CITY OF CROSSVILLE, TENNESSEE **SOLICITATION PERMIT APPLICATION**

For Department Use Only:				
Date Received: 1/18/12				
Date Issued:				
Permit #:				

			Permit #:		
1 Name of paragraph	or organization the Rock	Life Wort	h Living		
1. Name of person	headquarters of application:	Hunde Rd Co	055 VI 11e, TN 38571		
Address of t	neadquarters of application.	1111013 11017	931-459-2168		
			(317-379-		
2. Name of applica	ant's principal officers and managers (if a	any):	Cell# 2713	3	
President	AM ECRMUN	Address 137 Hind	ds Kd Crossville TN 38	35	
Vice-Pres.		Address			
Secretary		Address			
Manager		Address			
Directors:		Address			
		Address			
		Address			
Other:	(Name)				
		Address			
		Address			
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 previously supmitted - Charter 4. The purpose for which the solicitation is to be made is the following: Aurohase, renovation, and furnishing of facility to be used as a church-run ministry of a pragnancy Shelter. (we expect some of this to be Covered in Material denotions) (Attach a statement if more space is needed.)					
5. The total amount of funds to be raised is estimated to be: 2000					
6. The receipts from the solitation will be used or disposed of as follows: (Attach a statement if more space is needed.) First priority-down-payment or purchase of building; se cond priority-Accessary renovations; Third priority-Furnishings, household items					
7. The need for the contributions to be solicited is as follows: (This statement must be specific, supported by reasons, and if available, figuresan attached statement can be used.) There are app. I have the					

pregnant women per year in Cumberland Co. The shelter will serve a 7-countaring as there are no pregnancy shelters anywhere between knowville & Noshi
8. The following person(s) will disburse the receipts of this solicitation. (Give name, address, and title) Ann Edman, CEO, Life Worth Living, 137 Hinds Rd, Crossville, Tw3857/
9. The following person(s) will be in direct charge of conducting the solicitation: (Give name, address, and title) An Edman, CEO, Life Worth Living, 137 Hinds Rd, Crossville, TW
10. The following promoters are connected, or will be connected with the solicitations: (Give name, address, and title)
11. The method or methods to be used in conducting the solicitations are as follows: (Explain on attached sheet, if necessary) email, phone, letter, stare front, festivals (sales, raffles, bingo tents) about to door, business solicitation for materials
12. The proposed dates for the beginning and ending of the solicitations are: Beginning Date Aug 15, 2017 Ending Date Aug 15, 2017
13. The estimated total cost of the entire solicitation campaign is 20,000.
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: NONE other than myself at \$50/wk, but this covers My entire job desc., not necessarily fund raising.
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.) To provide shelter to pregnant withen & their Children. We will also provide counseling, goal-setting, and other assistance as needed
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 solitation: We are a church run Ministry promoting Christian Values and discouraging abortion and promiscuity
19. Is applicant a non-profit exempt organization under 501(c)(3) of the Internal Revenue Code (26 U.S.C.
S501(c))? Pes No Church-run organization; automatically tax-lien
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 hereof. I believe I was told Life Worth Living did Not need to provide a financial statement,
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.)
Signature of representative 7-18-12 Date
Ann Eckman, 137 Hinds Rd, Crossville, TN 38571 Typed or written name, address, and title
Sworn and subscribed to before me, this 184 day of 1 day of
Valuetale
My Commission Expires: $\frac{6/4/16}{}$ Notary Public

Mail/deliver to: Sally Oglesby, City Clerk, City of Crossville, 99 Municipal Avenue, Crossville, TN 38555





TENNESSEE DEPARTMENT OF REVENUE

Certificate of Exemption

ROCK (THE) 306 HIGHWAY 70 E CROSSVILLE TN 38555-4867 fulfdalafdaldalafallafallafallfaaffaalld

April 1, 2009

Account Type:

S&U EXEMPT

Account No .:

780265910

Under the provisions of T.C.A. Section 67-6-322, the organization named above is granted authority from the Tennessee Department of Revenue to make purchases, without payment of the Sales or Use Tax, of tangible personal property or taxable services to be used or consumed by the organization itself or to be given away.

The organization must furnish the suppliers of goods and services with a COPY of this exemption 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 exemption. Later purchases do not require the submission of additional copies. Invoices must contain the name of the organization and the number given above.

This suthority does not extend to purchases made by representatives of the organization when the items purchased or services rendered are paid for with personal funds. It does not extend to items purchased to be resold.

THE ORGANIZATION MUST NOTIFY THE DEPARTMENT IMMEDIATELY IF IT CEASES TO EXIST, MOVES, OR IN ANY WAY CHANGES THE ORGANIZATION FROM ITS PRESENT FORM.

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EFFECTIVE DATE March 23, 20	09 Reagan F	arr
TO: SUPPLIED BY THE ORCA	OCIVIIVISSICIKIED	PF REVENUE
TO: SUPPLIER'S NAME	NIZATION (please print)	
ADDRESS	-	
CITY Crossville Ann Eckman	211 70777	
I further affirm that the purchases made un I further affirm that the organization will i	as an authorized represe nder this authority will be used and consumed by th not use this authority to purchase items for resale.	entative of the organization named be organization or will be given away
Under penalty of perjury, I affirm this to b	e a true and correct statement	,
PRINT NAME OF ORGANIZATION :	The Rock	y.
PRINT NAME OF PURCHASER: A	nn Framas	
SIGNATURE OF PURCHASER:	Im Ebmar	
03101		