



**ANNUAL EVENT APPLICATION
For Events Greater Than \$5,000.00**

Department of State
Division of Charitable Solicitations and Gaming
312 Rosa L. Parks Avenue
8th Floor, William R. Snodgrass Tower
Nashville, TN 37243
(615) 741-2555

For Office Use Only	
Fee Pd.	Received
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Amount: \$	
Rec. No.	

INSTRUCTIONS: Type or print in ink each answer, attaching additional sheets if necessary. You must answer each question completely and accurately and attach all required documents. **A nonrefundable fee must accompany this application.** The fee is based upon estimated gross revenue from the gaming event. Check the appropriate box and submit the appropriate fee:

<u>Event Gross Revenue</u>	<u>Application Fee</u>
\$ 5,001.00 to \$10,000.00.....	\$300.00
\$10,001.00 to \$20,000.00.....	\$450.00
\$20,001.00 and over.....	\$600.00

1. Name of organization: _____

2. Date when organization was legally established: (Month/Day/Year) _____

3. State where organization was legally established: _____ FEIN: _____

4. Physical address in Tennessee: (P.O. box not acceptable) Street: _____

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

(Note: If the organization has multiple chapters / affiliates operating under the same tax exemption, attach a list of all addresses.)

5. Physical address of principal office outside Tennessee: (P.O. box not acceptable) Street: _____

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

6. Mailing address in Tennessee: Street: _____

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

(Note: If the organization has multiple chapters / affiliates operating under the same tax exemption, attach a list of all addresses.)

7. Mailing address of principal office outside Tennessee: Street: _____

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

8. Name of Tennessee citizen to receive process: _____

9. Telephone Number in Tennessee: Number _____

Organization Chairperson President Chief Administrative Officer

Fax Number: _____ E-mail address: _____

10. If the principal office of the organization is out of state, provide the telephone number of the out of state principal office: _____

11. List of names and physical addresses for all officers, trustees, directors and principal salaried staff is attached.

CHECK THE APPROPRIATE BOX FOR EACH STATEMENT BELOW:

12. A. Is the organization exempt from federal income taxation under § 501(a) of the Internal Revenue as an organization described in § 501(c)(3) of the Internal Revenue Code? **If no, stop here.** The organization does not qualify for a gaming event. Yes No

B. **If yes, check one that applies:**

1. The organization has been in continuous and active existence in Tennessee for five (5) years immediately preceding the event date listed in an annual event application as an organization exempt from federal income taxation under § 501(a) of the Internal Revenue Code as an organization described in § 501(c)(3) of the Internal Revenue Code? Or;

2. The organization has been in continuous and active existence in Tennessee for five (5) years immediately preceding the event date listed in an annual event application as an organization exempt from federal income taxation under § 501(a) of the Internal Revenue Code as an organization described in any subdivision of § 501(c) of the Internal Revenue Code, but, prior to submission of an annual event application, has received exemption from federal taxation as an organization described in § 501(c)(3) of the Internal Revenue Code? Or;

3. The organization has been conducting a fishing event for the benefit of youth for at least ten (10) successive years in the county in which it applies to hold an annual event, but, prior to submission of an annual event application, has received exemption from federal taxation as an organization described in § 501(c)(3) of the Internal Revenue Code? Or;

4. The organization has been operating for at least four (4) years in Tennessee as part of an organization exempt from federal taxation as an organization described in § 501(c)(3) of the Internal Revenue Code, but, prior to submission of an annual event application, has received separate exemption from federal taxation as an organization described in § 501(c)(3) of the Internal Revenue Code?

C. Has tax exempt status ever been revoked by the Internal Revenue Service?

Yes No

D. Did the organization file an annual report (e.g. Form 990, 990-EZ, 990-PF, or 990N) with the Internal Revenue Service for its last completed tax year? If no, complete form SS- 6061

Yes No

E. Has the board of directors or executive committee approved minutes indicating the intent to operate the event?

Yes No

F. Is this a joint event by more than one (1) organization?

Yes No

G. Has any officer, director, trustee or the principal salaried executive staff officer of the organization been convicted of crimes of theft of property or services, perjury, illegal gambling or lottery sales, or similar offenses in Tennessee or any other jurisdiction which are in violation of T.C.A. §39-14-103, §39-14-104, §39-14-105, §39-16-702, §39-16-703, Title 39, Chapter 17, parts 5 or 6?

Yes No

ATTACH THE FOLLOWING RECORDS:

13.A. Copy of determination letter from the IRS establishing organization as a §501(c)(3) tax-exempt organization.

Yes No

B. Affidavit affirming 501(c)(3) status (form ss-6060)

Yes No

C. Organizing document (charter, constitution, articles of association, trust instrument); And

Yes No

D. 1. Current IRS form 990, 990-EZ, or 990-PF; And

Yes No

2. If no IRS form 990, 990-EZ, or 990-PF was completed, complete form SS-6061 affirming intent to file in the future.

Yes No

E. Copy of reinstatement letter from the Internal Revenue Service if tax exemption has ever been revoked.

Yes No

F. 1 Copy of minutes authorizing the gaming event approved by the Board of Directors or a majority of the Executive Committee of the board.

Yes No

2. If no minutes are available, attach form SS-6062 in lieu of minutes signed by the Board of Directors or a majority of the Executive Committee of the board.

Yes No

G. List of names and physical addresses of officers, trustees, and principal salaried staff.

Yes No

H. Affidavit waiving privacy rights. (form SS-6063)

Yes No

I. If a joint event is planned, list the names and Tennessee addresses of each organization(s) participating in the joint event.

Yes No

J. If a group exemption, a list of names and Tennessee addresses of chapters or affiliates.

Yes No

14. EVENT INFORMATION

A. Annual event name: _____

B. Annual event date (Month/Day/Year): _____

C. Date of the last annual event held or to be held by the organization (if applicable): _____

D. Type of lottery event (Example: raffle, cakewalk): _____

Note: Bingo, Pulltabs, Punchboards, Video Lottery Games, Keno, Games of Chance Associated with Casinos and Similar Games are Expressly Prohibited.

E. Provide a description of the lottery game: _____

F. List the charitable programs or purposes that will be funded with proceeds from the event:

(1) Program A or Purpose #1: _____

(2) Program B or Purpose #2: _____

(3) Program C or Purpose #3: _____

G. Location of Event: (Only two organizations may operate an event each calendar month at a location. An alternative location for your event may be required.)

Pursuant to T.C.A. § 3-17-103(a)(3)(B)(i), An annual event shall be operated at a single location within a county in Tennessee where the 501(c)(3) organization has a physical presence or in a county that is contiguous to a county where the organization maintains a physical presence, as disclosed pursuant to § 3-17-104(a)(2)(A). Additionally, a 501(c)(3) organization may operate an annual event on the same day in one (1) county where it has a physical presence in each grand division of the state as described in §§ 4-1-201 — 4-1-204. Such location, or locations, shall be listed as the location of the annual event in the annual event application pursuant to § 3-17-104(a)(16).

Street: _____

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

H. Does the organization have a physical presence in the county where the event will be located or in a county contiguous to the event location? Yes No

I. Estimated number of (Check One) Tickets Shares Chance Other to be sold: _____

If "other", describe: _____

J. Price per "Ticket", "Share", "Chance" or "Other" to be sold: _____

K. List the name(s) and title of the officer(s) director(s), trustees and principal salaried executive staff officers who will operate the annual event:

Title: _____ Name: _____

Street: _____

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

Title: _____ Name: _____

Street: _____

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

L. List below the name(s) and title of the officer(s) director(s), trustees and principal salaried executive staff officers who will have final responsibility for the custody of the funds derived from the annual event:

(Attach additional sheet if necessary)

Title: _____ Name: _____

Street: _____

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

Title: _____ Name: _____

Street: _____

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

M. List below the name(s) and title of the individual(s) or officer(s) of the organization responsible for the final Distribution of the funds derived from the annual event: (Attach additional sheet if necessary)

Title: _____ Name: _____

Street: _____

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

Title: _____ Name: _____

Street: _____

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

Signature Section

I declare under penalty of perjury that I have examined this registration form, including accompanying documents, and to the best of my knowledge and belief, the form and each document are true, correct, and complete.

Chair, President or Chief Administrative Officer's Signature: _____

Print Name and Title: _____

Date: _____

Preparer's Signature: _____

Print Name and Title: _____

Date: _____

Joint Event Information

(List name and addresses of all organizations participating in a joint event)

A. Name: _____ FEIN: _____

Physical Address – P.O. Box not acceptable:

Street: _____

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

Mailing Address:

Street: _____

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

B. Name: _____ FEIN: _____

Physical Address – P.O. Box not acceptable:

Street: _____

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

Mailing Address:

Street: _____

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

Statement of Intent to Authorize Joint Event

I certify that the above named organizations are authorized to operate a joint charitable gaming event and that all information is true and correct to the best of my knowledge and belief.

Chair, President or Chief Administrative Officer's Signature: _____

Print Name and Title: _____

Date: _____

Chair, President or Chief Administrative Officer's Signature: _____

Print Name and Title: _____

Date: _____