X c	cation for (check one):  Itanufacturer'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)
evera ode <i>l</i>	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 et seq. and base my application upon the answers to the following questions:
1.	Full name of applicant (owner): HARSH BHAVESH PATEL  (Class E permits must be from a bonafide charitable, non-profit or political organization.)
	Applicant's Social Securit  Home Telephone:  (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? 63 VAUKHN ST CROSSVILLE.
4.	Previous address(es) (within last 10 years): 37 CLOVEWOOD CV HUMBOLDT, TN - 38343
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).
6.	Under what name will this business operate?
7.	Location of business, or special event, by street address or other geographical description and phone number of the business:  638 SMAIN STREET CROSSVILLE TO 38555
8.	Specify the identity and address of the person to receive annual privilege tax notices and any other communication from the City:  638 S MAIN STREET CROSSVILLE, TN-38555
9.	Give name and address of property owner, if other than business owner: SANDEEP KUMAR PATEL SYSS.

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 \_\_\_\_\_No lf so, specify number, \_\_\_\_. List the names of the restaurants or other businesses and describe their

location (use additional sheet if necessary): \_\_\_

	BHAVESH BAH! 63 YAUKHU ST CROSSVILLE	<u>-</u>
	TOWNSH PATEL	<u></u> 11
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	
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:	į
14	Give the name, relationship to applicant (if applicable) and address of the former beer permit holder at this location:  638 3 MAIN ST CROSSVILLE TU - 38555	
15	For Class E permits only: Dates of special event:	
ha be or iss	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 used a permit or my permit shall be revoked if my business location causes traffic congestion or repressivith schools, churches, or other public health, safety and morals.	
Signat	re of Applicant/Owner (or Authorized Corporate Officer)  o and subscribed before me this 174 day of 1870, 2021.  My Commission Expires: 3/5/2024  Public  Outhorized Corporate Officer)	

11. Give name, date of birth, and address of any manager other than the applicant: