

Application for (check one):

B308

- 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)



Application for Beer Permit
 State of Tennessee
 City of Crossville

I hereby make application for a permit to sell, store, manufacture, or distribute beer or other beverages authorized to be sold, stored, manufactured or distributed under the provisions of Tennessee Code Annotated 57-5-101 et seq. and base my application upon the answers to the following questions:

1. Full name of applicant (owner): JEREMY WALLS
 (Class E permits must be from a bonafide charitable, non-profit or political organization.)
2. Applicant's Social Security #: [REDACTED] Date of Birth: [REDACTED] KY Driver's License: [REDACTED]
 Home Telephone: (317) 775-4668 Business Telephone: [REDACTED]
 (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? 405 FOURTH ST, CROSSVILLE, TN 38555
4. Previous address(es) (within last 10 years): 7533 WESTFIELD BLVD., INDIANAPOLIS, IN 46240
5. Type of Ownership:
 Person Firm Corporation Joint-Stock Co. Syndicate Association
 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? TRIANGLE BAKEHOUSE LLC DBA SOCIAL BREW
7. Location of business, or special event, by street address or other geographical description and phone number of the business: 140 N. MAIN ST, 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: JEREMY WALLS, 405 FOURTH ST., CROSSVILLE TN 38555
9. Give name and address of property owner, if other than business owner: CUMBERLAND COUNTY PLAYHOUSE
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 same building? Yes No
 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 other than the applicant:

N/A

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.

13. Has this owner or the owners' organization had a beer permit revoked, suspended, fined, or denied in the State of Tennessee? Yes No

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: MATT MILLER, 3393 OFFICERS CHAPEL RD.

COOKVILLE TN 38506-8680

15. For Class E & F permits only: Dates of special event:

Downtown Area

July 2.

I am knowledgeable of the laws prohibiting the sale of beer to minors. I hereby certify that no person having at least a 5% ownership interest, nor any person to be employed in the distribution or sale of beer in my establishment has been convicted of any violation of the beer or alcoholic beverage laws or any crime involving moral turpitude within the last 10 years. I am also aware that I shall not be issued a permit or my permit shall be revoked if my business location causes traffic congestion or interferes with schools, churches, or other public health, safety and morals.

[Signature]
Signature of Applicant/Owner (or Authorized Corporate Officer)

Sworn to and subscribed before me this 20 day of May, 2020.

[Signature]
Notary Public

My Commission Expires: July 6, 2020

