



**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)-(E).
- 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**