App	ication for (check one):
	Manufacturer's or distributor's permit
	(Class A) Application for Beer Permit
٠	Off-premises permit (Class B) State of Tennessee
	On-premises permit (Class C) City of Crossville
	On and off premises permit (Class D)
	Special events permit (Class E) Asa - Cell
	931-335-9864
•	
	I hereby make application for a permit to sell, store, manufacture, or distribute beer or other ages 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 application upon the answers to the following questions:
Obac.	Λ —
1.	Full name of applicant (owner): Asa Puncan Reese
	(Class E permits must be from a bonafide charitable, non-profit or political organization.)
.2.	Applicant's Social Security #:Date of Birth:Driver's License
	Home Talaphana GA = 287-084 Business Telephone: 1311010770
•	(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.)
	What is your present, home address? 117 Lateside Dr.
3.	CrossVIIIe, TN 38558
4.	Previous address(es) (within last 10 years): 3206 Five Oaks Way
	Tucker, GA 30084
5.	Type of Ownership: PersonFirmCorporationJoint-Stock CoSyndicateAssociation
	Person Firm V Corporation Joint-Stock Co
	5% ownership interest in the business (attach additional sheet if needed).
	Aga Duran Reese
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	Angela A. Chastain
6.	Under what name will this business operate? Grinder House Coffee Shap, LLC
	the attract address or other geographical description and phone
7.	Location of business, or special event, by street address or other geographical description and phone number of the business:
	73 N. Main St. 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:
	Asatuncan Reese 117 Lakeside Dr. Crussville, 7 N 38533
	Give name and address of property owner, if other than business owner:
9.	Pegav Harris 8351 Cherokee Trl. Crossville TV 38572
	G().
10.	Will the permit be used to operate two or more restaurants or other businesses under the same permit as
	pormitted 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.
	Angela Chastain
•	117 Lakeside Dr. Crossville, TN 38558
	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?.
	_ 2012 - DM
13.	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:
14.	Give the name, relationship to applicant (if applicable) and address of the former beer permit holder at
	this location: David Willier, Seller
	For Class E permits only: Dates of special event:
15.	For Class E permits only: Dates of special event:
hav bee	n 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
	and the same the same posmit chall be revoked if my hisiness location dayses traine congestion of
inte	erferes with schools, churches, or other public health, safety and morals.
A A	me /) Minimum
Signatu.	re of Applicant/Owner (or Authorized Corporate Officer)
cuala t	o and subscribed before me this 3rd day of Tuly, 20 17
Sworn u	(1, 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,
Let	My Commission Expires: 12/120
Notary Publi	ic Control of the Con
	MINITERIE
	STATE OF TENNESSEE
٠	TEMNESSEE