

CITY OF CROSSVILLE, TENNESSEE
Application For Permit And Certificate Of Compliance
To Sell Alcoholic Beverages At Retail

QUESTIONNAIRE

(To be completed by each person having an interest in the business.)

Name: Janet C. Oakes
Address: 54 Ozone School Rd
Rockwood TN 37854
TN Driver's License No. [REDACTED]
Date of Birth: [REDACTED]
Phone No. 931-787-1930
Social Security No. [REDACTED]

Proposed Name of Liquor Store: Jan's Wine + Liquor
Address of Proposed Store: 957 W. AVE. SUITES 107-110 Crossville, TN 38555
State your interest in the business: OWNER

1. Have you for at least two years been legally domiciled in the Cumberland County next preceding the filing of this application? yes

2. List names and addresses of residents of Cumberland County who have known you for at least two years and who are not related.

<u>Name</u>	<u>Address</u>
<u>Lane Tollett</u>	<u>957 W. Ave Suite 101 Crossville, TN 38555</u>
<u>Steve Sweeney</u>	<u>111 Sharon Dr. Crossville, TN 38555</u>
<u>Wade Hall</u>	<u>778 Dayton Ave Crossville, TN 38555</u>

3. Do you, or any person having any interest in this business, directly or indirectly, either proprietary or by means of any loan, mortgage, or lien, or participation in the profits in anyway, hold a public office, either representative or elective, National, State, City, or County? no If so, what office? _____

4. Have you ever been convicted for any offense, other than minor traffic violations, under the laws of the City of Crossville, the State of Tennessee, or of any other state or of the United States? no If yes, specify on an attached statement, giving date, place, charge, and disposition.

5. Have you been convicted of any offense under the laws of the State of Tennessee, or of any other state, or of the United States, or of the City of Crossville, prohibiting, or regulating the sale, possession, transportation, storing, manufacturing or otherwise handling intoxicating liquors within ten (10) years preceding the date of this application? no If yes, specify on an attachment.

- 6. Have you been engaged in business alone, or with others in violation of any laws, or Rules and Regulations of the State of Tennessee, or City of Crossville, prohibiting or regulating the sale, possession, transportation, manufacturing, or otherwise handling intoxicating liquors within ten (10) years preceding the date of this application? no If yes, specify on an attachment.
- 7. Have you ever been cited to appear before the Commissioner of Revenue, the Tennessee Alcoholic Beverage Commission, or the Crossville City Council, and charged with a violation of the law or rules and regulations made pursuant to law? no If yes, specify on an attachment.
- 8. Give the names and addresses of persons related to you within the 3rd degree, by blood, marriage, or otherwise, who own, operate, or have any interest either in a retail store, wholesale distributor, distillery, or supplier. n/a
- 9. Give the name and address of any other business in which you are actively engaged. n/a

The undersigned hereby swears (affirms) that the foregoing is a true, correct, and complete statement to the best of his knowledge and belief, and that any false or misleading statement will constitute grounds for revocation or denial of a retail dealer's permit.

Janet C. Oakes
Name of Applicant

54 Ozone School Rd Rockwood TN 37854
Address

STATE OF TENNESSEE)
)
COUNTY OF CUMBERLAND)

Before me, the undersigned authority, on this day personally appeared Janet Oakes known to me to be the person whose name is subscribed to the within application, and on oath stated that the statements contained therein, including all attachments, are true and accurate to the best of his/her belief and knowledge.

Witnesseth my hand at office this 9th day of February, 2017

[Signature]
Notary Public

My Commission Expires: 2.12.2018

