

TENNESSEE ATHLETE AGENT PERMIT RENEWAL



Business Services Division
Tre Hargett, Secretary of State
State of Tennessee
312 Rosa L. Parks AVE, 6th Fl.
Nashville, TN 37243-1102
(615) 253-8800

Renewal Fee: \$200.00 to:
Secretary of State
Attention: Athlete Agent Registrar
Do Not Send Cash
\$25.00 Fee for Returned Checks

PLEASE PRINT OR TYPE. ATTACH ADDITIONAL PAGES AS NECESSARY. IF THIS OFFICE HAS NOT RECEIVED YOUR COMPLETED RENEWAL FORM AND A CHECK FOR \$200.00 BEFORE THE DATE YOUR ATHLETE AGENT PERMIT EXPIRES, THE PERMIT WILL BE CANCELLED. PURSUANT TO T.C.A. § 67-4-1702, YOU ARE REQUIRED TO PAY AN OCCUPATIONAL PRIVILEGE TAX TO THE TENNESSEE DEPARTMENT OF REVENUE.

Certificate Number: _____

1. Applicant's Full Name: _____

2. Name of Business or Employer: _____

3. Principle Business Street Address: _____

City: _____ State: _____ Zip: _____

4. Telephone #: _____ Email: _____

Date of Birth: _____ Last four (4) digits of social security number: _____

(Applicant's social security number is not public record and shall only be used for the purposes related to the administration of T.C.A. § 49-7-2144.)

5. List all businesses or occupations engaged in for the last five (5) years prior to date of submission of this application:

6. Describe applicant's formal training as an athlete agent: _____

7. Describe applicant's practical experience as an athlete agent: _____

8. Describe applicant's educational background, including, but not limited to, degrees and courses relating to applicant's activities as an athlete agent: _____

9. List names and addresses of three (3) persons not related to applicant who are willing to serve as references:

10. List the name, sport, and last known team for each person for whom the applicant acted as an athlete agent during the last five (5) years prior to date of submission of this application: _____

11. List names and addresses of the following persons:

A. If applicant's business is not a corporation, list all partners, members, officers, managers, associates, or profit-sharers of the business: _____

B. If applicant is employed by a corporation, list all officers, directors, and any shareholder of the corporation having an interest of five percent (5%) or greater: _____

12. Since the last application (or renewal), has the applicant or any person listed in Question 11 undergone any of the following: Yes No

- (i) convicted of a crime involving moral turpitude or a felony;
- (ii) found by an administrative or judicial determination to have made a false, misleading, deceptive, or fraudulent representation;
- (iii) exhibited conduct that resulted in the imposition of a sanction, suspension, or declaration of ineligibility to participate in an interscholastic or intercollegiate athletic even on a student athlete or education institution;
- (iv) incurred any sanction, suspension, or disciplinary action arising out of occupational or professional conduct; or
- (v) experienced any denial of an application for, suspension or revocation of, or refusal to renew the registration or licensure as an agent athlete in any state.

If answer is Yes, describe each instance. Please include a separate entry for each person named in this response. Attach additional pages as necessary. _____

13. List all applicant's student loans or loan or service-conditional scholarships that require a service obligation for forgiveness or repayment of all or part of the loan or service-conditional scholarship for which there is an outstanding balance owed or for which the service obligation has not been completed at the time of this application: _____

An athlete agent must notify the Secretary of State within thirty (30) days whenever the information contained in any application for registration as an athlete agent in this state changes in a material way or becomes inaccurate or incomplete in any respect.

I SUBMIT THE APPLICATION AND AFFIRM ITS CONTENTS UNDER PENALTY OF PERJURY.

Executed this _____ day of _____, 20 _____.

By: _____
(Signature)

(Title)

State of _____

County of _____

Sworn to and subscribed before me on this _____ day of _____, 20 _____.

Notary Public Signature

Print or Type Name

(seal)

My commission expires: _____