Reset Form

State of Tennessee

Department of State
Division of Charitable Solicitations & Gaming
William R. Snodgrass Tennessee Tower
312 Eighth Avenue North, 8th Floor
Nashville, TN 37243
(615) 741-2555 (615) 253-5173 fax

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

EXTENSION REQUEST

INSTRUCTIONS: Pursuant to Public Chapter Number 523, for good cause shown, the secretary may extend the time for filing a renewal application for a period not to exceed ninety (90) days during which time the previous registration remains in effect. Please complete the form stating the reason for the extension request.

Name of Organization: _____ CO ID: _____

Contact Name: _____ FEIN: _____

Mailing Address: _____
(Street) (City) (State) (Zip)

Telephone Number: (___)_____ Fax Number: (___)_____ Email Address:_____

_____

Reason for extension request: _____

_____

_____

_____

☐ Supporting documentation attached *(e.g. IRS Form 8868 - exempt organization extension to file)*.

_____

SIGNATURE

I certify that the information furnished in this Request for Exemption (and all continuation sheets) is true and correct to the best of my knowledge.

_____ _____
Signature of Principal Officer or Authorized Representative Date

_____
Print Name

_____
Title