CITY OF CROSSVILLE, TENNESSEE

Permit No	
Certificate Issued Date	
Expiration Date	

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

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 PARKE PARKE PAR	Crossville City Council 392 N. Main St.	Date_	8-21	, 20 <u></u> 20	
Name Address PAKNE PAREL 10 24 (30 15 10 10 10 10 10 10 1	Crossville, Tennessee I, or We (if a corporation or other entity, list executive)	e officer	rs, board ch	airman,	
DARK PARE 1024 GOLF CLUB RD M. JIMMVILLE, 74 371 TAMIN PAREL 1024 FOLF CLUB RD M. JIMMVILLE, 74 371 doing business as: Individual corporation partnership 1/2 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		st holde	es; if a part	nership or other	
TAMIN NATE: LOCAL POLICY PARTICLE TANDOM				6 8 M	WIIIE 70
(specify) Itereby make application for a permit and certificate of good moral character to sell alcoholic beverages at retail in the following store: Proposed					
(specify) Itereby make application for a permit and certificate of good moral character to sell alcoholic beverages at retail in the following store: Proposed	Appendix of the control of the contr				
(specify) Itereby make application for a permit and certificate of good moral character to sell alcoholic beverages at retail in the following store: Proposed					
certificate of good moral character to self alcoholic beverages at retail in the following store: Proposed	(specify) hereby ma	ike apol	ication for a	permit and	
	certificate of good moral character to sell alcoholic by store:	everage Language Lang Language Language Language Language Language Language Language	s at retail in	ithe fallowing	
Name of Store: Good Times, Wind Spikins, Address 1369, INTERCIATE, DR. CROSSVILLE, 7/ 2 624,0 38 5 55	Name of Store: <u>Good Times wind Spikins</u> Addr	4-00	e e e e e e e e		SSVI <i>LLE, TN</i> 38 5 55

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 bylaws 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?
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) _ NIA-
	• •	
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.
	, . , .	
4.		Who will be in active control in the management of the business? 기사기에 다 한테로드
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 & CARMON MYATT PO BOX 1430 CRUSCULTE, AND SKSST
6.	4	Do you employ some person not otherwise connected with your store to keep your books? If yes, give name and address of person
		PUPUS GONDER CIÀ - LOGICENTER ET A MIMINDULLCE, 7 M 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? 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.

dealer's permit.	
P.m. Putel	1024 GOLECLUB Red morning villet
Signature of Applicant	Address 3711
	1024 GOLF CIUB RO. MCAINNIBLE 123711
Signature of Applicant	Address
Signature of Applicant	Address
Signature of Applicant	Address
(attach additional pages, if necessary, for sign	natures)
STATE OF TENNESSEE) COUNTY OF CHARBERTAND)	
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 statements contained therein, including all attachments, are	
Witnesseth my hand at office this day o	August , 20 20
My Commission Expires: 3/11/2024	Sona Ruy Notary Public STATE OF TENNESSEE NOTARY PUBLIC MARKEN COUNT

Perm	it No	
rerm	IL INO.	

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	
Addre		
	MEMINNVILLE 12N 37110	
TN Dr	iver's License No. • • • • • • • • • • • • • • • • • • •	
Date of	of Birth:	
Phone	No. 4	
Social	Security No.	
Propo	sed Name of Liquor Store: <u>Good 7IMES พโพ<i>E SPIRI</i>ว</u> ร ฿ Bณะพ	
	ss of Proposed Store: 1369 PAREASTATE DR. CROSS VILLE, TA 3855 S	
State	your interest in the business: סטמברן בוב באב או בסבת	
1.	Have you for at least two years been legally domiciled in the Cumberland County next preceding the filing of this application?	
2.	List normal and addresses of registering of Cumbridged Courts who have known	
۷.	List names and addresses of residents of Cumberland County who have known you for at least two years and who are not related.	
	Name Address	
184 27 21	<u>Audicso</u>	
(4) 4:	JOE WYATT 28 FOUNTAIN SO CROSSVILLETIN	3855S
,		
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.	
,_	the control of the co	
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? If yes, specify on an attachment.	

о.	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? If yes, specify on an attachment.
8.	Give the names and addresses of persons related to you within the 3 rd degree, by blood, marriage, or otherwise, who own, operate, or have any interest either in a retail store, wholesale distributor, distillery, or supplier
9.	Give the name and address of any other business in which you are actively engagedハー
comp misle	ndersigned hereby swears (affirms) that the foregoing is a true, correct, and lete statement to the best of his knowledge and belief, and that any false or ading statement will constitute grounds for revocation or denial of a retail r's permit.
	- M. Patel 1024 GOLF GOB Rel maninnville The
	Name of Applicant Address 37110
STATE	OF TENNESSEE!
COUN	TY OF CUMBERLAND) Warren
to me t	me, the undersigned authority, on this day personally appeared PARVL cutcle known to be the person whose name is subscribed to the within application, and on oath stated a statements contained therein, including all attachments, are true and accurate to the his/her belief and knowledge.
Witnes	seth my hand at office this 20th day of August, 20 20
	mmission Expires: 3/11/2024 Notary Public STATE OF TENNESSEE NOTARY PUBLIC

Perm	it No.	

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: 144MIN	1747EL	S. All Mariana.	•
Address: 624 40LF	- CLUB RO		
	VM76,7023710		
TN Driver's License N			
Date of Birth:		and production of the state of	
Phone No.	viscona tions.		
Social Security No.	The state of the s		
		16.	
Proposed Name of Li	guor Store: Goob ∄iMa	et available KV A	1 x 20 cal
	Store: 1361 10164-5747		
	ne business: € owner		
State your filterest its	THE DESIGNATION OF THE PERSON		
		SERVICE STATE	
	t least two years been le		ine cumpenane county
next preceding	the filing of this applicat	ION (C <u>IPA) (A</u> T	
			Action 137
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TOTAL TANKS OF THE PROPERTY OF	two years and who are i		
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JUE WAY	5 september 1911 Processing on the	29 F105741V e	a reassifice progress
	in the second state of		
	Taran Taran	7-1-1	
3. Do vou, or any	person having any intere	schin thic hite nece	directly periodirectly
	ry or by means of any lo		
	iyway, hold a public offic		
national, State	City, or Gounty? <u>W</u>	_n so, what office	
anga A			
	been convicted for any c		
	of the City of Crossville.		
	Jnited States? <u> </u>		tached statement,
giving date, pla	ce, charge, and dispositi	ion.	
5. Have you been	convicted of any offense	e under the laws o	f 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? 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? If yes, specify on an attachment.
8.	Give the names and addresses of persons related to you within the 3 rd degree, by blood, marriage, or otherwise, who own, operate, or have any interest either in a retail store, wholesale distributor, distillery, or supplier.
9.	Give the name and address of any other business in which you are actively engaged ょ /へ:
	oligagea: $\frac{1}{2}$
com misle	Indersigned hereby swears (affirms) that the foregoing is a true, correct, and plete statement to the best of his knowledge and belief, and that any false or rading statement will constitute grounds for revocation or denial of a retail pr's permit. 1024 Golf Club Romanull 6, 7237 Name of Applicant Address
1	Name of Applicant Address
STAT	E OF TENNESSEE
COUN	ITY OF CUMBERLAND)
to me that th	e me, the undersigned authority, on this day personally appeared JAMW PATEL _known to be the person whose name is subscribed to the within application, and on oath stated e statements contained therein, including all attachments, are true and accurate to the f his/her belief and knowledge.
Witne	eseth my hand at office this day ofAugust, 20
Му Сс	ommission Expires: 3 11 2024 Sona Run Notary Public STATE

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