

# Application for Registration of a Professional Solicitor



Tre Hargett  
Secretary of State

## Division of Charitable Solicitations and Gaming

### Department of State

State of Tennessee  
312 Rosa L. Parks Avenue, 6th Floor  
Nashville, Tennessee 37243  
Phone: 615-741-2555  
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sos.tn.gov/charitable

For Office Use Only

\_\_\_\_\_ \$ \_\_\_\_\_

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

**INSTRUCTIONS:** Type or print (in ink) 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 \$10.00 and a \$25,000 bond, payable to the Tennessee Secretary of State, must accompany this application. **Professional solicitor registration must be renewed on or before December 31st.**

1. Name of organization: \_\_\_\_\_

List other names currently or previously used to conduct business: \_\_\_\_\_

Federal Employer Identification Number: \_\_\_\_\_

2. Principal office address or, if no physical office is maintained, name and address of person having custody of financial records (P.O. Box not acceptable):

Salutation: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Has principal address changed since last registration?  Yes  No

3. List address of additional offices/places of operation in Tennessee: \_\_\_\_\_

\_\_\_\_\_

4. Primary Contact Name: \_\_\_\_\_

Contact Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

5. Applicant is a  Sole Proprietor  Partnership  Corporation  Other

Year organized: \_\_\_\_\_ State: \_\_\_\_\_

6. **Attach** a list of corporate officers and directors of the corporation, or unincorporated association; each partner in the partnership; or owner in sole proprietorship. Provide the following information:

Salutation: \_\_\_\_\_ Name: \_\_\_\_\_

Position Title: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

7. **Attach** a copy of the contract(s) with charitable organizations for which you will be soliciting contributions in Tennessee, signed by one (1) official of the charitable organization and one (1) officer of the professional solicitor.

8. List the other states where applicant solicits contributions.

\_\_\_\_\_

9. Has the applicant had any license, registration, or permit revoked, denied, or been enjoined or prohibited from soliciting contributions?  
 Yes  No If yes, describe the action, date, and place of the actions.

\_\_\_\_\_

10. Has anyone recovered from any of the applicant's surety bonds?  
 Yes  No If yes, give the name, date, state, and amount recovered.

\_\_\_\_\_

11. Have any individual owners, partners, or corporate officers been convicted of a felony?  
 Yes  No If yes, list the name, criminal offense, date, and place of the conviction.

\_\_\_\_\_

**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.

Signature of Authorized Officer: \_\_\_\_\_

Salutation: \_\_\_\_\_ First Name: \_\_\_\_\_

MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

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