

Application 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)



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): TANUSHREE TAYLOR  
(Class E permits must be from a bonafide charitable, non-profit or political organization)
2. Applicant's Social Security Number: [REDACTED]  
Home Telephone: [REDACTED]  
(Effective 7/1/2015, applicants must have resided in the City of Crossville, Tennessee 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? 2623 MIDWAY BRANCH DR. APT 202  
ODENTON, MD 21113
4. Previous address(es) (within last 10 years): 1129940 GAY DRIVE UPPER MARLBORO MD 20772  
(2) 1801 BUTLER PIKE, APT 287 CONSHOHOCKEN PA 19428 (3) 4129 AVALON DR. E  
ORANGE, CT 06477 (4) 1220 N BROAD ST. PHILADELPHIA PA 19121
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). 1. TANUSHREE TAYLOR  
2. SAGAR GOPALBHAI PATEL
6. Under what name will this business operate? SIYAKRUPA INC  
CITGO ROUTE 70 MARKET
7. Location of business, or special event, by street address or other geographical description and phone number of the business: 822 SPARTA HWY, CROSSVILLE TN 38572  
931-742-0253
8. Specify the identity and address of the person to receive annual privilege tax notices and any other communication from the City: 822 SPARTA HWY, CROSSVILLE TN 38572
9. Give name and address of property owner, if other than business owner: FRANCISCO Fuentes  
P.O. Box 2864, Crossville, TN
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:

MUKESH PATIL  
24 Bobwhite DR, Crossville, TN.

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

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.

*[Handwritten Signature]*

Signature of Applicant/Owner (or Authorized Corporate Officer)

Sworn to and subscribed before me this 24 day of July, 2018.

*[Handwritten Signature: Charles J. Masters]*  
Notary Public

My Commission Expires: October 15, 2020

*[Handwritten Signature: Charles J. Masters]*  
CHARLES J. MASTERS  
NOTARY PUBLIC STATE OF MARYLAND  
My Commission Expires October 15, 2020