Return by April 2

CITY OF CROSSVILLE, TENNESSEE SOLICITATION PERMIT APPLICATION

For Department Use Only:		
Date Received: 3/24/13		
Date Issued:		
Permit #:		

		neadquarters of application. <u> </u>	BOX 7277		
2. Na	ame of applica	ant's principal officers and managers	(if any):		
7-6924	President	GARY LAURA	Address 76 MYRA PR.		
	Vice-Pres.	CHARLES LOVEDAY	Address <u>194 FLAMINGO DR.</u>		
	Secretary		Address		
	Manager		Address		
	Directors:		Address		
			Address		
	•		Address		
	Other:	(Name)			
			Address		
3. H	ave you attac	ched to this application a true and o			
applio	ant to underta	ke the proposed solicitation covered	correct copy of the resolution (if any) authorizing by the application? ☐ Yes 및 No		
applic	ant to underta	ke the proposed solicitation covered which the solicitation is to be made is	correct copy of the resolution (if any) authorizing by the application? The Section of the following: Solution Funds		
application 4. The LIO	eant to underta e purpose for	which the solicitation is to be made is	s the following: <u>SOLICIT FUNDS</u>		
application 4. The LIO	e purpose for	which the solicitation is to be made is SUPPORT FOR THE BUND	correct copy of the resolution (if any) authorizing by the application? The Section of the following: Solution Funds		
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4. Th	e purpose for SCI+OO	which the solicitation is to be made is SUPPORT FOR THE BUND attement if more space is needed.)	correct copy of the resolution (if any) authorizing by the application? Yes No No Sthe following: SOLICIT FUNDS FYE BANK: LEADER DOG		
4. Th	e purpose for SCI+OO	which the solicitation is to be made is SUPPORT FOR THE BUND	correct copy of the resolution (if any) authorizing by the application? Yes No sthe following: SOLICIT FUNDS FYE BANK: LEADER DOG TN. SCHOOL FOR THE DEAF		

8. The following person(s) will disburse the receipts of this solicitation. (Give name, address, and title) MIKE CALLAHAN 1084 OLD WALTON RJ.
MONTEREX, TN. DISTRICT 12-0 WHITE CAME CHAIRA
9. The following person(s) will be in direct charge of conducting the solicitation: (Give name, address, and title) <u>FILEN LAURA 76 MFRA DR.</u> TREASURER CROSS VILLE VIONS CLUB
10. The following promoters are connected, or will be connected with the solicitations: (Give name, address, and title) Numerous Members of the Lions Club
11. The method or methods to be used in conducting the solicitations are as follows: (Explain on attached sheet, if necessary)
12. The proposed dates for the beginning and ending of the solicitations are: Beginning Date Ending Date MAY
13. The estimated total cost of the entire solicitation campaign is
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.)
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:			
19. Is applicant a non-profit exempt organization under 501(c)(3) of the Internal Revenue Code (26 U.S.C			
§501(c))?			
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.			
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: 3-26-13 Signature of representative Date			
Gary Laura 74 Myra Rd. Crossville In 38572, President Typed or written name, address, and title			
Typed or written name, address, and title			
Sworn and subscribed to before me, this 20 th day of March, 2013.			
Vallie File			
My Commission Expires: 4/4/16 Notary Public			
Mail/deliver to: Sally Oglesby, City Clerk, City of Crossville, 392 N. Main, Crossville, TN 38555			



1100 Members x \$40.00/members = \$44,000.00

Agency	Percentage	2012 - 2013 Goal
District 12-O Eye Bank & Sight Service	45%	\$19,800.00
Leader Dog For The Blind	25%	\$11,000.00
Lions World Service For The Blind	3%	\$1,320.00
Recording For The Blind And Dyslexic	13%	\$5,720.00
Tennessee School For The Blind	7%	\$3,080.00
Tennessee School For The Deaf	7%	\$3,080.00
Total		\$44,000.00

0 - COSTS