

App	olication for (check one);	<b>&gt;</b>	
	Manufacturer's or distributor's permit	Application for Beer Permit	
	(Class A)	State of Tennessee	
	Off-premises permit (Class B)		
	On-premises permit (Class C)	City of Crossville	
<u>-</u>	On and off premises permit (Class D)		
	Special events permit (Class E)		
Code	I hereby make application for a permit to sell, rages authorized to be sold, stored, manufactured of Annotated 57-5-101 et seq. and base my application	r distributed under the provisions of Tennessee upon the answers to the following questions:	
1.	Full name of applicant (owner): Mac's Convenience S	tores LLC	
	(Class E permits must be from a bonafide charitable,		
.2.	Applicant's Social Security #: Date		
٠. ٠	Home Telephone: (812) 379-9227 Busin	ess Telephone:	
•	(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.)		
3.	What is your present home address? 4080 W Jonat	han Moore Pike, Columbus IN 47202	
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4.	Previous address(es) (within last 10 years): N/A		
5.	Type of Ownership:  Person Firm X CorporationJoint-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	I sheet if needed)	
•	Couche-Tard U.S. Inc.		
6.	Under what name will this business operate? Circle K 2803620 (there is an existing store on-site which will not undergo any change in branding or staffing - this is a parent company change only)		
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7.	Location of business, or special event, by street address number of the business:	s of other geographical description and phone	
	4234 Hwy 127 N, Crossville, TN 38571		
8.	Specify the identity and address of the person to receiv	e annual privilege tax notices and any other	
	communication from the City:	20 W Leveller Masse Dilia Calumbus IN 47202	
٠	Mac's Convenience Stores LLC ATTN: Betty Watts, 40	80 W Jonathan Woore Pike, Columbus IN 47202	
9.	Give name and address of property owner, if other than	business owner: N/A	
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? Yes X 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:  Joseph Stubblefield, 4234 Hwy 127 N, Crossville, TN 38571, (931) 484-9558	
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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.	
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13.	Has this owner or the owners' organization had a beer permit revoked, suspended, fined, or denied in the State of Tennessee?YesX_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: _Mac's Convenience Stores LLC is a sister company of Circle K Stores Inc., and is	
	purchasing this store from the same. There will be no brand and/or staffing change as a result.	
4.5	For Class E permits only: Dates of special event:	
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hav bee or a issu inte	In knowledgeable of the laws prohibiting the sale of beer to minors. I hereby certify that no person ring at least a 5% ownership interest, nor any person to be employed in the distribution or sale of the per 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 used a permit or my permit shall be revoked if my business location causes traffic congestion or exferes with schools, churches, or other public health, safety and morals.  The first Applicant/Owner (or Authorized Corporate Officer)	
Sworn t	to and subscribed before me this 2 nd day of March, 20 17.	
Notary Publ	My Commission Expires: 19,2021	
My Con	CAROLE OWINGS Notary Public - Seal State of Indiana Bartholomew County nmission Expires Aug 19, 2021	