

Amendment to Annual Event Application

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

Fax: 615-253-5173

sos.tn.gov/charitable



Tre Hargett
Secretary of State

For Office Use Only

Instructions: Use the form to make changes to the Annual Event application. Please sign and return with original signature.

1. I am the chairman, president, or chief administrative officer of the following organization.

Name of the Organization: _____

2. Please amend my application to:

A. Change location of Annual Event because the location listed on the application is unavailable on the approved Annual Event date.

The new location is: _____

Reason for unavailability: _____

B. Change date of Annual Event. The new date is: _____ (mm/dd/yy). Reminder: new date must be within 28 days of the date originally approved.

C. Other change(s). Please specify and **attach** additional pages or supporting documentation, if necessary.

Signatures: I declare that the above statements are true and correct to the best of my knowledge and belief.

Signature: _____

Salutation: _____

First: _____ MI: _____ Last: _____

Position Title: _____ Date: _____

Note: If the event has been approved, the organization must give notice of date and location changes to the Tennessee Bureau of Investigation and the district attorney for the judicial district where the event is located.