



**State of Tennessee**  
 312 Rosa L. Parks Avenue, 8th Floor  
 Nashville, Tennessee 37243  
 615-741-2555 Fax: 615-253-5173

## APPLICATION FOR REGISTRATION OF A PROFESSIONAL SOLICITOR

ALL REGISTRATIONS EXPIRE DECEMBER 31

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

**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 \$800.00 and a \$25,000 bond, payable to the State of Tennessee, must accompany this application.

OFFICE USE ONLY	
Reg. No.	Date Received
Fee Pd.	
Rec. No.	

1. A. Name of organization: \_\_\_\_\_  
 B. List other names currently or previously used to conduct business: \_\_\_\_\_  
 C. Federal Employer Identification Number: \_\_\_\_\_
2. A. Principal Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
 B. Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
 C. List address of additional offices/places of operation in Tennessee: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- D. Contact Name: \_\_\_\_\_  
 Contact Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax \_\_\_\_\_ email: \_\_\_\_\_
3. A. Applicant is a Sole Proprietor  Partnership  Corporation  Other   
 B. Year organized: \_\_\_\_\_ State \_\_\_\_\_
4. List corporate officers and directors of corporation or unincorporated association; each partner in the partnership; or owner in sole proprietorship.

Name	Title	Address	Phone

5. Attach a copy of the contract(s) with charitable organizations for which you will be soliciting contributions in Tennessee, signed by one (1) official of the charitable organization and one (1) officer of the professional solicitor.
6. List the other states where applicant solicits contributions. \_\_\_\_\_  
 \_\_\_\_\_
7. A. Has the applicant: (1) had any license, registration, or permit revoked or denied or (2) been enjoined or prohibited from soliciting contributions? If "yes", describe the action, date, and place of the actions:  
 \_\_\_\_\_  
 \_\_\_\_\_

B. Has anyone recovered from any of the applicant's surety bonds? Yes \_\_\_\_ No \_\_\_\_\_. If "yes", give the name, date, state and amount recovered: \_\_\_\_\_  
\_\_\_\_\_

8. Has any individual owners, partners, or corporate officers been convicted of a felony? Yes \_\_\_\_ No \_\_\_\_\_. If "yes", list the name, criminal offense, date and place of the conviction: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**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

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date