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App	lication for (check one):
	Manufacturer's or distributor's permit
	(Class A) Application for Beer Permit
$\sim$	Off-premises permit (Class B)
	On-premises permit (Class C) City of Crossville
	On and off premises permit (Class D)
	Special events permit (Class E)
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bever	I hereby make application for a permit to sell, store, manufacture, or distribute beer or other ages 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:
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1.	Full name of applicant (owner): Dn DIINC (Sushilaben Patel)
	(Class E permits must be from a bonafide charitable, non-profit or political organization.)
2.	Applicant's Social Security# Date of Birth: Date of Birth: Driver's License:
	Home Telephone: 727-858-1438 Business Telephone: 931-456-9130
	(Effective 7/1/2015, T.C.A. 57-5-103(a) requires all applicants to be a citizen or lawful resident of the United States 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.)
9	What is your present home address? 173 Charleston Lane Apt - 102
.3.	Croscville, TN 38555
	( 408CVIIIE , IN 38333
4.	Previous address(es) (within last 10 years): N/A
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).
•	Ramesh Mari Potel
	nameshimmer roger
6.	Under what name will this business operate? D N D 1 INC DED MARTE
. 0.	The state of the s
7.	Location of business, or special event, by street address or other geographical description and phone
	number of the business: 601 Peavine Rd.
	Croscuille, Tn 38571 (931)-456-9130
8.	Specify the identity and address of the person to receive annual privilege tax notices and any other
0.	communication from the City: Sushilaben Patel (nuner)
	173 Charleston Jame Apt-102, Croccville, TN 38555
	A 1 - 44, 114
9.	Give name and address of property owner, if other than business owner: Jay Gayatri II LIC
	6350 S. York Huy, Clarkrange, TN 38583
. 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 <u>same</u> building?YesNo
	If so, specify number, List the names of the restaurants or other businesses and describe their
	location (use additional sheet if necessary):

	1) May Patel DOB: 11-17-1993
	173 Charleston lame Apt 102
	· Crossville IN 38555
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?.  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?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: <u>Tunior Hixson 601 Peavine Rd. (1055ville 71) 38555</u>
15.	For Class E permits only: Dates of special event:
hav	n 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
or a	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 ued 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.
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