



EXEMPTION REQUEST

Department of State

Division of Charitable Solicitations & Gaming
William R. Snodgrass Tennessee Tower
312 Rosa L. Parks Avenue, 8th Floor
Nashville, TN 37243
(615) 741-2555 fax (615) 253-5173

INSTRUCTIONS: Complete this form if your organization claims to be exempt from registration because it receives less than \$30,000 in gross contributions from the public. The principal officer of the organization must sign the form in the presence of a notary public.

- 1. Name of Organization: FEIN:
2. Physical Address: (Street) (City) (State) (Zip)
3. Mailing Address (if different): (Street) (City) (State) (Zip)
4. Telephone Number: () Fax Number: () Email Address:
5. If you solicit contributions under any name(s) other than shown above, indicate name(s) below:
6. A. Legal entity of organization: Corporation Partnership Association Other (specify)
B. When and where was the legal entity organized? Date: City: State:
7. If the organization is a corporation, attach the charter or similar document. If the organization is not a corporation, attach a copy of the bylaws.
8. Is the organization recognized by the Internal Revenue Service as tax exempt?
9. Does the organization intend to solicit and receive more than \$30,000 in gross contributions from the public during an accounting year?
10. Has the organization received more than \$30,000 in gross contributions from the public during any accounting year?

Note: You must register with the Secretary of State within thirty (30) days if gross contributions from the public during any accounting year exceed thirty thousand dollars (\$30,000).

SIGNATURE

I certify that the information furnished in this Request for Exemption (and all continuation sheets) is true and correct to the best of my knowledge.

Notary Seal

Signature of Principal Officer Date
Print Name
Title

Sworn to and subscribed before me at:
County / State
This, the day of , 20
Signature of Notary Public