

CITY OF CROSSVILLE, TENNESSEE
SOLICITATION PERMIT APPLICATION

For Department Use Only:

Date Received: 3/29/17

Date Issued: _____

Permit #: _____

1. Name of person or organization CROSSVILLE LIONS CLUB CHARITIES INC.
Address of headquarters of application: 76 MYRA DR.
CROSSVILLE, TN, 38572
ALSO FAIRGLADE GLADE LIONS CLUB

2. Name of applicant's principal officers and managers (if any):

President GARY LAURA

Address 76 MYRA DR. CROSSVILLE, TN.

Vice-Pres. CHARLES LOVEDAY

Address 104 FLAMINGO DR. CROSSVILLE, TN

Secretary LEWIS TAYLOR

Address 2387 HIGHLAND LN. CROSSVILLE, TN, 38555

Manager _____

Address _____

Directors: CHERYL SCRIMSTER

Address 4024 CHICA RD. CROSSVILLE, TN 38572

Address _____

Address _____

Other: (Name)

FFG CAROL PONTIUS

Address 100 SAMANITAN WAY F.F.G.

" FRED MUNDT

Address 104 WALDER RIDGE DR.

F.F.G.

3. Have you attached to this application a true and correct copy of the resolution (if any) authorizing the applicant to undertake the proposed solicitation covered by the application? Yes No

4. The purpose for which the solicitation is to be made is the following: WHITE CANE

(Attach a statement if more space is needed.)

5. The total amount of funds to be raised is estimated to be: \$3,000

6. The receipts from the solitation will be used or disposed of as follows: (Attach a statement if more space is needed.) SEE ATTACHED SHEET

7. The need for the contributions to be solicited is as follows: (This statement must be specific, supported by reasons, and if available, figures---an attached statement can be used.) SEE ATTACHED SHEET

8. The following person(s) will disburse the receipts of this solicitation. (Give name, address, and title)

EILEEN LAURA 76 MYRA DR. CROSSVILLE, TN. 38572 Treasurer
FF J. Duane West 113 HUNTINGTON DR Treasurer

9. The following person(s) will be in direct charge of conducting the solicitation: (Give name, address, and title)

EILEEN LAURA 76 MYRA DR. CROSSVILLE, TN.
CHERYL SCRIMSHIER 4024 CHICA RD CROSSVILLE, TN.
FF M. CAROL PONTIUS - 100 WALDEN RIDGE DR.

10. The following promoters are connected, or will be connected with the solicitations: (Give name, address, and title)

N/A

11. The method or methods to be used in conducting the solicitations are as follows: (Explain on attached sheet, if necessary)

Grocery Store Entrance

12. The proposed dates for the beginning and ending of the solicitations are:

Beginning Date MAY 12th 2017 Ending Date MAY 13, 2017

13. The estimated total cost of the entire solicitation campaign is -0-

14. The wages, fees, commissions, expenses or emoluments to be expended or paid to any person in connection with such solicitation, and the name and addresses of all such persons are the following:

N/A -0-

15. A full statement of the character and extent of the charitable work being done by the applicant with the City of Crossville is as follows: (explain on attached sheet if more space is needed.)

See ATTACHED Sheet

16. Will the actual cost of the solicitation exceed 25% of the total amount to be raised? Yes No

17. Does applicant certify that if a permit is granted, it will not be used or represented in any way as an endorsement of the City of Crossville or by any department or officer thereof? Yes No

18. The following is additional information believed by applicant to be useful to the Board in determining the kind and character of the proposed solicitation: FFG. LIONS CROSSVILLE LIONS

Do VARIOUS CHARITABLE PROJECTS IN CITY & COUNTY

19. Is applicant a non-profit exempt organization under 501(c)(3) of the Internal Revenue Code (26 U.S.C. §501(c))?
 Yes No

REQUIRED ATTACHMENTS:

A statement giving the terms and contents of all agreements, both oral and written, with all agents, solicitors, promoters, managers, or conductors in connection with the proposed solicitation covered in this applications. Not Applicable

A financial statement for the last preceding fiscal year of all funds collected for charitable purposes by the applicant, giving the amount of money raised, together with the cost of raising it and the final distribution thereof. Refer to sheet

THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.
(This application must be signed by the individual/owner, or by a partner, or by an officer of the corporation.)

BY: Eileen LAURA-CHERYL SCRIMSHER 3-29-17
Signature of representative Date

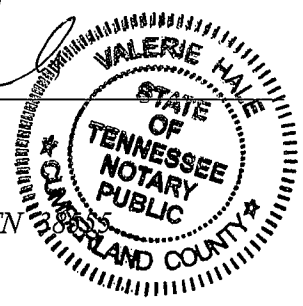
Eileen Laura-Treas. 76 MYRA DR. C.TN 38572
Typed or written name, address, and title

Sworn and subscribed to before me, this 29th day of March, 2017.

6/7/20

Valerie Hale
Notary Public

My Commission Expires: _____



Mail/deliver to: Sally Oglesby, City Clerk, City of Crossville, 392 N. Main, Crossville, TN



TENNESSEE DEPARTMENT OF REVENUE

SALES AND USE TAX CERTIFICATE OF EXEMPTION

CROSSVILLE LIONS CLUB CHARITIES INC
PO BOX 3277
CROSSVILLE TN 38557-3277

Effective Date: July 1, 2015
Exemption Number: 780230420
Expiration Date: June 30, 2019
357 SHORT RD
CROSSVILLE TN 38555-4654

The Tennessee Department of Revenue has issued a tax-exemption number for the educational, religious, historical, or charitable non-profit organization or institution named above. State law (Tenn. Code Ann. § 67-6-322) gives the Department the authority to allow this organization to make tax-exempt purchases of goods and services that it will use, consume or give away. This authorization for exemption does not extend to sales tax that the organization must collect or pay on its regular sales of goods or taxable services.

This authorization for exemption is limited to sales made directly to the above named organization. This certificate may not be used for sales made to individuals paying with personal checks or personal debit or credit cards, even if the individual is a representative or employee of the above named organization, and he or she will be reimbursed for the purchase. Sellers must refuse to accept the certificate when the sale is made to someone other than the above named organization.

The organization must furnish its suppliers of goods and services with a copy of this certificate. The lower portion of the certificate must be properly completed. The organization must retain the original certificate for copy purposes. The supplier will maintain a file copy as evidence of the exempt sale to the organization. Later purchases made before the expiration date do not require the submission of additional copies.

The organization must notify the Department immediately if it ceases to exist or if its location or mailing address changes.

Richard H. Roberts
Commissioner of Revenue

To Be Completed by the Organization

TO: Supplier's Name _____
Address _____
City _____ State _____ Zip _____

I, _____, as an authorized representative of the organization named above, affirm that the purchases made under this authority will be used and consumed by the organization or will be given away.

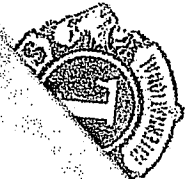
Under penalty of perjury, I affirm this to be a true and correct statement.

Print Name of Organization _____

Print Name of Purchaser _____

Signature of Purchaser _____

Date _____



DISTRICT 12-O WHITE CANE FUND	
PROPOSED DISTRIBUTION	
Organization	2014-15
12-O Sight Service	48%
Leader Dogs for the Blind	25%
TN School for the Blind	8%
TN School for the Deaf	8%
KidSight Outreach	5%
Learning Ally	3%
World Services for the Blind	3%
Total	100%
Clubs are asked to donate \$50/member to the fund	