	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 E) Special events permit (Class F)
	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 et seq. and base my application upon the answers to the following questions:
1.	Full name of applicant (owner): Ciclica Personal Class E permits must be from a bonafide charitable non-profit or political organization.)
	Full name of applicant (owner): (Class E permits must be from a bonafide charitable non-profit or political organization) Applicant's Social Security Home Telephone: (Effective 7/1/2015, T.C.A. 3. 1/2/1/2015 to 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? 855 Reeves Rd Antioch, 7W37013
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? LOS TORITOS SUPER MONTHEL
7.	Location of business, or special event, by street address or other geographical description and phone number of the business:
8.	Specify the identity and address of the person to receive annual privilege tax notices and any other communication from the City: News 224 Peavine Rd SH. 105 (1955)
9.	Give name and address of property owner, if other than business owner:
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?YesNo 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 address ware shows and control of the contr
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	ON VAMORAVIOR
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:
	Antioch 7037013
15.	For Class E & F permits only: Dates of special event:
hav bee or a issu	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 led a permit or my permit shall be revoked if my business location causes traffic congestion or referes with schools, churches, or other public health, safety and morals.
17	e of Applicant/Owner (or Authorized Corporate Officer)
/	e of Applicant/Owner (or Authorized Corporate Officer) and subscribed before me this