| | Cation 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) |
|------------------|--|
| bevera Code A | I hereby make application for a permit to sell, store, manufacture, or distribute beer or other ges authorized to be sold, stored, manufactured or distributed under the provisions of Tennessee annotated 57-5-101 et seq. and base my application upon the answers to the following questions: |
| 1. | Full name of applicant (owner): Soniya Merchanitable, non-profit profit al organization.) (Class E permits must be from a bonafide charitable, non-profit profit al organization.) |
| 2. | Applicant's Social Date of Birth Business Tele Business Tele Business Tele Applicant or Internation of Such residency or citizenship during the review and approval process.) |
| 3. | What is your present home address? 180, Waterview dr Apt 904 Oak ridge TN-37830 |
| 4. | Previous address(es) (within last 10 years): 3031 Farmstead Ct grayson (2A-3001) |
| 5. | Type of Ownership: PersonFirmCorporationJoint-Stock CoSyndicateAssociation 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). |
| | |
| 6. | Under what name will this business operate? <u>Eagle Market Inc</u> |
| 7. | Location of business, or special event, by street address or other geographical description and phone number of the business: 290, Hwy 70 East Crossville TN 38555 |
| 8. | Specify the identity and address of the person to receive annual privilege tax notices and any other communication from the City: 290, Hwy 70 East Crossville TN 38555 |
| 9. | Give name and address of property owner, if other than business owner: |

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 _____No ______. List the names of the restaurants or other businesses and describe their

location (use additional sheet if necessary):

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| 11. | . Give name, date of birth, and address <u>of any manager other th</u> an the applicant: |
|-----------------------------------|---|
| | 180, Waterview dr Hpt 904 |
| | Oak ridge TN 37830 |
| 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? If so, give particulars of each charge, court, and date convicted |
| | NO NO |
| | |
| 13. | Has this owner or the owners' organization had a beer permit revoked, suspended, fined, or denied in the State of Tennessee?Yes_X_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: |
| | |
| 4- | |
| 15. | For Class E permits only: Dates of special event: |
| hav bee or a iss inte | m knowledgeable of the laws prohibiting the sale of beer to minors. I hereby certify that no person ving at least a 5% ownership interest, nor any person to be employed in the distribution or sale of er in my establishment has been convicted of any violation of the beer or alcoholic beverage laws any crime involving moral turpitude within the last 10 years. I am also aware that I shall not be used a permit or my permit shall be revoked if my business location causes traffic congestion or erferes with schools, churches, or other public health, safety and morals. The of Applicant Owner (or Authorized Corporate Officer) |
| Tola | to and subscribed before me this 18 th day of <u>January</u> , 20 <u>23</u> . |
| Tyl- Notary | Lyglan Sais My Commission Expires: 1/4/2025 |