	Cation 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	
	ges authorized to be sold, stored, manufacti	sell, store, manufacture, or distribute beer or otheured or distributed under the provisions of Tennessecation upon the answers to the following questions:	
<del>1</del> .	Full name of applicant (owner): Bry ce- (Class E permits must be from	McDonald	
2.	Applicant's Social Security  Home Telephone: 131-	Data Busia	41

documentation of such residency or citizenship during the review and approval process.) 3. What is your present home address? 95 Lawson TadDr. Crussville Th 3855 4. Previous address(es) (within last 10 years): 122 East port Dock Rd
monvoe Th 38573 5. Type of Ownership: Corporation Joint-Stock Co. \_\_\_\_Syndicate Person Firm V 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? Cumberland County Playhouse 7. Location of business, or special event, by street address or other geographical description and phone number of the business: 221 Tennessee Ave Crossitu The 38555 931-484-9000 8. Specify the identity and address of the person to receive annual privilege tax notices and any other communication from the City: Bryce mcDonald, Producing Director PO Rox 484 Grossine Th 38557 9. Give name and address of property owner, if other than business owner: Same as above 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 If so, specify number, \_\_\_\_. List the names of the restaurants or other businesses and describe their location (use additional sheet if necessary):

at least one year immediately preceding the date of applying for the permit. The City reserves the right to request

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11.	Give name, date of birth, and address in lanager other than the applicant:  Michael Buff 117 Park Place Ave Crossille 38	`EREK
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?. Lib lf 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 V_NoNo	
14.	Give the name, relationship to applicant (if applicable) and address of the former beer permit holder at this location: Never SOKI on premises	
hav bed or iss	m knowledgeable of the laws prohibiting the sale of beer to minors. I hereby certify that no person ving at least a 5% ownership interest, nor any person to be employed in the distribution or sale of er in my establishment has been convicted of any violation of the beer or alcoholic beverage laws any crime involving moral turpitude within the last 10 years. I am also aware that I shall not be sued a permit or my permit shall be revoked if my business location causes traffic congestion or erferes with schools, churches, or other public health, safety and morals.	
	to and subscribed before me this 2 day of April , 2022.	
Val Notary	My Commission Expires: 3/5/2024	
	STATE OF AND CAMERING AND CAMER	