	Appli	cation for (check one):
		Manufacturer's or distributor's permit
		(Class A) Application for Beer Permit
		Off-premises permit (Class B)
	_/	On promises permit (Class C)
-		On and off premises permit (Class D)
		Special events permit (Class E)
		Special events permit (Class F)
-	—`	special events permit (Class F)
		I hereby make application for a namely to sell stars were first as a list that
he	vera	I hereby make application for a permit to sell, store, manufacture, or distribute beer or other ges authorized to be sold, stored, manufactured or distributed under the provisions of Tennessee
C	ode A	Annotated 57-5-101 et seq. and base my application upon the answers to the following questions:
		questions.
	1.	Full name of applicant (owner): Nicole M. Lee
		(Class E permits must be from a bonafide charitable, non-profit or political organization and vance va
	2.	Applicant's Social Securation vanck
		Home Telephone: WESHOXESHOXESHOXESHOXESHOXESHOXESHOXESHOX
		(Effective 7/1/2015, T.C. CAMER VAMOR VAMOR VANDE VAND
		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? 4046 Sioux Rd. Crossville, TN
		<sup>2</sup> 8572
		Desired the Control of the Control o
	4.	Previous address(es) (within last 10 years): 6 Virgil Smith In Crossville, TN 521 Dames Ave Wheaten, IL 60189
		JLI Varies Ave Wheaton, IL 60189
	5	Type of Ownership:
	٥.	PersonFirmCorporationJoint-Stock CoSyndicateAssociation
		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).
		e w ewhereing interest in the business (attach additional sheet if needed).
	6.	Under what name will this business operate? Nicole ++a's Coffe Napoli ().C
		The state of the s
	7.	Location of business, or special event, by street address or other geographical description and phone
		number of the business: 200 Woodmere Mall Crossville TN 38535
	0	
	8.	Specify the identity and address of the person to receive annual privilege tax notices and any other communication from the City:
		Crossville, TN 38572
		Crossville, IN 38) 72
	9.	Give name and address of property owner, if other than business owner: 1
	0.	Give name and address of property owner, if other than business owner: Wayne Smith  96 Woodmere Mall Crossville, TN 38555
		10 handware man consider in 28222
	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?
		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:  Elijah Los 9-12-91 4046 Sioux Kol Crossville, TN 38576
2.	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.
3.	Has this owner or the owners' organization had a beer permit revoked, suspended, fined, or denied in the State of Tennessee?YesNo If so, specify where, when, and why:
•	Give the name, relationship to applicant (if applicable) and address of the former beer permit holder at this location:
vie a u	knowledgeable of the laws prohibiting the sale of beer to minors. I hereby certify that no person ing at least a 5% ownership interest, nor any person to be employed in the distribution or sale of r in my establishment has been convicted of any violation of the beer or alcoholic beverage laws ny crime involving moral turpitude within the last 10 years. I am also aware that I shall not be seed a permit or my permit shall be revoked if my business location causes traffic congestion or referes with schools, churches, or other public health, safety and morals.
	and subscribed before me this 25th day of April , 20 23.
Sill	Wy Commission Expires: VALES AND COUNTY IN