CITY OF CROSSVILLE, TENNESSEE

99 Municipal Avenue
Crossville, TN 38555

APPLICATION FOR LIQUOR LICENSE

DATE LIQUOR LICENSE APPROVED BY ALCOHOLIC BEVERAGE COMMISSION:_____

BUSINESS NAME AND LOCATION:

Name: _____
(Give trade name at this location)

Address:_____
(Do not use P. 0. Box)

MAILING ADDRESS: (if different from street address)

Name: _____

Address: _____

_____

Phone Number: _____

Sales Tax Number: _____

Type of Privilege License: (Privilege tax collected annually by City)

- ☐ Private Club ..... $ 300.00
- ☐ Hotel and motel 1,000.00
- ☐ Convention Center 500.00
- ☐ Premier type tourist resort 1,500.00
- ☐ Restaurant, according to seating capacity, on licensed premises:
  - ☐ 75-125 seats 600.00
  - ☐ 126-175 seats 750.00
  - ☐ 176-225 seats 800.00
  - ☐ 226-275 seats 900.00
  - ☐ 276 seats and over 1,000.00
- ☐ Restaurant, wine only
  - ☐ 40-125 seats 120.00
  - ☐ 126-175 seats 150.00
  - ☐ 176-225 seats 160.00
  - ☐ 226-275 seats 180.00
  - ☐ 276 seats and over 200.00
- ☐ Historic performing arts center 300.00
- ☐ Urban park center 500.00
- ☐ Historic mansion house site 300.00
- ☐ Historic interpretive center 300.00
- ☐ Community theater 300.00
- ☐ Museum 300.00

THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. This application must be signed by the individual/owner, or by a partner, or by an officer of the corporation.

BY:_____

Signature of owner, partner, or officer Title Date