

CITY OF CROSSVILLE, TENNESSEE  
SOLICITATION PERMIT APPLICATION

For Department Use Only:  
Date Received: 4/20/16  
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 FAIRFIELD CHAPE LIONS CLUB

2. Name of applicant's principal officers and managers (if any):  
President GARY LAURIA Address 76 MYRA DR. CROSSVILLE, TN 38572  
Vice-Pres. CHARLES LOVE ORY Address 144 FLAMINGO DR. C. TN 38555  
Secretary LEWIS TAYLOR Address 2387 HIGHWAY LN. C. TN 38555  
Manager \_\_\_\_\_ Address \_\_\_\_\_  
Directors: \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_ Address \_\_\_\_\_  
Other: (Name) \_\_\_\_\_ Address \_\_\_\_\_  
F.F.G. RON GETZ Address 128 SOUTHGATE LN. F.G.TN 38558  
\_\_\_\_\_ 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

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 solicitation 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. C.T. 38572 TREASURER  
F.G. DUARNE WEST, 113 HUNTINGTON DR. F.G. "

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

EILEEN LAURA, 76 MYRA DR. C.T. 38572  
F.G. RON GETZ - 132 SOUTHGATE LN. F.G. 38558

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 ENTRANCES, WALMART

& FOOD CITY

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

Beginning Date JUNE 3 2016 Ending Date JUNE 4 2016

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: F.G. 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. ALL MONIES COLLECTED BY "LIONS" HAVE GO TO WHITE CARE.

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 4-30-16  
Signature of representative Date

EILEEN LAURA 76 MYRA DR. CROSSVILLE TN 38522  
Typed or written name, address, and title

Sworn and subscribed to before me, this 30<sup>th</sup> day of April, 2016.

Sally Oglesby  
Notary Public

My Commission Expires: 1/3/17

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

