

## 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 legally 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](http://www.state.tn.us/sos).)* **This is NOT SALES AND USE TAX CERTIFICATE Issued by the STATE 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**

**(ALL QUESTIONS MUST BE ANSWERED)**

**\*\*\*\*\* Application has changed. PLEASE review ALL instructions and application, even if you have filled this form out in the past. \*\*\*\* APPLICATION IS DUE 30 DAYS PRIOR TO EXPIRATION DATE PERMIT NO. \_\_\_\_\_**

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

**1. NAME OF ORGANIZATION:**

\_\_\_\_\_

**MAILING ADDRESS:**

\_\_\_\_\_

**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 WHICH ATTACHMENTS ARE 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 (if applicable)
  - \$25.00 PERMIT FEE - CHECK NO. \_\_\_\_\_

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NAME AND TELEPHONE NUMBER OF PERSON COMPLETING THIS FORM: \_\_\_\_\_

**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:** Must meet the requirements of T.C.A. § 48-101-502(c):
  - (1) Ecclesiastical or denominational organizations, churches or established physical places for worship in this state, at which nonprofit religious services and activities are regularly conducted and carried on, and also includes those bona fide religious groups which do not maintain specific places of worship and which are not subject to federal income tax and are not required to file an IRS Form 990 under any circumstance; and
  - (2) Such separate groups or corporations which form an integral part of those institutions which are exempt from federal income tax as exempt organizations under the provisions of § 501(c)(3), of the Internal Revenue Code of 1954, or of a corresponding section of any subsequently enacted federal revenue act, and which are not required to file an IRS Form 990 under any circumstance, and which are not primarily supported by funds solicited outside their own membership or congregation; and
  - (3) Such institutions soliciting contributions for the construction and maintenance of a house of worship or residence of a clergy member.

Does your organization meet these requirements? \_\_\_\_\_

Answer the following questions:

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

**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:** Must meet the requirements of T.C.A. § 48-101-502(b):  
“Educational institution,” for the purposes of this section, means an organization organized and operated exclusively for educational purposes and which normally maintains a regular faculty and curriculum and normally has a regularly enrolled body of pupils or students in attendance at the place where its educational activities are regularly carried on, and which is accredited by a recognized accrediting agency. Included in such definition are organizations composed of parents of students and other persons connected with the institution, which are organized and operated for the purpose of conducting activities in support of the operations or extracurricular activities of such institutions. “Educational institution” also includes private foundations soliciting contributions exclusively for such organizations.

Does your organization meet these requirements? \_\_\_\_\_

Answer the following questions:

1. Are you organized and operated exclusively for educational purposes?  Yes  No
2. Do you normally maintain a regular faculty and curriculum?  Yes  No
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
4. Is the organization accredited by a recognized accrediting agency?  
(If yes, please provide name of accrediting agency: \_\_\_\_\_)  Yes  No

**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: \_\_\_\_\_