

SOLICITATIONS PERMIT APPLICATION AND INSTRUCTIONS

Listed below are the requirements for obtaining a solicitations certificate from the City of Knoxville. The requirements are the same whether you are applying for the first time or renewing a current permit, **except** for the appearance requirement for new applicants and those whose permits have been expired for 6 months or more. THEREFORE, **PLEASE REVIEW THIS INSTRUCTION PAGE CAREFULLY.** **Failure to meet the requirements set forth herein WILL result in a delay or denial of your application and your ability to solicit in Knoxville.** If you are renewing an existing permit, your completed application should reach this office **NO LATER THAN 30 DAYS PRIOR TO THE EXPIRATION DATE OF YOUR CURRENT CERTIFICATE.**

PLEASE NOTE THAT it is illegal to solicit funds within the City of Knoxville without a valid permit. If your permit has expired, you must CEASE AND DESIST all solicitations efforts within the City of Knoxville, until a new permit is issued by the Board and PRESENTED TO YOU. Please be advised that the Knoxville City Code provides that any person soliciting without a valid permit shall be guilty of a misdemeanor, and upon conviction thereof shall be subject to the penalties of a monetary fine not to exceed fifty dollars (\$50.00) and the repayment of administrative costs incident to the correction of the municipal violation in an amount not to exceed five hundred dollars (\$500.00), for each separate offense. Each day a solicitation occurs in violation of Article XI of the City Code constitutes a separate offense.

IN ORDER TO RECEIVE A SOLICITATIONS CERTIFICATE OR RENEWAL OF AN EXISTING CERTIFICATE, AN ORGANIZATION MUST MEET ALL OF THE FOLLOWING REQUIREMENTS:

1. Must be recognized as an IRS 501(c)(3) tax exempt organization. **You must attach a copy of the letter from the IRS stating the same.** (If your organization collects **less than \$5,000 annually from ALL sources**, this requirement may be waived. You must submit a letter requesting waiver of the requirement.)
2. Must be registered with the State of Tennessee **Division of Charitable Solicitations** as a charitable organization **OR** deemed exempt from registration by the State of Tennessee. You must **attach a copy of the letter from the State providing your registration number and expiration date.** If your organization is deemed exempt from the State registration requirements because it receives annual contributions of less than \$30,000, you must **attach a copy of the letter from the State stating same.** If your organization is exempt from State registration requirements for other any other reason, please attach completed **Exempt Organization Statement.** (*For information on State registration, contact the State of Tennessee, Division of Charitable Solicitations at (615) 741-2555 or at their web site www.state.tn.us/sos.)* This is **NOT SALES AND USE TAX CERTIFICATE** issued by the **DEPARTMENT OF REVENUE.**
3. Must **submit a financial statement** for the last preceding fiscal year of all funds collected for charitable purposes, giving the amount raised, cost of raising it and the distribution thereof. The financial statement should be prepared by a Certified Public Accountant, a Public Accountant, or an Officer or Agent of your organization and sworn to by the Officer or Agent. (If this is a new applicant and no funds have been raised, please **attach a statement** to that effect.) (Religious organizations are exempt from financial reporting requirements).

In ADDITION to the above listed requirements, you must also submit the following:

- A **complete** and **legible** application form with the signature notarized. **PLEASE** type or use **BLACK** ink.
- A \$25.00 check made payable to the City of Knoxville for the application fee.
- A statement of the character and extent of the charitable work being done.
- A copy of any written agreements or statements of any verbal agreement with agents, solicitors, promoters, managers or conductors who will participate in this solicitation.

IT IS IMPORTANT that you respond to each item. Provide response in the space provided on the application form. PLEASE DO NOT indicate "see attached" unless you have provided the beginning of your response on the application form. Each item requires some response – please DO NOT leave blanks on the application.

If this is your first application for a solicitations certificate, or if your certificate has been expired 6 months or more, a representative of your organization must appear before the Board. The Board meets on the first Thursday of each month at 3:00 p.m. in the City/County Building. After submission of completed application, you will be notified when to appear.

You must **submit your application, including all attachments**, at least **thirty (30) calendar days** prior to the Board's monthly meeting. **THIS REQUIREMENT APPLIES TO BOTH NEW AND RENEWAL APPLICATIONS.** SUBMIT TO: City Law Department, P. O. Box 1631, Knoxville, TN, 37901. If you need assistance, please contact the recording secretary for the Solicitations Board at the City of Knoxville Law Department 865.215.2050.

APPLICATION FOR RELIGIOUS OR CHARITABLE SOLICITATIONS PERMIT

PERMIT NO. _____

NEW _____ OR RENEWAL _____ (PERMIT EXPIRATION DATE _____)
*Submit Renewal application at least 30 days prior to expiration

1. NAME OF ORGANIZATION: _____

MAILING ADDRESS: _____

*** PLEASE NOTE: Failure to provide a response to any of the following questions (in the space provided) may result in this application being returned to you and therefore produce a delay in renewal of your certificate.**

2. NAME OF APPLICANT'S PRINCIPAL OFFICERS AND MANAGERS (IF ANY):
(PLEASE INDICATE RESPONSE DIRECTLY ON FORM – Do Not Use an Attachment to this Item unless you have filled in all lines in this section)

PRESIDENT: _____

ADDRESS: _____
Street City State Zip Code

VICE PRES.: _____

ADDRESS: _____
Street City State Zip Code

SECRETARY: _____

ADDRESS: _____
Street City State Zip Code

TREASURER: _____

ADDRESS: _____
Street City State Zip Code

3. PROVIDE THE NAME, AND LOCAL ADDRESS OF ANY PAID PROMOTERS CONNECTED WITH THESE SOLICITATIONS: (IF NONE, CHECK HERE _____) (Attach copy of agreements)

NAME:	ADDRESS:	AMOUNT:
_____	_____	_____

4. LIST THE NAMES, ADDRESSES AND COMPENSATION OF ANY TYPE (WAGES, FEES, COMMISSIONS, EXPENSES OR EMOLUMENTS) TO BE PAID TO ANY PERSON IN CONNECTION WITH THESE SOLICITATIONS? (IF NONE, CHECK HERE _____) ATTACH A SEPARATE SHEET IF NECESSARY.

NAME:	ADDRESS:	AMOUNT:
_____	_____	_____

5. HAS THE APPLICANT ADOPTED A RESOLUTION AUTHORIZING THE APPLICANT TO UNDERTAKE THE PROPOSED SOLICITATION COVERED BY THE APPLICATION? YES _____ NO _____

6. FOR WHAT PURPOSES ARE SOLICITATIONS TO BE MADE? (Please be specific)

7. WHO WILL BE IN CHARGE OF CONDUCTING SOLICITATIONS?

NAME: _____	ADDRESS _____	PHONE _____
NAME: _____	ADDRESS _____	PHONE _____

8. WHAT METHODS OF SOLICITATION WILL BE EMPLOYED? _____

9. WHAT ARE THE DATES FOR BEGINNING AND ENDING SOLICITATIONS?

10. ** PLEASE ESTIMATE THE AMOUNT OF MONEY YOU EXPECT TO RAISE IN THE COMING YEAR \$ _____ ESTIMATE HOW MUCH IT WILL COST TO RAISE THESE FUNDS \$ _____

**** PLEASE NOTE:** Failure to provide a DOLLAR AMOUNT in response to the above (#10) will result in this application being returned to you and therefore produce a delay in renewal of your certificate.

11. WHAT ARE THE BEGINNING AND ENDING DATES OF THE APPLICANT'S FISCAL YEAR?

Beginning: _____ Ending: _____

12. FURNISH PROOF THAT THIS ORGANIZATION IS REGISTERED WITH THE STATE OF TENNESSEE AS A CHARITABLE ORGANIZATION OR IS EXEMPT FROM STATE REGISTRATION. This should be in the form of a letter from the State of Tennessee, Division of Charitable Solicitations, indicating registration number and expiration date OR letter from State indicating exemption from registration requirements. If you are not required to file with the State, submit completed "Exempt Organization Statement".

I, THE UNDERSIGNED, HEREBY AFFIRM THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF AND THAT THE FINANCIAL STATEMENT ATTACHED DOES COMPLETELY, FULLY, AND ACCURATELY DISCLOSE THE FINANCIAL INFORMATION REQUIRED BY SECTION 16-409 OF THE KNOXVILLE CITY CODE AND I FURTHER AFFIRM THAT IF THE SOLICITATIONS PERMIT IS GRANTED, THE PERMIT WILL NOT BE PRESENTED IN ANY WAY AS AN ENDORSEMENT BY THE CITY OF KNOXVILLE.

SIGNATURE: _____ TITLE: _____

PRINTED NAME: _____ PHONE: (____) _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

Subscribed and sworn to before me on this the _____ day of _____, _____.

Notary Public
My Commission Expires: _____

PLEASE CHECK ATTACHMENTS ENCLOSED WITH THIS APPLICATION:
(SEE INSTRUCTIONS FOR REQUIREMENTS FOR NEW OR RENEWAL APPLICATIONS)

- FINANCIAL STATEMENT
 - 501(c)(3) TAX EXEMPTION [Please submit **EACH** year] (OR) APPLICATION FOR SAME
 - STATEMENT OF CHARACTER AND EXTENT OF CHARITABLE WORK (MISSION STATEMENT)
 - AGREEMENTS WITH AGENTS, SOLICITORS, PROMOTERS, ETC. (if applicable)
 - PROOF OF CURRENT STATE OF TENNESSEE REGISTRATION (OR) APPLICATION FOR SAME*
- *IF YOU ARE ATTACHING AN APPLICATION FOR STATE REGISTRATION, YOU MUST FOLLOW UP WITH SUBMITTING THE REGISTRATION LETTER AFTER IT HAS BEEN ISSUED BY THE STATE.
- EXEMPT ORGANIZATION STATEMENT (only if applicable – see instruction sheet for details)
 - \$25.00 PERMIT FEE - CHECK NO. _____

NAME AND TELEPHONE NUMBER OF PERSON COMPLETING THIS FORM: _____

To avoid a delay in processing and possibly a lapse in the permit, please review application carefully, providing a response to each item and attaching all required documents

EXEMPT ORGANIZATION STATEMENT

(To be Completed by Organizations NOT required to register with the State of Tennessee Division of Charitable Solicitations)

Name of Organization: _____
City of Knoxville Certificate No. _____

Physical Address: _____
(Street Address) (City) (State) (Zip)

Mailing Address (if different from above): _____
(Street Address or P. O. Box) (City) (State) (Zip)

Telephone Number: _____

Type of Exemption (Check applicable exemption claim and complete the part indicated):

- Religious Organization:
 - Organization is ecclesiastical or denominational organization, church or established physical place of worship; or
 - Organization is a religious group which does not maintain a physical place of worship; or
 - Organization is a separate group which forms an integral part of a church; or
 - Organization solicits contributions solely for the construction and maintenance of a house of worship or clergyman’s residence.

Answer the following questions:

1. Is there an established specific place for worship? Yes No NA
2. Are religious services and activities held on a regular basis? Yes No NA
3. Are you required to file an IRS Form 990 *under any circumstance*? Yes No NA
(Attach a copy of IRS Determination Letter.)
4. Is the organization’s primary source of support inside its own membership or congregation? Yes No NA

Volunteer Fire Department, Rescue Squad, or Local Civil Defense Organization:

- Volunteer Fire Department Rescue Squad Local Civil Defense Organization
Type: _____

Please attach a copy of organization’s Charter.

Educational Institution:

Organization is a fully accredited educational institution operating exclusively for educational purposes. Answer the following questions:

1. Are you organized and operated exclusively for educational purposes? Yes No NA
2. Do you normally maintain a regular faculty and curriculum? Yes No NA
3. Do you have a regularly enrolled body of pupils or students in attendance at the place where your educational activities are regularly carried on? Yes No NA
4. Is the organization accredited by a recognized accrediting agency? Yes No NA
(If yes, please provide name of accrediting agency: _____)

Organization is composed of parents of students and other persons connected with an accredited educational institution Yes No NA

Organization is operated for the purpose of conducting activities in support of the educational institution Yes No NA

Organization is a private foundation which solicits contributions exclusively for an accredited educational organization Yes No NA

Organization is a co-operative scholarship corporation Yes No NA

Please attach a copy of organization's Charter.

SIGNATURE SECTION: This document must be signed by an authorized officer of the organization in the presence of a Notary Public.

I hereby certify that the information furnished in this Exempt Organization Statement and all continuation sheets is true and correct to the best of my knowledge, information and belief:

Signature of Authorized Officer

Date signed

Print Name

Print Title

Sworn to and Subscribed before me at:

NOTARY SEAL:

This ____ day of _____

Notary Public

My Commission Expires: _____