

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: \_\_\_\_\_

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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.

First: \_\_\_\_\_ Last: \_\_\_\_\_ MI: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_