



ANNUAL EVENT APPLICATION

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.
Yes [ ] No [ ]
Amount: \$
Rec. No.

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 must accompany this application. The fee is based upon estimated gross revenue from the gaming event. Check the appropriate box and submit the appropriate fee:

Table with 2 columns: Event Gross Revenue and Application Fee. Rows include \$5,001.00 to \$10,000.00 (\$300.00), \$10,001.00 to \$20,000.00 (\$450.00), and \$20,001.00 and over (\$600.00).

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

2. Date when organization was legally established: (Month/Day/Year) \_\_\_\_\_

3. Place where organization was legally established: (state) \_\_\_\_\_ FEIN: \_\_\_\_\_

4. Physical address in Tennessee: (P.O. box not acceptable) Street: \_\_\_\_\_

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

(Note: If the organization has multiple chapters / affiliates operating under the same tax exemption, attach a list of all addresses.)

5. Physical address of principal office outside Tennessee: (P.O. box not acceptable) Street: \_\_\_\_\_

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

6. Mailing address in Tennessee: Street: \_\_\_\_\_

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

(Note: If the organization has multiple chapters / affiliates operating under the same tax exemption, attach a list of all addresses.)

7. Mailing address of principal office outside Tennessee: Street: \_\_\_\_\_

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

8. Name of Tennessee citizen to receive process: \_\_\_\_\_

9. Telephone Number in Tennessee: Number \_\_\_\_\_

Organization [ ] Chairperson [ ] President [ ] Chief Administrative Officer [ ]

Fax Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

10. If the principal office of the organization is out of state, provide the telephone number of the out of state principal office: \_\_\_\_\_

11. List of names and physical addresses for all officers, trustees, directors and principal salaried staff is attached.

CHECK THE APPROPRIATE BOX FOR EACH STATEMENT BELOW:

12. A. Is the organization exempt from federal income taxation under § 501(a) of the Internal Revenue as an organization described in § 501(c)(3) of the Internal Revenue Code? **If no, stop here.** The organization does not qualify for a gaming event. Yes  No

**B. If yes, check one that applies:**

1. The organization has been in continuous and active existence in Tennessee for five (5) years immediately preceding the event date listed in an annual event application as an organization exempt from federal income taxation under § 501(a) of the Internal Revenue Code as an organization described in § 501(c)(3) of the Internal Revenue Code? Or;

2. The organization has been in continuous and active existence in Tennessee for five (5) years immediately preceding the event date listed in an annual event application as an organization exempt from federal income taxation under § 501(a) of the Internal Revenue Code as an organization described in any subdivision of § 501(c) of the Internal Revenue Code, but, prior to submission of an annual event application, has received exemption from federal taxation as an organization described in § 501(c)(3) of the Internal Revenue Code? Or;

3. The organization has been conducting a fishing event for the benefit of youth for at least ten (10) successive years in the county in which it applies to hold an annual event, but, prior to submission of an annual event application, has received exemption from federal taxation as an organization described in § 501(c)(3) of the Internal Revenue Code? Or;

4. The organization has been operating for at least four (4) years in Tennessee as part of an organization exempt from federal taxation as an organization described in § 501(c)(3) of the Internal Revenue Code, but, prior to submission of an annual event application, has received separate exemption from federal taxation as an organization described in § 501(c)(3) of the Internal Revenue Code?

C. Has tax exempt status ever been revoked by the Internal Revenue Service?

Yes  No

D. Did the organization file an annual report (e.g. Form 990, 990-EZ, 990-PF, or 990N) with the Internal Revenue Service for its last completed tax year? If no, complete form SS- 6061

Yes  No

E. Has the board of directors or executive committee approved minutes indicating the intent to operate the event?

Yes  No

F. Is this a joint event by more than one (1) organization?

Yes  No

G. Has any officer, director, trustee or the principal salaried executive staff officer of the organization been convicted of crimes of theft of property or services, perjury, illegal gambling or lottery sales, or similar offenses in Tennessee or any other jurisdiction which are in 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?

Yes  No

ATTACH THE FOLLOWING RECORDS:

13.A. Copy of determination letter from the IRS establishing organization as a §501(c)(3) tax-exempt organization.

Yes  No

B. Affidavit affirming 501(c)(3) status (form ss-6060)

Yes  No

C. Organizing document (charter, constitution, articles of association, trust instrument); And

Yes  No

D. 1. Current IRS form 990, 990-EZ, or 990-PF; And

Yes  No

2. If no IRS form 990, 990-EZ, or 990-PF was completed, complete form SS-6061 affirming intent to file in the future.

Yes  No

E. Copy of reinstatement letter from the Internal Revenue Service if tax exemption has ever been revoked.

Yes  No

F. 1 Copy of minutes authorizing the gaming event approved by the Board of Directors or a majority of the Executive Committee of the board.

Yes  No

2. If no minutes are available, attach form SS-6062 in lieu of minutes signed by the Board of Directors or a majority of the Executive Committee of the board.

Yes  No

G. List of names and physical addresses of officers, trustees, and principal salaried staff.

Yes  No

H. Affidavit waiving privacy rights. (form SS-6063)

Yes  No

I. If a joint event is planned, list the names and Tennessee addresses of each organization(s) participating in the joint event.

Yes  No

J. If a group exemption, a list of names and Tennessee addresses of chapters or affiliates.

Yes  No

14. EVENT INFORMATION

A. Annual event name: \_\_\_\_\_

B. Annual event date (Month/Day/Year): \_\_\_\_\_

C. Date of the last annual event held or to be held by the organization (if applicable): \_\_\_\_\_

D. Type of lottery event (Example: raffle, cakewalk): \_\_\_\_\_

**Note: Bingo, Pulltabs, Punchboards, Video Lottery Games, Keno, Games of Chance Associated with Casinos and Similar Games are Expressly Prohibited.**

E. Provide a description of the lottery game: \_\_\_\_\_

F. List the charitable programs or purposes that will be funded with proceeds from the event:

(1) Program A or Purpose #1: \_\_\_\_\_

(2) Program B or Purpose #2: \_\_\_\_\_

(3) Program C or Purpose #3: \_\_\_\_\_

G. Location of Event: **(Only two organizations may operate an event each calendar month at a location. An alternative location for your event may be required.)**

*Pursuant to T.C.A. § 3-17-103(a)(3)(B)(i), An annual event shall be operated at a single location within a county in Tennessee where the 501(c)(3) organization has a physical presence or in a county that is contiguous to a county where the organization maintains a physical presence, as disclosed pursuant to § 3-17-104(a)(2)(A). Additionally, a 501(c)(3) organization may operate an annual event on the same day in one (1) county where it has a physical presence in each grand division of the state as described in §§ 4-1-201 — 4-1-204. Such location, or locations, shall be listed as the location of the annual event in the annual event application pursuant to [§ 3-17-104\(a\)\(16\)](#).*

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

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

H. Does the organization have a physical presence in the county where the event will be located or in a county contiguous to the event location? Yes  No

I. Estimated number of (Check One) Tickets  Shares  Chance  Other  to be sold: \_\_\_\_\_

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

J. Price per "Ticket", "Share", "Chance" or "Other" to be sold: \_\_\_\_\_

K. List the name(s) and title of the officer(s) director(s), trustees and principal salaried executive staff officers who will operate the annual event:

Title: \_\_\_\_\_ Name: \_\_\_\_\_

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

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

Title: \_\_\_\_\_ Name: \_\_\_\_\_

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

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

L. List below the name(s) and title of the officer(s) director(s), trustees and principal salaried executive staff officers who will have final responsibility for the custody of the funds derived from the annual event:

(Attach additional sheet if necessary)

Title: \_\_\_\_\_ Name: \_\_\_\_\_

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

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

Title: \_\_\_\_\_ Name: \_\_\_\_\_

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

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

M. List below the name(s) and title of the individual(s) or officer(s) of the organization responsible for the final  
Distribution of the funds derived from the annual event: (Attach additional sheet if necessary)

Title: \_\_\_\_\_ Name: \_\_\_\_\_

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

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

Title: \_\_\_\_\_ Name: \_\_\_\_\_

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

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

### Signature Section

I declare under penalty of perjury that I have examined this registration form, including accompanying documents, and to the best of my knowledge and belief, the form and each document are true, correct, and complete.

Chair, President or Chief Administrative Officer's Signature: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

Date: \_\_\_\_\_

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

Print Name and Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Joint Event Information**

(List name and addresses of all organizations participating in a joint event)

A. Name: \_\_\_\_\_ FEIN: \_\_\_\_\_

**Physical Address – P.O. Box not acceptable:**

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

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

**Mailing Address:**

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

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

B. Name: \_\_\_\_\_ FEIN: \_\_\_\_\_

**Physical Address – P.O. Box not acceptable:**

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

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

**Mailing Address:**

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

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

**Statement of Intent to Authorize Joint Event**

I certify that the above named organizations are authorized to operate a joint charitable gaming event and that all information is true and correct to the best of my knowledge and belief.

Chair, President or Chief Administrative Officer’s Signature: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

Date: \_\_\_\_\_

Chair, President or Chief Administrative Officer’s Signature: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

Date: \_\_\_\_\_