

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): HARSH BHAVESH PATEL
(Class E permits must be from a bonafide charitable, non-profit or political organization.)
2. Applicant's Social Security #: [REDACTED] Date of Birth: [REDACTED] Driver's License: [REDACTED]
Home Telephone: [REDACTED] Business Telephone: 931-484-4552
(Effective 7/1/2015, T.C.A. 57-5-103(a) requires all applicants to be a citizen or lawful resident of the United States for at least one year immediately preceding the date of applying for the permit. The City reserves the right to request documentation of such residency or citizenship during the review and approval process.)
3. What is your present home address? 37 CLOVEWOOD CV HUMBOLDT, TN-38343
4. Previous address(es) (within last 10 years): 1087 STARK RD APT # 11H STARKVILLE MS-39759
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). _____
6. Under what name will this business operate? Bhavesh Bani, Hansa Patel, Harsh Patel
Kwik Stop
7. Location of business, or special event, by street address or other geographical description and phone number of the business: 489, WEST AVE CROSSVILLE, TN-38555
931-484-4552
8. Specify the identity and address of the person to receive annual privilege tax notices and any other communication from the City: 489, WEST AVE CROSSVILLE, TN-38555
[Signature]
9. Give name and address of property owner, if other than business owner: Hansa Patel
37 CLOVEWOOD CV, HUMBOLDT, TN 38343, KRUNAL PATEL 888 EDGEWOOD DL EUPORE MS-39744
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:

Hamsa Patel 37 CLOVEWOOD CV HUMBOLDT TN-38343
01-20-1977

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: DALWADI CORPORATION DBA/DAL'S FOOD MART
189 WEST AVE CROSSVILLE, TN 38555

15. 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.

Hamsa Patel
Signature of Applicant/Owner (or Authorized Corporate Officer)

Sworn to and subscribed before me this 19 day of June, 2020

[Signature]
Notary Public

My Commission Expires: 12-6-21

