



**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): Darren Scott Brickle
2. Applicant's Social Security Number: [REDACTED] Date of Birth: [REDACTED]
Home Telephone: 931 [REDACTED]
3. What is your present home address? 9386 Potato Farm Rd
CROSSVILLE, TN 38571
4. Previous address(es) (within last 10 years): Same as above.
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 if necessary)
 driver's license number: Darren Scott Brickle [REDACTED]
 [REDACTED] SSN: [REDACTED]
6. Name and Principal address of Corporation, Joint-Stock Co., Syndicate, Association, Limited Liability Company:
Marksman LLC, 397 Old Jamestown Hwy Crossville TN 38555
7. Under what name will this business operate? Marksman LLC
8. Location of business, or special event, by street address or other geographical description and phone number of the business: 397 Old Jamestown Hwy, Crossville, TN 38571 931-202-1640
or 931-200-4324
9. Specify the identity and address of the person to receive annual privilege tax notices and any other communication from the City: Darren S. Brickle: owner Home address: 9386
Potato Farm Rd Crossville, TN 38571
10. Give name and address of property owner, if other than business owner: DMA Range Group
711 W. Main St Livingston, TN 38570

11. Give the type and caliber of arms proposed to be used and full description of the manner and plan for stopping and controlling bullets or other ammunition proposed to be used. .22cal to 338 caliber rubber impact backstop

12. Give name, date of birth, and address of any manager other than the applicant:
Pamela Brickle [REDACTED] 9386 Potato Farm Rd
Crossville, TN 385

(The City of Crossville has adopted a rule forbidding the location of a shooting gallery within 1,000 feet to the entrance of any school, churches, or hospital as measured in a straight line from main entrance to main entrance.)

13. What is the name and address of the school nearest to your business? N/A

14. What is the name and address of the church (or other place of worship) nearest to your business?
N/A

15. What is the name and address of the hospital nearest to your business? N/A

I am knowledgeable of the laws and regulations for a shooting gallery and the facility will meet all standards and regulations of the City of Crossville.

[Signature]

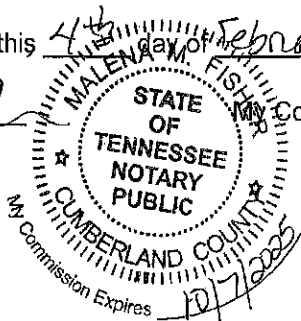
Signature of Applicant/Owner (or Authorized Corporate Officer)

4 FEB 2022

Date

Sworn to and subscribed before me this 4th day of February, 2022.

[Signature]
Notary Public



My Commission Expires: 10/7/2025

FOR CITY USE ONLY:

MAP NO. 870 - Group C
PARCEL NO. 7.00
DISTANCE FROM NEAREST SCHOOL 1000+
DISTANCE FROM NEAREST CHURCH 1082
DISTANCE FROM NEAREST HOSPITAL 1000+

Distances shall be measured from main entrance to main entrance.

APPROVAL OF CHIEF OF POLICE:

DATE _____