	ication 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 F) Special events permit (Class F)
bevera Code	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 Annotated 57-5-101 <u>et seq</u> . and base my application upon the answers to the following questions:
	Full name of applicant (owner): Vincent B. Walton (Class E permits must be from a honefide charitable, non-profit or political organization)
	Applicant's Social Security #: Home Telephone: 931-337-5262 Business Telephone: 93/-484-3500 (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? <u>SO Apple Circle, Crusville, TN 3855</u>
4.	Previous address(es) (within last 10 years):
5.	Type of Ownership: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)
6.	Under what name will this business operate? Vayors Choice of TN LLC
7.	Location of business, or special event, by street address or other geographical description and phone number of the business: _/5/ すどいいで んし う†e#/ロ/
8.	Specify the identity and address of the person to receive annual privilege tax notices and any other communication from the City: <u>Vince</u> walton 157 と1 more Rd Ste井101
9.	Give name and address of property owner, if other than business owner: <u>Tudy England</u>
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?YesVNo 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 that the applicant:
	VNC MANAGER
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?. If so, give particulars of each charge, court, and date convicted.
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: $\underline{\underline{}} \underline{\underline{}} \mathcal{E} \underline{\underline{}} \mathcal{F}$
15.	For Class E & F permits only: Dates of special event:
bee or a issu inte	In knowledgeable of the laws prohibiting the sale of beer to minors. I hereby certify that no person ving at least a 5% ownership interest, nor any person to be employed in the distribution or sale of ear 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 used a permit or my permit shall be revoked if my business location causes traffic congestion or exferes with schools, churches, or other public health, safety and morals. B. Walter The of Applicant/Owner (or Authorized Corporate Officer)
Sworn to	perferes with schools, churches, or other public health, safety and morals. B. Watter re of Applicant/Owner (or Authorized Corporate Officer) o and subscribed before me this 3 day of May , 20 24. My Commission Expires: My 5, 204 STATE NOTARY PUBLIC AND NOTARY AND NOT