

State of Tennessee



Department of State
Division of Charitable Solicitations & Gaming

William R. Snodgrass Tennessee Tower
312 Rosa L. Parks Avenue, 8th Floor
Nashville, TN 37243
(615) 741-2555 / (615) 253-5173 fax

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

APPLICATION FOR REGISTRATION OF A
PROFESSIONAL FUNDRAISING COUNSEL

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 \$250.00 payable to the State of Tennessee, must accompany this application.

For Office Use Only	
Reg. No.	Received
Fee Pd.	
Rec. No.	

1. A. Name of organization: _____

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

C. Federal Employer Identification Number: _____

D. Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

2. A. Principal Address: _____

City: _____ State: _____ Zip Code: _____

B. Mailing Address: _____

City: _____ State: _____ Zip Code: _____

C. List address of additional offices / places of operation in the Tennessee:

Street: _____ City: _____ State: _____ Zip Code: _____

Street: _____ City: _____ State: _____ Zip Code: _____

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.

1. Name: _____ Title: _____ Address: _____ Phone: _____

2. Name: _____ Title: _____ Address: _____ Phone: _____

3. Name: _____ Title: _____ Address: _____ Phone: _____

5. 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.

6. List other states where applicant is registered: _____

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: _____

8. 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.

First: _____ Last: _____ MI: _____

Title: _____ Date: _____

Signature: _____