

B243

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): CHANDRAKANT 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: 401-752-9598 Business Telephone: 931-484-2676  
(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? 174, BIRCHWOOD LN APT #107  
CROSSVILLE, TN 38555-4062
4. Previous address(es) (within last 10 years): 176, BIRCHWOOD LN APT #210  
CROSSVILLE TN 38555-4062
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).  
MR. CHANDRAKANT PATEL  
MR. SHAILESH PATEL
6. Under what name will this business operate? KAMA CORPORATION INC  
DBA - CITGO FOOD MART
7. Location of business, or special event, by street address or other geographical description and phone number of the business: 294, ELMORE ROAD  
CROSSVILLE, TN 38555
8. Specify the identity and address of the person to receive annual privilege tax notices and any other communication from the City: MR. ASHOK SHAH  
4224 MILL CROVE LN SW SMYRNA GA 30082
9. Give name and address of property owner, if other than business owner: - X -
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:

MR. SHYAMAL PATEL →  
174 BIRCHWOOD LN APT # 107  
CROSSVILLE TN 38555-4062

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:

MR. SHAILESH PATEL - PARTNER  
45 ENDLETTA AVE  
BILLERICA MA 01821

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.

C. K. Patel

Signature of Applicant/Owner (or Authorized Corporate Officer)

Sworn to and subscribed before me this 17<sup>th</sup> day of November, 2017.

[Signature]  
Notary Public

My Commission Expires: 2/6/21

