Α	pplication for (check one):
	Manufacturer's or distributor's permit
	(Class A) Application for Beer Permit
	Off-premises permit (Class B) State of Tennessee
	Con-premises permit (Class C)
	On and off premises permit (Class D)
	_ Special events permit (Class E)
	, ,
	I hereby make application for a permit to sell, store, manufacture, or distribute beer or other
Deve	erages authorized to be sold, stored, manufactured or distributed under the provisions of Topposes
Cou	le Annotated 57-5-101 <u>et seq.</u> and base my application upon the answers to the following questions:
	1. Full name of applicant (owner): KOVIV KEDY
	(Class E permits must be lifters bonafide charitable non-profit or political arganization)
2	
	Home Telephone: 931-
	2. Applicant's Social Security # Date of Birtls Priver's License Business Telephone: 931-250-5 Business Telephone: 450-50-50 Business Telephone: 450-50-50
	at least one year immediately preceding the oate of applying for the permit. The City reserves the right to request documentation of such residency or citizenship during the review and approval process.)
2	
J	What is your present home address?
	- CY038VIILE, IN 38558
4	. Previous address(es) (within last 10 years): 13 Eagle (1)
	CYOSSVILL TW 38558
_	- · · · · · · · · · · · · · · · · · · ·
5.	() () () () () () () () () ()
	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? Abulla'S (wan Cafe
7	Location of hydrogen or angular event by street address and the
٠.	Location of business, or special event by street address or other geographical description and phone number of the business:
	-chosocillo TN 28888
	STOSTINE THE SOUS
8.	Specify the identity and address of the person to receive annual privilege tax notices and any other
	communication from the City:
	133 PICNCOTT 1-17 CLARRATIN 38258
9.	Give name and address of property owner, if other than business owner:
	1 460 Old Hwy 70 Crossville TN 38572
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?
	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:
	135 Prescott Ln Crossville, TN 38558
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?.
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:
15.	For Class E permits only: Dates of special event:
hav beel or a issu inter	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. Tennessee My Commission Expires: My Commission Expires: Tennessee Notary Public AND AND AND AND My Commission Expires: