



ANNUAL EVENT APPLICATION
For Events \$5,000 or Less

Department of State
 Division of Charitable Solicitations and Gaming
 312 Rosa L. Parks Avenue
 8th Floor, William R. Snodgrass Tower
 Nashville, TN 37243
 (615) 741-2555

For Office Use Only	
Fee Pd.	Received
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Amount: \$	
Rec. No.	

INSTRUCTIONS: Complete this form if total revenue from your gaming event will not exceed \$5,000. A nonrefundable \$150 filing fee must accompany this application.

- Name of organization: _____
- Date when organization was legally established: (Month/Day/Year) _____
- State where organization was legally established: _____ FEIN: _____
- Physical address in Tennessee: **(P.O. box not acceptable)** Street: _____
 City: _____ County: _____ State: _____ Zip Code: _____
- Mailing address of Organization: Street: _____
 City: _____ County: _____ State: _____ Zip Code: _____
- Name of the Event: _____
- Date of the event: _____
- Location of the event: **(P.O. box not acceptable)** Street: _____
 City: _____ County: _____ State: _____ Zip Code: _____
- Contact person for the event: _____ Telephone number: _____
 Fax number: _____ E-mail address: _____
- Describe how the gaming event will be played: _____
- Estimated number of (Check One) Tickets Shares Chances Other to be sold: _____
 If "other", describe: _____
- Price per "Ticket", "Share", "Chance" or "Other" to be sold: _____
- List the charitable programs to benefit from gaming proceeds: _____

14. CHECK EACH BOX BELOW THAT APPLIES:

- The organization is a §501(c)(3) organization located in Tennessee as defined in T.C.A. §3-17-102(1)(A)-(D).
- The organization does not intend to gross in excess of five thousand dollars (\$5,000) from the event. T.C.A. §3-17-103(f).
- A copy of the organization's §501(c)(3) determination letter from the Internal Revenue Service is attached. T.C.A. §3-17-104(a)(5).

Signature Section

I (President, Chairman or Chief Administrative Officer) certify, **under penalty of perjury**, that the above information is true and correct.

Print Name and Title: _____

Signature: _____ Date: _____

State of Tennessee)

County of _____)

Sworn to before me this _____ day of _____, 20 _____

My Commission Expires: _____

Notary Public