

APPLICATION FOR LINK TO THE CITY OF FAIRVIEW, TENNESSEE'S WEBSITE

1. Name of the Entity Making Application: _____

2. Is the Entity Making Application a **U.S.C.A. §26-501(c) (3)** Corporation _____

3. If the answer to 2 above is **NO**. Stop here your Entity does not Qualify.

4. Date **U.S.C.A. §26-501(c) (3)** was obtained _____.

5. Is the **U.S.C.A. §26-501(c) (3)** status currently active for the Applying Entity? _____.

6. If the Answer to 5 above is **NO**. Stop here your Entity does not Qualify.

7. Attach a Copy of documents that verify current **U.S.C.A. §26-501(c) (3)** status for your entity.

8. List the address of the Physical presence of the Entity making Application within the City of Fairview, Tennessee. _____

9. List the address at which the Entity making application receives mail.

Application filed by:

NAME AND TITLE

DATE OF APPLICATION

Submit application to cm@fairview-tn.org or mail to the City of Fairview, P.O.Box 69, Fairview, TN 37062