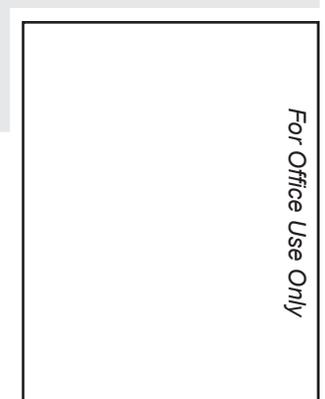
MI: _____ Last: _____

Position Title: _____ Date: _____

For Office Use Only

Reg. No. _____ Date Received _____

Exp. Date _____ Fee Paid _____



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