

CITY OF CROSSVILLE, TENNESSEE

Application No. 3737
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

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

Date Jan 10, 20 17

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
<u>Bruce Wyatt</u>	<u>5029 Shoshone Loop Crossville TN 38572</u>
<u>Carmen Wyatt</u>	<u>5029 Shoshone Loop Crossville TN 38572</u>

doing business as: individual ____, corporation _____, partnership , other (specify) LLC, 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 + Brew Address 1369 Interstate Drive 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? Bruce & Carmen Wyatt

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) None

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. None

4. Who will be in active control in the management of the business? Bruce & Carmen Wyatt

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 Wyatt # [redacted] / monthly

6. Do you employ some person not otherwise connected with your store to keep your books? If yes, give name and address of person. No

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 five (5) copies 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.

[Signature]
Signature of Applicant

5029 Shoshone Loop Crossville TN 38572
Address

[Signature]
Signature of Applicant

5029 Shoshone Loop Crossville TN 38572
Address

Signature of Applicant

Address

Signature of Applicant

Address

(attach additional pages, if necessary, for signatures)

STATE OF TENNESSEE)
COUNTY OF CUMBERLAND)

Before me, the undersigned authority, on this day personally appeared Bruce Wyatt
+ Carmen Wyatt

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 10th day of January, 20 17

[Signature]
Notary Public

My Commission Expires: 2-12-2018

