Beauty Pageant Registration Program
500 James Robertson Parkway
Nashville, TN 37243
Tel: 615-741-1831 • Fax: 615-253-1692
http://www.tn.gov/commerce/section/regulatory-boards

RENEWAL APPLICATION
BEAUTY PAGEANT OPERATOR APPLICATION FOR REGISTRATION

Only applicants with complete applications are eligible for consideration. You may attach additional pages as necessary. Please type or print clearly in ink. An application is not complete unless you send the nonrefundable fee in the amount of **fifty dollars ($50.00).** Checks should be made payable to the Department of Commerce & Insurance. An application is not complete unless you have filled in all the blanks. If you do not have the information requested (for example, if you do not have a web address), write "not applicable" in the blank.

Send the completed application to:

The Department of Commerce & Insurance
Beauty Pageant Registration Program
500 James Robertson Parkway
Nashville, TN 37243

SECTION ONE: Applicant Identification and eligibility verification

Name of Pageant Operator: _____

Mailing Address _____

_____
City State Zip Code

Business Phone Number: _____

Website: _____

Email Address: _____

Physical Address _____

_____
City State Zip Code

SECTION TWO: Individual or Officer of organization having full responsibility for conducting the pageant in Tennessee.

Name of Pageant Officer/Individual:_____

Mailing Address _____

_____
City State Zip Code

Business Phone Number: _____

Website: _____

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Email Address: _____

Physical Address _____

_____
City State Zip Code

List any other person(s) who promote, organize or otherwise operate the pageant:

1. _____
2. _____
3. _____
4. _____

SECTION THREE: Names of pageants customarily promoted by the operator:

1. _____
2. _____
3. _____
4. _____

SECTION FOUR: Financial institution in which the entrants' fee is held:

Name on the account: _____

Name of Financial Institution: _____

Mailing Address _____

_____
City State Zip Code

Financial Institution's Phone Number: _____

Identify each person with access to the account:

1. _____
2. _____
3. _____
4. _____

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SECTION FIVE: Exemptions, If Applicable (Tenn. Code Ann. § 47-18-202)

Are you claiming an exempting from the registration and bond requirement _____ Yes _____ No
Documents which verify your right of exemption must be attached.

If Yes, Indicate if you are a:

_____ civic club in existence for one (1) year:

_____ a community fair;

_____ a county fair;

_____ a district fair or a division fair as defined in § 43-21-104, or any other regional fair; OR

_____ a religious organization or church; OR

_____ a local governmental entity or organizations auxiliary to or affiliated with such local governmental entities, including, but not necessarily limited to, school booster clubs.

SECTION SIX: Name(s) of pageant(s) customarily promoted by operator including the location and anticipated date of pageants:

Name of Pageant_____ Date _____
Physical Address _____
_____
City State Zip Code

Name of Pageant_____ Date _____
Physical Address _____
_____
City State Zip Code

Name of Pageant_____ Date _____
Physical Address _____
_____
City State Zip Code

Name of Pageant_____ Date _____
Physical Address _____
_____
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Name of Pageant_____ Date _____

Physical Address _____

_____

City State Zip Code

Name of Pageant_____ Date _____

Physical Address _____

_____

City State Zip Code

Name of Pageant_____ Date _____

Physical Address _____

_____

City State Zip Code

SECTION SEVEN: Affidavit

I certify that the information furnished in this application is true and correct to the best of my knowledge.

_____

Signature of Beauty Pageant Operator

Sworn of affirmed and subscribed to me before this _____ of _____,

_____.

_____

Notary Public

My Commission Expires: _____

NOTE: Registration does not imply approval by the State of Tennessee of the purpose of your organization. Any statement which may indicate otherwise is a violation of Tennessee Law.