



Department of Commerce & Insurance
 1 Division of Consumer Affairs
 1 500 James Robertson Parkway, 12th Floor
 1 Nashville, TN 37243-0600
 (615) 741.4737 or 800.342.8385

**BEAUTY PAGEANT OPERATOR
 APPLICATION FOR REGISTRATION**

INSTRUCTIONS:

Every application must be accompanied by a fifty-dollar (\$50.00) non-refundable registration fee and a completed surety bond in the amount of ten thousand dollars (\$10,000). **Every question must be answered even if it is "Not Applicable."** If you need more room please use back of form.

1. Name of pageant operator. (Include Address, City, State, Zip and Telephone Number.)
- 2.A. Name, address and telephone number of individual or officer of organization having full responsibility for conducting the pageant in Tennessee. (Include Address, City, State, Zip and Telephone Number.)
- 2.B. List any other person(s) who promote, organize or otherwise operate the pageant.

(Name)	(Duties)	(Address, City, State, Zip)
(Name)	(Duties)	(Address, City, State, Zip)
3. Name of financial institution , bank , other , (describe _____), where entrants' fees and other pageant receipts are held. Account Number: _____
 (Address) _____ (City) _____ (State) _____ (Zip) _____ (Telephone Number) _____
4. Do you hold a state franchise? Yes No
 If "Yes," specify name of pageant franchise: _____
5. Enter Tennessee Sales Tax Registration Number _____ Or attach letter of exemption from Tennessee Department of Revenue. Please check if exemption letter is attached.
- 6.A. Are you claiming exemption from filing fee and bonding. Yes No
- 6.B. If "Yes," reason for claiming exemption: _____
- 6.C. Documents which verify your right of exemption must be attached. Number of documents attached: _____
7. Name(s) of pageant(s) customarily promoted by operator including the location and anticipated date of pageant(s):

Name	Location (Street address and City)	Date
_____	_____	_____
_____	_____	_____
8. Will there be a Hair and/or Makeup person providing service at the pageant? Yes No
 If yes, please list name, address, and telephone number and send verification of current registration with the Tennessee Division of Cosmetology

I certify that the information furnished in this application is true and correct to the best of my knowledge.

 Signature of Beauty Pageant Operator

SWORN TO AND SUBSCRIBED BEFORE ME AT

 Notary Seal

This _____ Day of _____, _____

My Commission Expires: _____

 Notary Public

NOTE: Registration does not imply approval by the State of Tennessee of the purpose of your organization. Any statement which may indicate otherwise is a violation of Tennessee Law.