

Application for (check one):

- Manufacturer's or distributor's permit (Class A)
- Off-premises permit (Class B)
- On-premises permit (Class C)
- On and off premises permit (Class D)
- Special events permit (Class E)



Application for Beer Permit
State of Tennessee
City of Crossville

I hereby make application for a permit to sell, store, manufacture, or distribute beer or other beverages authorized to be sold, stored, manufactured or distributed under the provisions of Tennessee Code Annotated 57-5-101 et seq. and base my application upon the answers to the following questions:

1. Full name of applicant (owner): CUMBERLAND MOUNTAIN STATE PARK RESTAURANT
 (Class E permits must be from a bonafide charitable, non-profit or political organization.)
2. Applicant's Social Security #: NA Date of Birth: _____ Driver's License: _____
 Home Telephone: _____ Business Telephone: _____
3. What is your present home address? NA
4. Previous address(es) (within last 10 years): NA
5. Type of Ownership:
 Person Firm Corporation Joint-Stock Co. Syndicate Association
 List all persons, firms, corporations, joint-stock companies, syndicates, or associations having at least a 5% ownership interest in the business (attach additional sheet if needed). GOVERNMENT - STATE OF TENNESSEE
6. Under what name will this business operate? CUMBERLAND MOUNTAIN STATE PARK RESTAURANT
7. Location of business, or special event, by street address or other geographical description and phone number of the business: LOCATED IN THE CUMBERLAND MTN STATE PARK 931-484-7186
8. Specify the identity and address of the person to receive annual privilege tax notices and any other communication from the City: PARK MANAGER CHIP HILLS, 24 OFFICE DRIVE, CROSSVILLE, TN 38555
9. Give name and address of property owner, if other than business owner: SAME
10. Will the permit be used to operate two or more restaurants or other businesses under the same permit as permitted by Section 57-5-103 (a) (4) within the same building? Yes No
 If so, specify number, _____. List the names of the restaurants or other businesses and describe their location (use additional sheet if necessary): _____
11. Give name, date of birth, and address of any manager other than the applicant:
CONNIE BOWMAN, MANAGER, 11/7/59, 457 BOWMAN RD, CROSSVILLE, TN 38571
ALBERTA CLARK, ASST. MGR, 4/3/63, 726 MIDWAY RD, CROSSVILLE TN 38572
BARRY WALKER, KITCHEN MGR, 12/5/59, 769 OLD WASHINGTON HWY, DALTON, TN 37321

12. Has any person having at least a 5% ownership interest, any of the managers listed in question 11, or any other employee of the business, been convicted of any violation of the beer or alcoholic beverage laws or any crime (other than minor traffic violations) within the last ten (10) years? NO
If so, give particulars of each charge, court, and date convicted. _____

13. Has this owner or the owners' organization had a beer permit revoked, suspended, fined, or denied in the State of Tennessee? Yes No
If so, specify where, when, and why: _____

14. Give the name, relationship to applicant (if applicable) and address of the former beer permit holder at this location: NA

(The City of Crossville has adopted a rule forbidding the sale, storage and manufacture of beer and like beverages within 500 feet of schools and churches, as measured in a straight line from main entrance to main entrance.)

15. What is the name and address of the church (or other place of worship) nearest to your business?
HOMESTEAD BAPTIST, 4427 Hwy 127 South, Crossville, TN 38555

16. What is the name and address of the school nearest to your business?
HOMESTEAD ELEMENTARY SCHOOL, 3889 Hwy 127 S, Crossville, TN 38555

17. For Class E permits only: _____ Dates of special event: _____

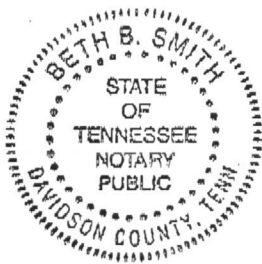
I am knowledgeable of the laws prohibiting the sale of beer to minors. I hereby certify that no person having at least a 5% ownership interest, nor any person to be employed in the distribution or sale of beer in my establishment has been convicted of any violation of the beer or alcoholic beverage laws or any crime involving moral turpitude within the last 10 years. I am also aware that I shall not be issued a permit or my permit shall be revoked if my business location causes traffic congestion or interferes with schools, churches, or other public health, safety and morals.

[Signature]
Signature of Applicant/Owner (or Authorized Corporate Officer)

Sworn to and subscribed before me this 31 day of October, 2012

Beth B. Smith
Notary Public

My Commission Expires: July 6, 2015



My Commission Expires JULY 6, 2015