

# **Rotary Foundation Of Cumberland County Tennessee, Inc**

## **Operation of "The Depot"**

- 1.) Provide public meeting place for Crossville & Cumberland County residents 7 days a week
- 2.) Help promote tourism with information & directions for guests
- 3.) Maintain an attractive location downtown to enhance the heart of our city
- 4.) Promote public awareness of Rotary International theme of "Service Above Self"
- 5.) Participate in local events in cooperation with other clubs and organizations to better our community (For Example: Taste Of Crossville, Christmas Parade, Arts and Craft Fairs, Fall Art Festival, etc)

### **Operating Schedule:**

**Monday - Friday 10:00am - 4:00pm**

**Saturday 10:00am - 2:00pm**

**Phone: 931-456-2586**

**Fax: 931-787-1336**

**Email: [Crossvilledepot@gmail.com](mailto:Crossvilledepot@gmail.com)**

**Larry H. Doster**



# TENNESSEE DEPARTMENT OF REVENUE

## Certificate of Exemption

ROTARY FOUNDATION OF CUMBERLAND COU  
 14 NORTH ST  
 CROSSVILLE TN 38555-4437  
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July 25, 2011  
 Account Type: S&U EXEMPT  
 Account No.: 780104101

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 authority 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.

EFFECTIVE DATE July 1, 2011

**Richard H. Roberts**  
 COMMISSIONER OF REVENUE

TO BE COMPLETED BY THE ORGANIZATION (please print)

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. I further affirm that the organization will not use this authority to purchase items for resale.

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: \_\_\_\_\_