## CITY OF CROSSVILLE, TENNESSEE SOLICITATION PERMIT APPLICATION

For Department Use Only:			
Date Received:			
Date Issued:			
Permit #:			

1. 1		or organization	
	Address of h	neadquarters of application:	
2. 1	Name of applica	nt's principal officers and managers (if a	nny):
	President		Address
	Vice-Pres.		Address
	Secretary		Address
	Manager		Address
	Directors:		Address
			Address
			Address
	Other:	(Name)	
			Address
	•	ched to this application a true and cor	Address  rect copy of the resolution (if any) authorizing the the application?   Yes   No
app	licant to underta	ched to this application a true and correke the proposed solicitation covered by	rect copy of the resolution (if any) authorizing the
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арр 4	Ilicant to underta The purpose for  (Attach a sta The total amount The receipts from ded.)	ched to this application a true and conake the proposed solicitation covered by which the solicitation is to be made is the atement if more space is needed.)  It of funds to be raised is estimated to be much the solicitation will be used or dispose	rect copy of the resolution (if any) authorizing the the application?   Yes No  ne following:
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app 4 5 7	Ilicant to underta The purpose for  (Attach a sta The total amoun The receipts from ded.)  The need for the	ched to this application a true and conake the proposed solicitation covered by which the solicitation is to be made is the atement if more space is needed.)  It of funds to be raised is estimated to be made the solicitation will be used or dispose the contributions to be solicited is as followed itable, figuresan attached statement cannot be solicited.	rect copy of the resolution (if any) authorizing the the application?   Yes   No  re following:    d of as follows: (Attach a statement if more space is ws: (This statement must be specific, supported by

8. The following person(s) will disburse the receipts of this solicitation. (Give name, address, and ti
9. The following person(s) will be in direct charge of conducting the solicitation: (Give name, address, a title)
10. The following promoters are connected, or will be connected with the solicitations: (Give name, addre and title)
11. The method or methods to be used in conducting the solicitations are as follows: (Explain on attach sheet, if necessary)
12. The proposed dates for the beginning and ending of the solicitations are:  Beginning Date Ending Date
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 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 C of Crossville is as follows: (explain on attached sheet if more space is neede
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 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:			
19. Is applicant a non-profit exempt organization under 501(c)(3) or	of the Internal Revenue Code (26 U.S.C.		
§501(c))?			
REQUIRED ATTACHMENTS:			
A statement giving the terms and contents of all agreements	s, both oral and written, with all agents,		
solicitors, promoters, managers, or conductors in connection with	the proposed solicitation covered in this		
application.    Not Applicable			
$\hfill \square$ A financial statement for the last preceding fiscal year of all fund	s collected for charitable purposes by the		
applicant, giving the amount of money raised, together with the c	ost of raising it and the final distribution		
thereof.			
THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE TO THE BE (This application must be signed by the individual/owner, or by a partner, or			
BY:			
Signature of representative	Date		
Typed or written name, address, and title			
Sworn and subscribed to before me, this day of	, 20		
Notary Public			
My Commission Expires:			

Return to: Baylee Rhea, City Clerk, City of Crossville, 392 N. Main St., Crossville, TN 38555 Or email to: baylee.rhea@crossvilletn.gov