

Name of (Check one box)  Exempt Organization  Qualifying Governmental Agency  
**Saint Joseph's College**  
 Federal Employer Identification Number  
**01-0212542**  
 Address of Exempt Organization or Qualifying Governmental Agency  
**278 White's Bridge Rd Standish ME 04084**  
 Connecticut Exemption Permit Number (if any)

(If the exempt organization was not issued a Connecticut exemption permit (E-number), attach a copy of the exempt organization's I.R.C. §501(c)(3) or (13) determination letter.)  
 Name of Retailer  
**Springhill Suites**  
 Check Appropriate Box(es)  
 Meals  Lodging  
 Address of Retailer  
**401 North Frontage Rd Waterford CT**  
 Describe Purpose or Reason for Events: (Be specific. For example, meeting of board of trustees, or luncheon to honor volunteers)  
**College Admissions recruitment in CT. College Athletics events in CT**

Will the exempt organization or qualifying agency receive reimbursement, full or partial, for any or all of the meals or lodging?  Yes  No  
 Will the retailer of the meals or lodging directly invoice and charge the agency or organization for the meals or lodging?  Yes  No  
 Will a charge, by whatever name called, be made for the meals or lodging by the exempt organization or qualifying governmental agency to those who will consume the meals or lodging?  Yes  No  
 Will the agency or organization directly pay the retailer of the meals or lodging with a check drawn on its own checking account or with a credit card issued in its own name (and not in the name of one of its members, employees or officers)?  Yes  No

**Declaration by Exempt Organization or Qualifying Governmental Agency**

I declare that the exempt organization or qualifying governmental agency:  
 • Is being directly invoiced and charged by the retailer;  
 • Is directly paying the retailer with a check drawn on its own account or with a credit card issued in its own name; and  
 • Will not be reimbursed, directly or indirectly, by donation or otherwise, for all or a portion of the cost of the meals or lodging by those consuming the meals or lodging.  
 I also declare that any exemption permit noted on this certificate or any determination letter or group exemption letter (as the case may be) attached to this certificate has not been canceled or revoked. I declare under penalty of law that I have examined this document (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Signature of Authorized Person Karen Shea Date 3/28/19 Telephone Number 2078937712  
 Print or Type Name Karen Shea Print or Type Title Controller, Acting CFO

**Notice to Retailers:** Do not accept this certificate if the following section has not been completed and DRS official approval has not been noted.

**This Section is Completed by the Department of Revenue Services**  
 Request Approved by the Department  
 Official Approval/Date Approved APR 10 2019  
 Expiration of Blanket Certificate: This certificate expires on APR 10 2020  
 Request Disapproved by Department

- Exempt organization did not provide proof of exempt status. (Connecticut exemption permit number or I.R.C. §501(c)(3) or (13) determination letter.)
- Exempt organization or qualifying governmental agency will not be directly invoiced and charged by the retailer of the meals or lodging.
- Exempt organization or qualifying governmental agency will not directly pay the retailer of the meals or lodging with a check drawn on its own checking account or with a credit card issued in its own name (and not in the name of one of its members, employees or officers).
- Exempt organization or qualifying governmental agency will be reimbursed, in whole or in part, for its payment for the meals or lodging by those consuming the meals or lodging.

Official Disapproval/Department of Revenue Services \_\_\_\_\_ Date Disapproved \_\_\_\_\_

**For More Information:** For other information, call the Exempt Organization Coordinator at 1-800-382-9463 (in-state) and choose Option 0 or 860-297-5962 (from anywhere). TTY, TDD, and Text Telephone users only may transmit inquiries anytime by calling 860-297-4911. Preview and download forms and publications from the DRS website at [www.ct.gov/DRS](http://www.ct.gov/DRS)

Submit this certificate for approval to: Department of Revenue Services  
 Exempt Organization Coordinator  
 450 Columbus Blvd Ste 1  
 Hartford CT 06103-1837

69177