

**APPLICATION FOR PERMIT AND CERTIFICATE OF COMPLIANCE
TO SELL ALCOHOLIC BEVERAGES AT RETAIL UNDER
TITLE 8, CHAPTER 3, CROSSVILLE MUNICIPAL CODE**

Crossville City Council
392 N. Main St.
Crossville, Tennessee

Date 8-21, 2020

I, or We (if a corporation or other entity, list executive officers, board chairman, managers, members, stockholders, and other interest holders; if a partnership or other organization, list all persons having an interest)

Name	Address
PARUL PATEL	1024 GOLF CLUB RD. M. MINNVILLE, TN 37111
JAYMIN PATEL	1024 GOLF CLUB RD. M. MINNVILLE, TN 37111

doing business as: individual _____ corporation _____ partnership other (specify) _____ hereby make application for a permit and certificate of good moral character to sell alcoholic beverages at retail in the following store.

Proposed Name of Store: GOOD TIMES WINE SPIRITS & BEV Address: 1319 INTERSTATE DR. CROSSVILLE, TN 38555

INSTRUCTIONS

- A. Each question must be fully answered.
- B. Wherever the word "you" is used, all persons of the organization (as defined in § 8-301[b] of the Crossville Municipal Code) are included, both collectively and individually.
- C. If other than individual is applying, then a list of all persons having an interest in the particular organization along with the amount of each of their interest must accompany this application. All owners, partners, officers, managers, members, stockholders, directors, and/or any person who owns any interest in the corporation or the business must individually complete a questionnaire and attach it to the application. If a corporation or entity, a copy of the charter and by-laws or other governing documents must be submitted. If a partnership, provide the terms of the partnership agreement that discuss control.

1. In whose name is, or will be, the Federal Special Tax Stamp as a retail liquor dealer issued at this location? GOOD TIMES LLC

2. Give the names and addresses of all persons other than those shown on this application who have any kind of interest, financial, stock ownership, loans, gifts, or securing loans, or otherwise, made for carrying on said business. (Specify interest) N/A

3. Give the names and addresses of all persons other than those shown on this application who share in the profits from your business and state their interest.

N/A

4. Who will be in active control in the management of the business?

JAYMIN PATEL

5. Give the name and address of the owner of the premises on which the business is to be located and the amount of the rental, if any. Also submit for our files a copy of any lease agreement that has or may be entered into.

BRUCE & CARMEN NYSTROM PO Box 1430 CROSSVILLE TN 38557

6. Do you employ some person not otherwise connected with your store to keep your books? If yes, give name and address of person. YES

ROFUS GONDER CPA 100 CENTER ST A McMURDO LLC, TN 37110

7. Do you agree to accept full responsibility for the action of any member of the enterprise or any person employed by you in the conduct of your business? YES

8. Have you received any financial assistance in connection with your business during the past year? NO If yes, then attach a separate statement setting forth all details.

9. Attach one (1) copy of a scale plan drawn to a scale of not less than one (1) inch equals fifty (50) feet, giving the following information:

i. The shape, size and location of the lot upon which the liquor store is to be operated under the license;

ii. The shape, size, height and location of all buildings, whether they are to be erected, altered, moved or existing, upon the lot;

iii. The off-street parking space and off-street loading and unloading space to be provided including the vehicular access to be provided from these areas to a public street and;

iv. The identification of every parcel of land within five hundred (500) feet of the lot upon which the liquor store is to be operated indicating ownership thereof and the locations of any structures situated thereon, and the use being made of every such parcel.

All data, written statements, affidavits, evidence or other documents submitted in support hereof or upon bearing hereon shall be deemed to be a part of this application and must be attached hereto.

The applicant or applicants agrees that the place for which application is made will be operated in conformity with Title 8, Chapter 4, of the Code of Ordinances, City of Crossville, Tennessee, and in conformity with all applicable rules and regulations made pursuant to law, which are now, or may hereafter, be in force. The undersigned hereby swears (affirms) that the foregoing is a true, correct, and complete statement to the best of his knowledge and belief, and that any false or misleading statement will constitute grounds for revocation or denial of a retail dealer's permit.

P. M. Patel
Signature of Applicant

1024 GOLF CLUB RD McMinnville TN
Address 37110

[Signature]
Signature of Applicant

1024 GOLF CLUB RD McMinnville TN
Address 37110

Signature of Applicant

Address

Signature of Applicant

Address

(attach additional pages, if necessary, for signatures)

STATE OF TENNESSEE)
 Warren)
COUNTY OF CUMBERLAND)

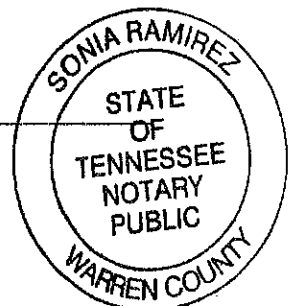
Before me, the undersigned authority, on this day personally appeared PARUL PATEL AND
JAYMIN PATEL

known to me to be the person(s) whose name is subscribed to the within application, and on oath stated that the statements contained therein, including all attachments, are true and accurate to the best of his belief and knowledge.

Witnesseth my hand at office this 20th day of August, 2020

Sonia Ramirez
Notary Public

My Commission Expires: 3/11/2024



CITY OF CROSSVILLE, TENNESSEE
Application For Permit And Certificate Of Compliance
To Sell Alcoholic Beverages At Retail

QUESTIONNAIRE

(To be completed by each person having an interest in the business.)

Name: PARUL PATEL
Address: 1024 GOLF CLUB RD.
MEMPHISVILLE TN 37110
TN Driver's License No. [REDACTED]
Date of Birth: [REDACTED]
Phone No. [REDACTED]
Social Security No. [REDACTED]

Proposed Name of Liquor Store: GOOD TIMES WINE SPIRITS & BREW
Address of Proposed Store: 1369 INTERSTATE DR. CROSSVILLE, TN 38555
State your interest in the business: OWNER / LICENSE HOLDER

1. Have you for at least two years been legally domiciled in the Cumberland County next preceding the filing of this application? N/A

2. List names and addresses of residents of Cumberland County who have known you for at least two years and who are not related.

<u>Name</u>	<u>Address</u>
<u>JOE WYATT</u>	<u>28 FOUNTAIN SQ. CROSSVILLE, TN 38555</u>
_____	_____
_____	_____

3. Do you, or any person having any interest in this business, directly or indirectly, either proprietary or by means of any loan, mortgage, or lien, or participation in the profits in anyway, hold a public office, either representative or elective, National, State, City, or County? No If so, what office? _____

4. Have you ever been convicted for any offense, other than minor traffic violations, under the laws of the City of Crossville, the State of Tennessee, or of any other state or of the United States? No If yes, specify on an attached statement, giving date, place, charge, and disposition.

5. Have you been convicted of any offense under the laws of the State of Tennessee, or of any other state, or of the United States, or of the City of Crossville, prohibiting, or regulating the sale, possession, transportation, storing, manufacturing or otherwise handling intoxicating liquors within ten (10) years preceding the date of this application? No If yes, specify on an attachment.

6. Have you been engaged in business alone, or with others in violation of any laws, or Rules and Regulations of the State of Tennessee, or City of Crossville, prohibiting or regulating the sale, possession, transportation, manufacturing, or otherwise handling intoxicating liquors within ten (10) years preceding the date of this application? NO If yes, specify on an attachment.

7. Have you ever been cited to appear before the Commissioner of Revenue, the Tennessee Alcoholic Beverage Commission, or the Crossville City Council, and charged with a violation of the law or rules and regulations made pursuant to law? NO If yes, specify on an attachment.

8. Give the names and addresses of persons related to you within the 3rd degree, by blood, marriage, or otherwise, who own, operate, or have any interest either in a retail store, wholesale distributor, distillery, or supplier. N/A

9. Give the name and address of any other business in which you are actively engaged. N/A

The undersigned hereby swears (affirms) that the foregoing is a true, correct, and complete statement to the best of his knowledge and belief, and that any false or misleading statement will constitute grounds for revocation or denial of a retail dealer's permit.

P. m. Patel
Name of Applicant

1024 GOLF CLUB Rd McMinnville TN
Address 37110

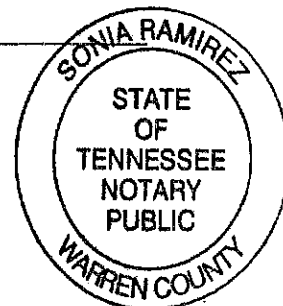
STATE OF TENNESSEE)
)
 COUNTY OF GUMBERLAND)
Warren

Before me, the undersigned authority, on this day personally appeared PARUL Patel known to me to be the person whose name is subscribed to the within application, and on oath stated that the statements contained therein, including all attachments, are true and accurate to the best of his/her belief and knowledge.

Witnesseth my hand at office this 20th day of August, 20 20

Sonia Ramirez
Notary Public

My Commission Expires: 3/11/2024



CITY OF CROSSVILLE, TENNESSEE
Application For Permit And Certificate Of Compliance
To Sell Alcoholic Beverages At Retail

QUESTIONNAIRE

(To be completed by each person having an interest in the business.)

Name: JAYMIN PATEL
 Address: 1024 GOLF CLUB RD
MCMINNVILLE, TN 37110
 TN Driver's License No. [REDACTED]
 Date of Birth: [REDACTED]
 Phone No. [REDACTED]
 Social Security No. [REDACTED]

Proposed Name of Liquor Store: GOOD TIMES WINE SPIRITS & BEER
 Address of Proposed Store: 1369 INTERSTATE DR. CROSSVILLE TN 38555
 State your interest in the business: OWNER / LICENSE HOLDER

1. Have you for at least two years been legally domiciled in the Cumberland County next preceding the filing of this application? N/A

2. List names and addresses of residents of Cumberland County who have known you for at least two years and who are not related.

<u>Name</u>	<u>Address</u>
<u>JOE WYATT</u>	<u>28 FREEMAN SQ. CROSSVILLE TN 38555</u>

3. Do you, or any person having any interest in this business, directly or indirectly, either proprietary or by means of any loan, mortgage, or lien, or participation in the profits in anyway, hold a public office, either representative or elective, National, State, City, or County? NO If so, what office? _____

4. Have you ever been convicted for any offense, other than minor traffic violations, under the laws of the City of Crossville, the State of Tennessee, or of any other state or of the United States? NO If yes, specify on an attached statement, giving date, place, charge, and disposition.

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9. Give the name and address of any other business in which you are actively engaged. N/A

The undersigned hereby swears (affirms) that the foregoing is a true, correct, and complete statement to the best of his knowledge and belief, and that any false or misleading statement will constitute grounds for revocation or denial of a retail dealer's permit.

[Signature]
 Name of Applicant

1024 GOLF CLUB RD. MARIANVILLE, TN 37111
 Address

STATE OF TENNESSEE)
)
 COUNTY OF CUMBERLAND)
Warren

Before me, the undersigned authority, on this day personally appeared JAYMIN PATEL known to me to be the person whose name is subscribed to the within application, and on oath stated that the statements contained therein, including all attachments, are true and accurate to the best of his/her belief and knowledge.

Witnesseth my hand at office this 20th day of August, 20 20

[Signature: Sonia Ramirez]
 Notary Public

My Commission Expires: 3/11/2024

