

**CITY OF OWENSBORO/DAVIESS COUNTY FISCAL COURT
DEPARTMENT OF FINANCE
LICENSE DIVISION
P.O. BOX 10008
OWENSBORO, KY 42302-9008
(270) 687-5600**

APPLICATION FOR CERTIFICATION AS TAX-EXEMPT ORGANIZATION

A completed application for certification as a Tax-Exempt organization must be received and approved by the Director of Finance or his/her designee before any organization shall be permitted to conduct, within Daviess County, including the corporate city limits of Owensboro, any type of charitable solicitation. An organization must notify the Director of Finance, or his designee, of any change in tax-exempt status, within ten (10) days of notice thereof.

**CITY OF OWENSBORO/DAVIESS COUNTY FISCAL COURT
DEPARTMENT OF FINANCE
LICENSE DIVISION
P.O. BOX 10008
OWENSBORO, KY 42302-9008
(270) 687-5600**

1. APPLICANT INFORMATION - PHONE # _____

Full name of organization

Address _____

Physical Location (Street) _____

Mailing address (if different from location)

Street _____ City _____ State _____ Zip _____

2. OPERATIONAL INFORMATION

Give names, address, and titles of organization's officers, directors, trustees, etc.:

Name _____

Name _____

Residence Address _____

Residence Address _____

City, State, Zip _____

City, State, Zip _____

Home Phone _____

Home Phone _____

Name _____

Name _____

Residence Address _____

Residence Address _____

City, State, Zip _____

City, State, Zip _____

Home Phone _____

Home Phone _____

Name _____

Name _____

Residence Address _____

Residence Address _____

City, State, Zip _____

City, State, Zip _____

Home Phone _____

Home Phone _____

3. STATUS

A.) Check the appropriate box below to indicate the section under which the organization has qualified as tax exempt:

- a Section 501(c)(2)-Title holding corporation
- b Section 501(c)(3)-Religious, charitable, scientific, literary, or educational organization
- c Section 501(c)(4)-Civic leagues, social welfare organizations (including certain war veterans' organizations), or local associations of employees
- d Section 501(c)(5)-Labor, agricultural, or horticultural organizations
- e Section 501(c)(6)-Business leagues, chambers of commerce, etc.
- f Section 501(c)(7)-Social clubs
- g Section 501(c)(8)-Fraternal beneficiary societies, etc., providing life, sick, accident or other benefits to members
- h Section 501(c)(9)-Voluntary employees' beneficiary associations
- i Section 501(c)(10)-Domestic fraternal societies, orders, etc., not providing life, sick, accident, or other benefits
- j Section 501(c)(12)-Benevolent life insurance associations, mutual ditch or irrigation companies, mutual or cooperative telephone companies or like organizations
- k Section 501(c)(13)-Cemeteries, crematoria, and like corporations
- l Section 501(c)(15)-Mutual insurance companies or associations, other than life or marine
- m Section 501(c)(17)-Trusts providing for the payment of supplemental unemployment compensation benefits
- n Section 501(c)(19)-A post, organization, auxiliary unit, etc. of past or present members of the Armed Forces of the United States
- o Section 501(c)(25)-Title holding corporations or trusts
- p Other 501(c) organization, 501(c) _____

B.) Give brief description of organization's activities: _____

4. REQUIRED INFORMATION

A.) Federal Tax Exemption Number _____

B.) A legible copy of the Determination Letter of 501(c) recognition by the Internal Revenue Service must accompany this application. CERTIFICATION WILL NOT BE GRANTED WITHOUT RECOGNITION LETTER.

5. I hereby certify all information and statements herein are true and correct.

SIGNED X _____ **DATE** _____

TITLE _____
(officer, director, trustee, etc.)

