

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

For Department Use Only:	
Date Received:	<u>3/19/14</u>
Date Issued:	_____
Permit #:	_____

1. Name of person or organization Cumberland Shrine Club (CSC)
 Address of headquarters of application: P.O. Box 3213 - Crossville, TN 38557

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

President	<u>Fred Sumners</u>	Address	<u>Fairfield Glade TN RR 9 Bainbridge Road, 38558</u>
Vice-Pres.	<u>Bill Walker</u>	Address	<u>104 Layden Drive, Fairfield Glade 38558</u>
Secretary	<u>Robert Usher</u>	Address	<u>P.O. Box 1502 Fairfield Glade, TN 38558</u>
Manager	_____	Address	_____
Directors:	_____	Address	_____
	_____	Address	_____
Other:	(Name)		
	<u>Treasurer Paul Wennermark</u>	Address	<u>218 Forest Hill Dr. Fairfield Glade, TN 38558</u>
	_____	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
Authorized by Alhambra SHRINERS - CHATTANOOGA, TN

4. The purpose for which the solicitation is to be made is the following: The Cumberland Shrine Club - Crossville, TN Support of the Shrine hospital VAN transporting children to Shrine's Hospitals for Children - Cincinnati, OH and Lexington, KY locations
 (Attach a statement if more space is needed.)

5. The total amount of funds to be raised is estimated to be: Approx. \$7,000

6. The receipts from the solitation will be used or disposed of as follows: (Attach a statement if more space is needed.) in support of item #4 above.

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.) By vote of CSC - for Shrine rs

Hospitals for Children, local Shrine Screening Clinic (Dr. Pick) AND RELATED USERS SUCH AS PURCHASE OF VAN (DEDICATED USE) AND EXPENSES (TRANSPORTATION)

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

By vote of CSC members and dispersed by Club Treasurer identified above.

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

President Fred Summers, 1st Vice President Bill Walker identified above and to be determined committee chairmen.

10. The following promoters are connected, or will be connected with the solicitations: (Give name, address, and title) None

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

Charity candy sales by permission of several business locations, onion sales only by personal Shriner contacts, not in public.

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

Beginning Date JANUARY 1, 2014 Ending Date DECEMBER 31, 2014

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

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: _____

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.)

Shriners Int'l supports Shriners Hospitals for Children, an Int'l health care system of 22 hospitals dedicated to improving lives of children by providing specialty pediatric care, innovative research and outstanding teaching programs.

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: Children up to age 18 with orthopedic conditions, burns, spinal cord injuries, and cleft lip and palate, are eligible for care at SHFC and receive all services at no financial obligation to families.

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. n/a

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: *Fred Sumners*
Signature of representative

3-19-14
Date

Fred Sumners 229 Bainbridge Rd. Crossville 38558
Typed or written name, address, and title

Sworn and subscribed to before me, this 19th day of March, 2014

Valerie Hale
Notary Public

My Commission Expires: 6/4/16

Mail/deliver to: Sally Oglesby, City Clerk, City of Crossville, 392 N. Main, Crossville, TN 38555

