



**STATE OF TENNESSEE  
DEPARTMENT OF REVENUE**

MARINE CORPS LEAGUE DET # 924  
PO BOX 53293  
KNOXVILLE TN 37950-3293

**Effective Date:** July 1, 2023  
**Expiration Date:** June 30, 2027  
**Account No:** 1000057448-SLC  
**Exemption No:** 1867163904  
**Facility Address:**  
MARINE CORPS LEAGUE DET # 924  
3041 W GALLAHER FERRY RD  
KNOXVILLE TN 37932-1022

**Exempt Organizations or Institutions  
Sales and Use Tax Certificate of Exemption**

This organization or institution qualifies for the authority to make sales and use tax exempt purchases of goods and services that it will use, consume or give away.

This authorization for exemption is limited to sales made directly to the referenced organization. This exemption certificate may not be used for sales made to individuals paying with personal checks or personal debit or credit cards, even if the individual is a representative or employee of the organization, and he or she will be reimbursed for the purchase. Sellers must refuse to accept the certificate when the sale is made to someone other than the organization.

This exemption certificate may not be used to make purchases without the payment of sales and use tax for other locations and may not be transferred to or used by any other person.

Ensure this lower portion is properly completed and signed before presenting to a vendor.

\_\_\_\_\_  
*Seller's Name*

\_\_\_\_\_  
*Seller's Address-(City & State)-*

I, \_\_\_\_\_, as an authorized representative of the taxpayer named above, affirm that the purchases qualify for the exemption and will be used at the location of the facility address referenced above. Under penalty of perjury, I affirm this to be a true and correct statement.

\_\_\_\_\_  
*Print Name of Authorized Representative*

\_\_\_\_\_  
*Signature of Authorized Representative*

\_\_\_\_\_  
*Date*

The supplier must maintain a copy of this document as evidence of the sales tax exemption.