	cation 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)							
bevera Code A	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 Annotated 57-5-101 <u>et seq</u> . and base my application upon the answers to the following questions:							
1.	Full name of applicant (owner): Zachary Marbury Brown (Class E permits must be from a bonafide charitable, non-profit or political organization.)							
2.	Applicant's Social Security #							
3.	What is your present home address? <u>54 Rachel Dr. Crossville TN 38571</u>							
4.	Previous address(es) (within last 10 years): 280 Tennessee Stone Rd Crossville TN 38555  82 Bradford Dr. Crossville TN 38555							
5.	Type of Ownership:  X 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)Zachary							
6.	Under what name will this business operate? Klix Rolled Ice Cream + Pizza  Arcade							
7.	Location of business, or special event, by street address or other geographical description and phone number of the business: 228 Interstate Dr. Crossille TN 38955							

Suite

9. Give name and address of property owner, if other than business owner:

communication from the City: Zachary

location (use additional sheet if necessary):

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8. Specify the identity and address of the person to receive annual privilege tax notices and any other

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 <u>same</u> building? \_\_\_\_\_Yes \_\_\_X\_\_No \_\_\_\_\_No \_\_\_\_\_\_\_. List the names of the restaurants or other businesses and describe their

54 Rachel Dr Crossville

11.	Give name,	date of birth, and <i>Blomgren</i>	address of any	manager othe	er than th <i>Plum</i>	ne applicant: <i>Creek Rd</i>	Sparta	7N	3858
12.	any other el laws or any	rson having at leas mployee of the bus crime (other than articulars of each	siness, been co minor traffic vic	onvicted of any plations) within	violation	n of the beer	or alcohol s?. <u>//</u> ø	ic beve	11, or erage
13.	State of Ter	ner or the owners' nnessee?Y y where, when, an	′es_X_No	·		ed, suspende			ied in the
14.		me, relationship to	applicant (if ap				r beer peri	mit hol	der at
15.	For Class E	permits only:	Dates of spe	ecial event:					
have been or a issue integrated	ving at least er in my esta any crime in ued a permi erferes with une of Applica	int/Owner (or Auth	interest, nor a een convicted rpitude within nall be revoked es, or other pu	of any violati the last 10 ye I if my busine Iblic health, s	be emp ion of the ears. I a ss locat afety an	loyed in the le beer or ald m also awar tion causes ad morals.	distribution of the control of the c	on or everag रुद्धी no	sale of je laws t be
vorn t <u> //</u> otary	to and subsc	ribed before me th	nis <u>2 Ø</u> <sup>tk</sup> day	of <u>January</u> My Comm	, 20 <u>_</u> 4 iission E	xpires:	SRLAND WILLIAM STATE OF THE STA	202	3