



Cumberland UNIVERSITY

CUMBERLAND CULINARY CENTER CUSTOMER REGISTRATION

This form should be completed only after your product Process Control information has been evaluated and approved. Please fill-in the forms, print and sign. Include copies of the certificates as described below. Fax to Connie Sink 615.453.0325; should you have questions about the form, please contact Sue Sykes at 615.453.1617

Alternatively you can fill-in the form, save the file, sign the sales tax certificate, scan all pages and e-mail all pages to csink@cumberland.edu

Date: _____ TN Business License or Federal ID: _____

Company Name: _____	Primary Contact: _____
Phone: _____	Fax: _____ Cell: _____
Email Address: _____	Web Site: _____
Please identify the following characteristics for the majority share-holder of this company:	
Sex: _____	Race: _____ National Origin: _____
Cumberland University does not discriminate on the basis of race, sex, color, religion, sexual orientation, national origin, age, disability, or veteran status in provision of services provided at the Cumberland Culinary Center.	
Liability Insurance: Please provide a copy of your certificate.	
Sales Tax: Please complete the form on page 3 and sign the attached certificate.	

Mailing Address Information	
Mailing Address: _____	City: _____
State: _____	Zip Code: _____

Billing Address Information	
<input type="checkbox"/> Billing Address Same As Above	
Billing Address: _____	City: _____
State: _____	Zip Code: _____

Select Service Category	
<input type="checkbox"/> Kitchen Rental for Farmer/Produce	
<input type="checkbox"/> Kitchen Rental for Food Producer	

Please describe the type of training you have received in food safety and good manufacturing practices.

Please ensure that you have reviewed the available equipment list and what your company will be required to bring for production processing. This information can be found at the following link:

https://www.cumberland.edu/wp-content/uploads/2018/09/CCC-Equip_List.pdf

Do you have any equipment questions? If yes, please describe below:

If your product is currently being manufactured at another commercial kitchen, please provide the following information:

Company Name: _____

Primary Contact: _____

Phone Number: _____

Email Address: _____

Please provide a copy of the most recent batch control forms utilized in manufacturing.

TENNESSEE DEPARTMENT OF REVENUE

TENNESSEE SALES AND USE TAX

BLANKET CERTIFICATE OF RESALE

Vendor: Cumberland University, One Cumberland Square, Lebanon TN 37087

The undersigned hereby certifies that the merchandise purchased on each order is purchased for (Indicate the purpose for which the property is bought when no Sales or Use Tax is to be collected):

- Resale as tangible personal property, or resale of a service subject to tax.
- A component part of an article to be produced for sale by manufacturing, assembling, processing, or refining.
- Rental or leasing of tangible personal property.
- Use in accordance with the provisions of Rule No. 68.
- Other (indicate reason):

Sales Tax Registration Number: _____

Effective Date of Registration: _____

Name of Business: _____

Name of Authorized Purchaser: _____

Signature of Authorized Purchaser: _____

Address: _____

NOTICE

This Certificate must be fully completed and signed before it is valid. Certificate remains in effect until revoked in writing by purchaser. Once a valid certificate is on file, it is not necessary to obtain additional copies for subsequent purchases.

Any merchandise obtained upon this resale certificate is subject to the Sales and Use Tax if it is used or consumed by the vendee in any manner and must be reported and the tax paid thereon directly to the Department of Revenue.

TENNESSEE CODE ANNOTATED SECTION 67-6-607 MAKES IT A MISDEMEANOR TO MISUSE A CERTIFICATE OF REGISTRATION WITHOUT PAYING THE SALES AND USE TAXES, AND SUBJECTS THE CERTIFICATE TO REVOCATION.