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

eve ode	I hereby make application for a permit to sell, store, manufacture, or distribute beer or other verages authorized to be sold, stored, manufactured or distributed under the provisions of Tennesse de Annotated 57-5-101 et seg. and base my application upon the answers to the following questions:				
1.	Full name of applicant (owner): Walgreen Co. (Class E permits must be from a bonafide charitable, non-profit or political organization.				
2.	Applicant's Social Security # Date of Birth: Driver's License: N/A Home Telephone: N/A Business Telephone: 847-315-3700				
3.	What is your present home address? PO Box 901 Deerfield, IL 60015				
4.	Previous address(es) (within last 10 years): N/A				
5.	Type of Ownership: PersonFirm _XCorporationJoint-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) Walgreens Boots Alliance, Inc. (100% owner)				
6.	Under what name will this business operate? Rite Aid #11912				
7.	Location of business, or special event, by street address or other geographical description and phone number of the business: 1106 North Main Street, 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: Walgreen Co., Attn: Tax Department, P.O. Box 901, Deerfield, IL 60015				
9.	Give name and address of property owner, if other than business owner: Inland Western Crossville Main, LLC, c/o C. Joseph Cosenza, 2901 Butterfield Road, Oak Brook, IL 60521				
	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 <u>same</u> building?YesXNo If so, specify number, NA List the names of the restaurants or other businesses and describe their location (use additional sheet if necessary): NA				
11.	Give name, date of birth, and address of any manager other than the applicant: Andrew Creighton Elkins; 10/06/67; 2201 Landscape Road, Cookeville, TN 38506				
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w.	, je	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 lf so, give particulars of each charge, court, and date convicted.
			Has this owner or the owners' organization had a beer permit revoked, suspended, fined, or denied in the State of Tennessee?Yes_xNo If so, specify where, when, and why: N/A
			Give the name, relationship to applicant (if applicable) and address of the former beer permit holder at this location: NA
		i	(The City of Crossville has adopted a rule forbidding the sale, storage and manufacture of beer and like beverages within 500 feet of schools and churches, as measured in a straight line from main entrance to main entrance.)
		15. \ <u>-</u>	What is the name and address of the church (or other place of worship) nearest to your business? Faith Baptist Church, 92 Walker Street, Crossville, TN 38555
	•	- 16. V	What is the name and address of the school nearest to your business?
			Adult Education Office, 60 Ridley Street, Crossville, TN 38555
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	l h b o is	am lavir leer or an essue	knowledgeable of the laws prohibiting the sale of beer to minors. I hereby certify that no personing at least a 5% ownership interest, nor any person to be employed in the distribution or sale of in my establishment has been convicted of any violation of the beer or alcoholic beverage laws by crime involving moral turpitude within the last 10 years. I am also aware that I shall not be ad a permit or my permit shall be revoked if my business location causes traffic congestion or feres with schools, churches, or other public health, safety and morals.
Ву:			(alla Japan
			of Applicant/Owner (of Authorized Corporate Officer)
			nyser, Secretary
	Swori	n/to a	and subscribed before me this 2 no day of of , 20 17.
	Notary P		My Commission Expires: 11 5
	, way	J	

OFFICIAL SEAL
LANCE FRANKE
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 11/16/17