



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

**APPLICATION FOR REGISTRATION
 OF A CHARITABLE ORGANIZATION**

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

INSTRUCTIONS: Please type or print all applicable items. If you are unable to answer in the space, attach additional sheets. Indicate that an item does not apply by placing N/A by its number. A NONREFUNDABLE registration fee of \$50.00 must accompany this application. **If an organization is renewing its application, please complete form SS-6007, Application to Renew Registration of a Charitable Organization.**

For Office Use Only	
Reg. No.	Date Received
Exp. Date	
Fee Paid	

1. Name of Organization: _____

The name of the organization should be the legal name as stated in the organization's organizing instrument (i.e., articles of incorporation, by laws, etc.)

2. Federal Employer Identification Number: _____

All organizations must apply for a Federal Employer Identification Number from the Internal Revenue Service, including organizations that have a group exemption or file group returns.

3. Principal Office Address or, if no office is maintained, Name, Address of Person Having Custody of Financial Records (**P.O. box not acceptable**):

Name: _____ Address: _____
 City: _____ State: _____ Zip Code: _____

4. Mailing/Contact Address, if different from principal office:

Name: _____ Address: _____
 City: _____ State: _____ Zip Code: _____
 Contact Name: _____ Contact Title: _____

5. Telephone Number: _____ Fax Number: _____ Email Address: _____

6. Do you solicit contributions under any other name(s)? Yes No
 If yes, list names used and attach any documents authorizing such use. _____

7. Has any officer, director, manager, operator or principal of the organization been the subject of an injunction, judgement or administrative order or been convicted of a felony? Yes No If yes, attach a detailed explanation.

8. Attach a list of the name, title and address of each officer, director and trustee. (List principal salaried officer first)

9. Describe the purpose of the organization: _____

10. A. Legal entity of organization: Corporation Partnership Association Other Specify _____

B. When and where was the organization legally established? Date: _____ City: _____ State: _____

C. Beginning and ending dates of the organization's accounting period: _____ to _____
 Month/Day Month/Day

11. A. If the organization is a corporation, attach the charter or similar document. If the organization is not a corporation, attach a copy of the bylaws.

B. Attach a copy of any amendments to the above.

12. A. Is the organization recognized by the Internal Revenue Service as tax exempt? Yes No If yes, attach a copy of the determination letter.

B. If no, has the organization applied for tax exempt status? Yes No If yes, attach a copy of the completed application (IRS form 1023) and any letters received from the IRS acknowledging receipt.
 SS-6001 (Rev. 5/13)

13. List all chapters, branches, and affiliates of the organization located in Tennessee: Reporting Financial Activity? Yes No
 Name of Chapter: _____ Branch: _____ Affiliate: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
14. Is the organization ever been registered in any other state(s): Yes No If yes, attach a list of the other states.
15. Has the organization ever been enjoined or prohibited by any court from soliciting contributions? Yes No
 If yes, attach a detailed explanation.
16. List the name and address of individual(s) who have final responsibility for the custody of contributions:
 Name: _____ Address: _____
 City: _____ State: _____ Zip Code: _____
 Name: _____ Address: _____
 City: _____ State: _____ Zip Code: _____
17. List the name and address of individual(s) who have responsibility for the final distribution of contributions:
 Name: _____ Address: _____
 City: _____ State: _____ Zip Code: _____
 Name: _____ Address: _____
 City: _____ State: _____ Zip Code: _____
18. Does your organization contract with or otherwise engage the services of any outside fund-raising professional (such as a “professional fund-raiser,” “paid solicitor,” “fund raising counsel,” or “commercial co-venturer”)? Yes No
 If yes, attach a list including their names, addresses (street and P.O.), telephone numbers, and location of offices used to perform work on behalf of the organization. Additionally, submit a true copy of any contract with the listed entity.
19. For what purpose will the organization use the contributions? (Be specific)

This document must be signed by two authorized officers, one of whom shall be the Chief Fiscal 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: _____ Signature of Authorized Officer: _____
 Print Name: _____ Print Name: _____
 Title: _____ Title: _____
 Date: _____ Date: _____