

CITY OF CROSSVILLE, TENNESSEE

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MAR 19 2014

Application No. _____
Certificate Issued Date _____
Expiration Date _____

**APPLICATION FOR PERMIT AND CERTIFICATE OF COMPLIANCE
TO SELL ALCOHOLIC BEVERAGES AT RETAIL UNDER
TITLE 8, CHAPTER 3, CROSSVILLE MUNICIPAL CODE**

Crossville City Council
392 N. Main St.
Crossville, Tennessee

Date March 17, 20 14

I, or We (if a corporation or other entity, list executive officers, board chairman, managers, members, stockholders, and other interest holders; if a partnership or other organization, list all persons having an interest)

Name	Mailing Address	Physical Address
<u>Bruce Wyatt</u>	<u>PO Box 1430</u>	<u>5029 Shoshone Loop</u>
<u>Carmen Wyatt</u>	<u>Crossville TN 38557</u>	<u>Crossville TN 38572</u>
_____	<u>PO Box 1430</u>	<u>5029 Shoshone Loop</u>
_____	<u>Crossville TN 38557</u>	<u>Crossville, TN 38572</u>
_____	_____	_____
_____	_____	_____

doing business as: individual _____, corporation _____, partnership _____, other (specify) LLC, hereby make application for a permit and certificate of good moral character to sell alcoholic beverages at retail in the following store:

Proposed Name of Store: D+D Liquor Address 32 Crossings Way
Crossville TN 38555

INSTRUCTIONS:

- A. Each question must be fully answered.
- B. Wherever the word "you" is used, all persons of the organization (as defined in § 8-301[b] of the Crossville Municipal Code) are included, both collectively and individually.
- C. If other than individual is applying, then a list of all persons having an interest in the particular organization along with the amount of each of their interest must accompany this application. All owners, partners, officers, managers, members, stockholders, directors, and/or any person who owns any interest in the corporation or the business must individually complete a questionnaire and attach it to the application. If a corporation or entity, a copy of the charter and by-laws or other governing documents must be submitted. If a partnership, provide the terms of the partnership agreement that discuss control.

1. In whose name is, or will be, the Federal Special Tax Stamp as a retail liquor dealer issued at this location? Bruce Wyatt

2. Give the names and addresses of all persons other than those shown on this application who have any kind of interest, financial, stock ownership, loans, gifts, or securing loans, or otherwise, made for carrying on said business. (Specify interest) None

3. Give the names and addresses of all persons other than those shown on this application who share in the profits from your business and state their interest. None

4. Who will be in active control in the management of the business? Bruce + Camen Wyatt

5. Give the name and address of the owner of the premises on which the business is to be located and the amount of the rental, if any. Also submit for our files a copy of any lease agreement that has or may be entered into. Baruh Investment Partners Crossville 73-489 Mariposa Drive Palm Desert, CA 92260

6. Do you employ some person not otherwise connected with your store to keep your books? If yes, give name and address of person. No

7. Do you agree to accept full responsibility for the action of any member of the enterprise or any person employed by you in the conduct of your business? Yes

8. Have you received any financial assistance in connection with your business during the past year? No If yes, then attach a separate statement setting forth all details.

9. Attach five (5) copies of a scale plan drawn to a scale of not less than one (1) inch equals fifty (50) feet, giving the following information:
i. The shape, size and location of the lot upon which the liquor store is to be operated under the license;
ii. The shape, size, height and location of all buildings, whether they are to be erected, altered, moved or existing, upon the lot;

iii. The off-street parking space and off-street loading and unloading space to be provided including the vehicular access to be provided from these areas to a public street and;

iv. The identification of every parcel of land within five hundred (500) feet of the lot upon which the liquor store is to be operated indicating ownership thereof and the locations of any structures situated thereon, and the use being made of every such parcel.

All data, written statements, affidavits, evidence or other documents submitted in support hereof or upon bearing hereon shall be deemed to be a part of this application and must be attached hereto.

The applicant or applicants agrees that the place for which application is made will be operated in conformity with Title 8, Chapter 4, of the Code of Ordinances, City of Crossville, Tennessee, and in conformity with all applicable rules and regulations made pursuant to law, which are now, or may hereafter, be in force. 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.

[Signature]
Signature of Applicant

PO Box 1430 Crossville TN 38557
Address

[Signature]
Signature of Applicant

PO Box 1430 Crossville TN 38557
Address

Signature of Applicant

Address

Signature of Applicant

Address

(attach additional pages, if necessary, for signatures)

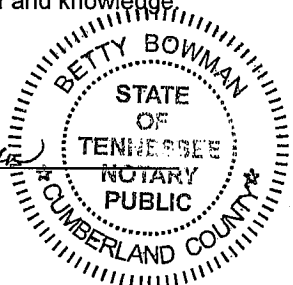
STATE OF TENNESSEE)
COUNTY OF CUMBERLAND)

Before me, the undersigned authority, on this day personally appeared Bruce Wyatt and
Carmen Wyatt

known to me to be the person(s) 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 belief and knowledge.

Witnesseth my hand at office this 18th day of March, 2014

[Signature]
Notary Public



My Commission Expires: 8-8-17

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: Carmen Wyatt
Address: P.O. Box 1430
Crossville TN 38557
TN Driver's License No. [REDACTED]
Date of Birth: [REDACTED]
Phone No. 931-787-5421
Social Security No. [REDACTED]

Proposed Name of Liquor Store: D+D Liquor
Address of Proposed Store: 32 Crossings Way
State your interest in the business: 50%

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.

Name	Address
<u>Beth Bowman</u>	<u>1017 Sparta Drive Crossville TN 38555</u>
<u>Cindy Turner</u>	<u>2135 One Rd Crossville TN 38572</u>
<u>Kathy Dillon</u>	<u>P.O. Box 2567 Crossville TN 38557</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.

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: Bruce Wyatt
Address: P.O. Box 1430
Crossville TN 38557
TN Driver's License No. [REDACTED]
Date of Birth: [REDACTED]
Phone No. 931-260-0595
Social Security No. [REDACTED]

Proposed Name of Liquor Store: D+D Liquor
Address of Proposed Store: 32 Crossings Way
State your interest in the business: 50%

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.

Name	Address
<u>Chris Smith</u>	<u>435 Kings Row Crossville TN 38571</u>
<u>Bill McArthur</u>	<u>381 Rebecca Drive Crossville TN 38555</u>
<u>Mike Dalton</u>	<u>2133 Ona Rd Crossville TN 38572</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. _____
NONE

9. Give the name and address of any other business in which you are actively engaged. Wyatt Investments LLC 67 Wyatt Loop Unit 5
Crossville TN 38555

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.

Bruce Wyatt
 Name of Applicant

Mailing:
PO Box 1430 Crossville TN 38557
 Address
 Physical: 5029 Shoshone Loop
Crossville, TN 38572

STATE OF TENNESSEE)
)
 COUNTY OF CUMBERLAND)

Before me, the undersigned authority, on this day personally appeared Bruce Wyatt 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 18th day of March, 2014

Betty Bowman
 Notary Public

My Commission Expires: 8-8-17