Application for (check one): Manufacturer's or distributor's permit	152/10
(Class A) Off-premises permit (Class B) On-premises permit (Class C) On and off premises permit (Class D) Special events permit (Class E)	Application for Beer Permit State of Tennessee City of Crossville
I hereby make application for a permit to sell, sto beverages authorized to be sold, stored, manufactured or o Code Annotated 57-5-101 <u>et seg</u> . and base my application up	listributed under the provisions of Tennessee
1. Full name of applicant (owner): Cracker Barrel Old Coun	try Store, Inc.
(Class E permits must be from a bonafide charitable, nor	n-profit or political organization.)
2 Applicant's Social Society #	FRieth: Million Private Licence: N/A

stions: Business Telephone: (931) 456-9622 Home Telephone: (615) 444-5533 (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? 305 Hartmann Drive, Lebanon, TN 37087 4. Previous address(es) (within last 10 years): n/a_ 5. Type of Ownership: Person Firm ✓ Corporation Joint-Stock Co. Syndicate 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). Applicant is a publicly traded company. 6. Under what name will this business operate? Cracker Barrel Old Country Store #79 7. Location of business, or special event, by street address or other geographical description and phone number of the business: 23 Executive Drive, 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: Attn: Legal Dept., 305 Hartmann Drive, Lebanon, TN 37087 9. Give name and address of property owner, if other than business owner: Cracker Barrel Old Country Store, Inc., Attn: Property Mgmt, PO Box 787, Lebanon, TN 37087 10. Will the permit be used to operate two or more restaurants or other businesses und permitted by Section 57-5-103 (a) (4) within the same building? _____Yes If so, specify number, n/a. List the names of the restaurants or other businesses and describe their location (use additional sheet if necessary): n/a

11.	Give name, date of birth, and address of any manager other than the applicant: Joseph Randal "Randy" Crafton; 1818 Blue Crane Lane, Knoxville, TN 37922
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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 If so, give particulars of each charge, court, and date convicted. n/a
13.	Has this owner or the owners' org zertion had a beer permit revoked, suspended, fined, or denied in the State of Tennessee? Yes No If so, specify where, when, and why: n/a
14.	Give the name, relationship to applicant (if applicable) and address of the former beer permit holder at this location: n/a
ha be or	m 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 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 sued a permit or my permit shall be revoked if my business location causes traffic congestion or terferos with schools, churches, or other public health, safety and morals. KER BARREL OLD COUNTRY STORE, INC.
ignat	ure of Applicant/Owner (or Authorized Corporate Officer) Richard Wolfson, Senior Vice President, General Counsel and Secretary
M	to and subscribed before me this 5 day of August, 2020. Musth W. Molas My Commission Expires: /2/82/202/ Public STATE OF TENNESSEE NOTARY PUBLIC NOTARY PUBLIC OF WILLIAM O
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