

CERTIFICATE OF COMPLIANCE

RETAIL PACKAGE STORE

Pursuant to Tennessee Code Annotated, Title 57, §§57-3-208 and 57-3-213, this is to certify that:

Name of Applicant: Bruce and Carmen Wyatt
Home Address: 5029 Shoshone Loop (P. O. Box 1430)
Crossville Tennessee 38557
(City) (State) (Zip)

Date of Birth: [REDACTED] SSN: [REDACTED] (Bruce)
Date of Birth: [REDACTED] SSN: [REDACTED] (Carmen)

has made application for a Certificate of Compliance to sell retail alcoholic beverages in the County of Cumberland, State of Tennessee, at 32 Crossings Way
(Street Address of Liquor Store)

and that an investigation has been undertaken of the applicant's criminal record and of the compliance of said business with local law, ordinances or resolutions, and from said investigation the undersigned certified:

1. That the applicant or applicants who are to be in actual charge of said business have not been convicted of a felony within a ten-year period, immediately preceding the date of the application and, if a corporation, that the executive officers or those in control have not been convicted of a felony within a ten-year period immediately preceding the date of the application; and further, that it is the undersigned's opinion that the applicant will not violate any provisions of Tennessee Code Annotated, Title 57, Chapter 3;
2. That the applicant has secured a location which complies with all restrictions of the laws, ordinances and resolutions;
3. That the applicant or applicants have complied with the residency provisions;
4. That the issuance of this license will not exceed the numerical limit.

This _____ day of _____, 20 _____.

Mayor J. H. Graham, III
City of Crossville, Tennessee

MAIL TO:
Tennessee Alcoholic Beverage Commission
226 Capitol Boulevard Building, Suite #300
Nashville, Tennessee 37243-0755