

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

For Department Use Only:	
Date Received:	<u>3/20/15</u>
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
AKSO FAIRFIELD CHAPEL LIONS CLUB.

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

President	<u>GARRY LAURIA</u>	Address	<u>76 MYRA DR CROSSVILLE</u>
Vice-Pres.	<u>CHARLES LOVEORY</u>	Address	<u>194 FLAMINGO DR. TN 38572</u>
Secretary	<u>LEWIS TAYLOR.</u>	Address	<u>7381 HIGHLAND LN. C.TN 38555</u>
Manager	_____	Address	_____
Directors:	_____	Address	_____
	_____	Address	_____
	_____	Address	_____

Other: (Name)

<u>FFG.</u>	<u>CAROL PONTIUS</u>	Address	<u>148 LYNHURST DR. F.G.</u>
<u>11</u>	<u>ED FROENLICH</u>	Address	<u>45 HEATHER CLEN CIR. F.G.</u>

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: ESTIMATED \$ 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

931-788.6924 Eileen

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

EILEEN LAURA - 76 MYRA DR. P.T. 38572 - TREASURER.
FFG DUANE WEST - 113 HUNTINGTON DR. '1'

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

EILEEN LAURA. 76 MYRA DR. P.T. 38572
FFG. RON GETC. - 128 SOUTHGATE LN. F.FG.

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

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

Beginning Date MAY 1, 2015 Ending Date MAY 2, 2015

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)3)? 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. REFER TO SHEET

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: Bileen Lanza
Signature of representative

3-20-15
Date

Typed or written name, address, and title
Bileen Lanza, 76 MYRA DR. CT 38572 - TREAS
Sworn and subscribed to before me, this 20th day of MARCH, 2015.

Valerie Hale
Notary Public

My Commission Expires: 6/4/16

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



TENNESSEE DEPARTMENT OF REVENUE

Certificate of Exemption

CROSSVILLE LIONS CLUB CHARITIES INC
357 SHORT RD
CROSSVILLE TN 38555-4654
 [Barcode]

July 30, 2011

Account Type: S&U EXEMPT

Account No.: 780230420

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.

Richard H. Roberts
 COMMISSIONER OF REVENUE

EFFECTIVE DATE July 1, 2011

TO BE COMPLETED BY THE ORGANIZATION (please print)

TO: SUPPLIER'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

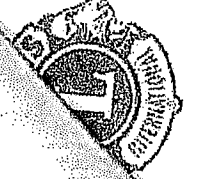
I _____ as an authorized representative of the organization named above affirm that the purchases made under this authority will be used and consumed by the organization or will be given away.
 I further affirm that the organization will not use this authority to purchase items for resale.

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: _____



DISTRICT 12-O WHITE CANE FUND	
PROPOSED DISTRIBUTION	
Organization	2014-15
12-O Sight Service	48%
Leader Dogs for the Blind	25%
TN School for the Blind	8%
TN School for the Deaf	8%
KidSight Outreach	5%
Learning Ally	3%
World Services for the Blind	3%
Total	100%
Clubs are asked to donate \$50/member to the fund	