

CITY OF CROSSVILLE, TENNESSEE

99 Municipal Avenue
Crossville, TN 38555

APPLICATION FOR LIQUOR LICENSE

DATE LIQUOR LICENSE APPROVED BY ALCOHOLIC BEVERAGE COMMISSION: \_\_\_\_\_

State License Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

BUSINESS NAME AND LOCATION:

MAILING ADDRESS: (if different from street address)

Name: \_\_\_\_\_
(Give trade name at this location)

Name: \_\_\_\_\_

Address: \_\_\_\_\_
(Do not use P. O. Box)

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Sales Tax Number: \_\_\_\_\_

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

- Private Club \$ 300.00
Caterers \$500.00
Hotel and motel 1,000.00
Convention Center 500.00
Premier type tourist resort 1,500.00
Limited Service Restaurant, according gross sales of prepared food:
At least 30%, but not more than 50% of gross sales of prepared food \$2,000
At least 20%, but not more than 30% of gross sales of prepared food \$3,000
At least 15%, but not more than 20% of gross sales of prepared food \$4,000
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