Appl	cation for (check one):		D 32 P		
	Manufacturer's or distributor's permit	CITY OF CRO			
	(Class A)	E	Application for Beer Permit		
	Off-premises permit (Class B)	F	State of Tennessee		
	On-premises permit (Class C)	E E			
	On and off premises permit (Class D)	1	City of Crossville		
	Special events permit (Class E)				
	Special events permit (Class F)				
	2 1				
	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 <u>et seq</u> . and base my app	plication upor	the answers to the following questions:		
1	Full name of applicant (owner):	len 1<	doctor?		
	(Class E permits must be from a bonafide cha		ofit or political organization.)		
2.	Applicant's Social Security	Wafe of Bir	VATIVET'S License	A A A	
	Home Telephone.	Business Te	elephone: 931-250-5050	ALMO.	
	(Effective //1/2015, with A. 57-5-103(a) requires al	II applicants to be	e a citizen or lawful resident of the United States for		
	at least one year immediately preceding the date of documentation of such residency or citizenship du	of applying for th iring the review a	e permit. The City reserves the right to request and approval process.)		
2	What is your present home address?	- 1 1	view Drive		
٥.		ossville	TR 38550		
		SUME	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
4.	Previous address(es) (within last 10 years):				
		Hero	1500 Duty, VA 22001		
5.	Type of Ownership:		<u> </u>		
0.	PersonFirmCorporation	Joint-Stock	Co. Syndicate Association		
	List all persons, firms, corporations, joint-stoc				
	5% ownership interest in the business (attach				
	Newson and the second s				
	-				
6	Under what name will this business operate?	Dawa	brows Staller KP		
0.	onder what hame will this business operate?				
		21/1/2	d as w		
7.	Location of business, or special event, by stre	et address or	other geographical description and phone	1528	
	number of the business: 3	ACCOST.	Ky Chassiul CI IN-	· .	
	7	1 4 · Ado	Entruves		
8.	Specify the identity and address of the person	n to receive an	hual privilege tax notices and any other		
	communication from the City:	5 7017	A THE	2050	
	Mickey Kuggiaro 31	1 Lake	view prive crosside in	170176	
9.	Give name and address of property owner, if	other than bus	iness owner.		
	Stage Carron				
10.	Will the permit be used to operate two or more	e restaurants o	or other businesses under the same permit as		
	permitted by Section 57-5-103 (a) (4) within the so, specify number, List the names of	of the restaurar	ng?YesNo		
	location (use additional sheet if necessary):		and accombe their		

11.	Give name_date of birth, and address of any manager other than the applicant:
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?. If so, give particulars of each charge, court, and date convicted.
	Has this owner or the owners' organization had a beer permit revoked, suspended, fined, or denied in the State of Tennessee?Yes_V_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:
15.	For Class E & F permits only: Dates of special event:
hav bee or a issu	In knowledgeable of the laws prohibiting the sale of beer to minors. I hereby certify that no person ring at least a 5% ownership interest, nor any person to be employed in the distribution or sale of er in my establishment has been convicted of any violation of the beer or alcoholic beverage laws any crime involving moral turpitude within the last 10 years. I am also aware that I shall not be used a permit or my permit shall be revoked if my business location causes traffic congestion or efferes with schools, churches, or other public health, safety and morals.
Signatu	re of Applicant/Owner (or Authorized Corporate Officer)
•	TENNESSEE A SENOTARY
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