

# Tennessee Nonprofit Gaming Law Annual Event Application



Tre Hargett  
Secretary of State

## Division of Charitable Solicitations and Gaming

### Department of State

State of Tennessee  
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Nashville, Tennessee 37243  
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For Office Use Only

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**INSTRUCTIONS: Type or print in ink each answer, attaching additional sheets if necessary. You must answer each question completely and accurately and attach all required documents. A nonrefundable fee of fifty dollars (\$50) must accompany this application.**

An organization authorized by the by the General Assembly to operate an annual event shall file within ninety (90) calendar days following the actual event date, a financial accounting pursuant to Tenn. Code Ann. § 3-17-106(a)(1) along with the remaining application fee due according to the organization's gross revenue for the annual event based on the following scale:

Event Gross Revenue	Application Fee
\$0 to \$5,000.00	\$100.00
\$5,000.01 to \$10,000.00	\$250.00
\$10,000.01 to \$20,000.00	\$400.00
\$20,000.01 and over	\$550.00

**During the regular application period, the Division uses the postmark/ship date to determine if the application was submitted in a timely manner. If sending via the United States Postal Service, please make sure that a postmark is stamped on the envelope. If using an express service (such as FedEx, UPS, etc.), please make sure there is a ship date on the envelope.**

1. Name of organization: \_\_\_\_\_
2. Date when organization was legally established: (mm/dd/yyyy) \_\_\_\_\_
3. State where organization was legally established: \_\_\_\_\_ FEIN: \_\_\_\_\_
4. Physical address of office or headquarters in Tennessee  
(P.O. Box not accepted, must be physical address):  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_
5. Mailing address of organization:  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_
6. Name of the event: \_\_\_\_\_
7. Date of the event: \_\_\_\_\_

8. Location of the event (P.O. Box not accepted, must be physical address):

Street: \_\_\_\_\_

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

9. Contact person for the event: \_\_\_\_\_

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

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

10. **Attach** a description of the gaming event. Please include how the game will be conducted, how the winning ticket(s) will be selected, whether the winner(s) must be present to win, and any other relevant information.

11. Estimated number of tickets, shares, chances, or other similar record to be sold: \_\_\_\_\_

If "other", describe: \_\_\_\_\_

12. Price per ticket, share, chance, or other similar record to be sold, if sold at a single price: \_\_\_\_\_

13. Price levels for tickets, shares, chances, or other similar records (e.g. 1 ticket for \$5.00, 3 tickets for \$10.00, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Please note that if tickets, shares, chances, or other similar records are sold at different value levels or tiers, then the organization shall keep a written or electronic record of each sale, which shall include the name, the amount paid, the mailing address, and the contact information of the purchaser for the purpose of issuing refunds if a cancellation of the annual event occurs. Pursuant to Tennessee Code Annotated § 3-17-106(f)(1)(B), if a different value level or tiered pricing annual event is cancelled, any refund made by the organization shall be for either the actual amount received by the organization as evinced by the record of each sale or, if such record is lost or destroyed, the highest value level or tiered price charged on a per ticket, share, chance, or other similar record basis.

14. List the charitable programs or purposes to benefit from gaming proceeds:  
\_\_\_\_\_

15. Please check one of the following:

- A.  The organization is currently registered and in compliance with the Charitable Solicitations Act, T.C.A. §§ 48-101-501 et seq.
- B.  The organization is exempt from annual charitable solicitation registration pursuant to T.C.A. § 48-101-502 and will submit documentation that is needed in order to apply to conduct an annual gaming event (Governing Documents, IRS Determination Letter, most recent copy of IRS Form 990 if required to file, and a list of current board officers, directors, or functional equivalent).

16. Please read and affirm all three of the following statements:

- A.  The organization has been in continuous and active existence as a “nonprofit organization” located in Tennessee as defined in T.C.A. § 3-17-102(6).
- B.  No officer, director, trustee, or the principal salaried executive staff officer of the nonprofit organization has been convicted of a violation of T.C.A. §§ 39-14-103, 39-14-104, 39-14-105, 39-16-702, 39-16-703, Title 39, Chapter 17, Parts 5 or 6, or a similar offense in another jurisdiction.
- C.  The board, or functional equivalent, of the nonprofit organization has approved the filing of an annual event application and intends to operate an annual event if authorized by the general assembly.

## Signature Section

We (President, Chairman, or Chief Administrative Officer and the Preparer) certify, under penalty of perjury, that the above information is true and correct. (Two different signatures are required.)

We agree that a financial report will be submitted within ninety (90) days after the event is conducted. Additionally, I understand the organization must return at least 25% of the gross proceeds to the stated charitable purpose(s) or program(s). If the organization fails to return 25%, a notice must be filed with the Division stating the reason less than 25% was returned to its charitable purpose or program. If this happens in two (2) consecutive years, the nonprofit will be permanently disqualified from applying for or holding future gaming events.

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

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

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

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

Preparer's Signature: \_\_\_\_\_

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

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

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

## Notary Public

My Commission Expires \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature \_\_\_\_\_