	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)
Code	I hereby make application for a permit to sell, store, manufacture, or distribute beer or other rages authorized to be sold, stored, manufactured or distributed under the provisions of Tennessee Annotated 57-5-101 et seg. and base my application upon the answers to the following questions:
1.	Full name of applicant (owner): Santana Rodriguez Golvan (Class E permits must be from a bonafide charitable, non-profit or political organization.)
2.	Applicant's Social Security#: Date of Birth: Date of Birth: Driver's License Home Telephone: 931) 9/629-86 Business Telephone: 907 5/:92
3.	What is your present home address? <u>GP Deer Cir</u> Cross U://c TN 38555
4.	Previous address(es) (within last 10 years): 69 Decv Civ crossv. He TN 38555
	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>XA</u> COSTA MEXICAN Restaurant
7.	Location of business, or special event, by street address or other geographical description and phone number of the business: $\frac{125}{Me}$ $\frac{Me}{lev}$ $\frac{AVe}{SUIT}$ $\frac{103}{CVOSS}$ $\frac{V_i'/e}{Ne}$ $\frac{28555}{Ne}$
8.	Specify the identity and address of the person to receive annual privilege tax notices and any other communication from the City:
9.	Give name and address of property owner, if other than business owner: Main Straward Cossolle The 38555
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 <u>same</u> building?YesNo 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: San Jana Rodriguez 7-26-68 Gr Deer Cir. Crassulle The 38555

	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.
13.	Has this owner or the owners' organization had a beer permit revoked, suspended, fined, or denied in the State of Tennessee?YesNo
14.	Give the name, relationship to applicant (if applicable) and address of the former beer permit holder at this location:
	(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? CONNERSTONE BAPTIST CHURCH 384 Tenth ST Crossville, TO
,	What is the name and address of the school nearest to your business? <u>School 13107 Miller Ave Crossville</u> , The Cumberland Co. HS 6 Stanley St. Crossville TN 38555 For Class E permits only: Dates of special event:
havi beer or a issu	knowledgeable of the laws prohibiting the sale of beer to minors. I hereby certify that no person ing at least a 5% ownership interest, nor any person to be employed in the distribution or sale of r in my establishment has been convicted of any violation of the beer or alcoholic beverage laws ny crime involving moral turpitude within the last 10 years. I am also aware that I shall not be led a permit or my permit shall be revoked if my business location causes traffic congestion or riferes with schools, churches, or other public health, safety and morals.
natur	Wanc Alacks' gue Colvan e of Applicant/Owner (or Authorized Corporate Officer)
	and subscribed before me this <u>20</u> day of <u>May</u> , 20 <u>13</u> . My Commission Expires: <u>5-6-15</u>
	PAM WWW.

