



**Application for Shooting Gallery
State of Tennessee
City of Crossville**

I hereby make application for a permit to operate a shooting gallery and base my application upon the answers to the following questions:

1. Full name of applicant (owner): Michael Lee Bartlett
2. Applicant's Social Security Number: [REDACTED]
Home Telephone: [REDACTED]
3. What is your present home address? [REDACTED]
Cookeville TN 38555
4. Previous address(es) (within last 10 years): [REDACTED]
Cookeville TN 38501
5. Type of Ownership:
 Person Firm Corporation Joint-Stock Co. Syndicate Association
 Limited Liability
 List all persons, firms, corporations, joint-stock companies, syndicates, or associations having at least a 5% ownership interest in the business (attach additional sheet showing name, social security number, and home telephone number). Anthony David Griffith
[REDACTED]
6. Name and Principal address of Corporation, Joint-Stock Co., Syndicate, Association, Limited Liability Company:
AMD LLC
397 Old Jamestown Hwy Crossville TN 38555
7. Under what name will this business operate? The Gun Shop Range
8. Location of business, or special event, by street address or other geographical description and phone number of the business: _____
9. Specify the identity and address of the person to receive annual privilege tax notices and any other communication from the City: Michael Bartlett 397 Old Jamestown Hwy
Crossville TN 38555
10. Give name and address of property owner, if other than business owner: _____

