CITY OF KNOXVILLE
APPLICATION FOR BEER PERMIT
OWNER/MANAGER APPLICATION

Reason for Application: ☑ New Application □ Manager Change or Addition
1. Name Cristian Josue Nolasco DeCuir "Owner—Percentage of Ownership 50% □ Manager
2. Home Address 738 Eagles Landing City Knoxville State TN Zip 37923
3. Home Phone (540) 206-9049 Cellular Phone ( ) Date of Birth 12/24/1984
4. Driver's License # State MD Social Security #
5. Local Business Name Moncks Latin Store LLC
6. Local Business Address/ZIP 200 W Woodland Ave 37917 Business Phone: (865) 247-2173

7. Have you ever been convicted of any violation of liquor and/or beer laws, felonies, or any crime involving moral turpitude, within the last ten years, or do you have any charges currently pending? □ Yes ☑ No
If yes, give particulars of each charge, including city, county, state, court and date:

8. Have you ever had a beer permit revoked, suspended, or denied? □ Yes ☑ No
If yes, explain:

9. Have you ever been convicted of any misdemeanors (Speeding, DUI, Simple Assault, etc.) within the last ten (10) years or have any charges currently pending? □ Yes* ☑ No
*If yes, give particulars of each charge, including city, county, state, court and date:

10. Do you understand both the state laws and the local laws regulating the sale and distribution of beer in the City of Knoxville? ☑ Yes □ No

11. Do you understand that allowing illegal gambling on the premises will subject the permit to revocation? ☑ Yes □ No

AFFIDAVIT

I hereby solemnly swear or affirm that each statement in this application is true and correct and agree that if my statement is false, the permit issued may be revoked by the Beer Board, upon notice and hearing, and that the burden is on the permittee to prove the correctness of all the statements in this application.

I understand that this application is subject to the Tennessee Public Records Act and shall be open for inspection and reproduction by any citizen. Tennessee Code Annotated §10-7-503.

Cristian Nolasco, understand that by submitting this application, a background investigation shall be conducted and any and all documents related to my investigation shall become public records.

Cristian Nolasco, hereby release, absolve and hold harmless, the City of Knoxville, the Knoxville Beer Board, the Knoxville Police Department, its employees, agents and representatives, from any and all liability of whatever type for any damages, causes of actions, personal or property injuries which may result as a consequence of my application for a beer permit, background investigation, release of documents or any other matters related to employees, agents and representatives as stated above.

I have read and understand the foregoing Release and understand its provisions and voluntarily consent to abide by its requirements.

Signature of Applicant

Sworn to and subscribed before me this 28th day of January 20 20

Notary Public: Elizabeth Humphrey

My Commission Expires: Sept. 5, 2022
STATE OF TENNESSEE
DEPARTMENT OF REVENUE

ERIKA RAMONA PAGUADA RIVAS
MONCHIS LATIN STORE LLC
200 W WOODLAND AVE
KNOXVILLE TN 37917-6375

Letter ID:     L0196820224
Effective Date:  October 1, 2019
Account ID:   1001654179-SLC
Account Type: Sales and Use Tax
Location ID:  1001301444
Location Address:
ERIKA RAMONA PAGUADA RIVAS
MONCHIS LATIN STORE
200 W WOODLAND AVE
KNOXVILLE TN 37917-6375

Sales and Use Tax Certificate of Resale

The above named taxpayer has been granted authority in accordance with Tenn. Code Ann. § 67-6-102 and Tenn. Comp. R. & Regs. 1320-05-01-.62 and 1320-05-01-.68 to make purchases intended for subsequent resale without payment of sales or use tax. Any merchandise or other taxable item purchased without the payment of tax upon this resale certificate that is used or consumed in any manner by the taxpayer, or is given away, must be reported and the tax paid directly to the Tennessee Department of Revenue.

The supplier must maintain a file copy as evidence of the sales tax exemption. Later purchases do not require the submission of additional copies.

__________________________  __________________________
Seller's Name                Seller's Address (City & State)

I, ________________________________, as an authorized representative of the taxpayer, certify that the products or services purchased are intended for subsequent resale by the purchaser for the following reason.

( ) resale of the tangible personal property, taxable service, taxable amusement, or taxable digital product
( ) rental or leasing of the tangible personal property
( ) a component part of a manufactured, assembled, processed or refined finished product that is for resale

Under penalty of perjury, I affirm this to be a true and correct statement.

__________________________  __________________________  ____________
Print Name of Authorized Representative  Signature of Authorized Representative  Date
DATE: 12/18/19

TO: Donald Jenkins, City Surveyor
    Engineering Department

FROM: Mark Byrd, Collections Officer
    Finance Department

RE: Request for distance measurements for beer permit application

Please measure the distances from the below indicated beer permit applicant’s proposed location to the public facilities indicated and forward this information back to me. As required by law, this information is necessary to process the applicant’s beer permit request. Thank you in advance for your assistance.

Business name: Monchis Latin Store
Business location: 200 W Woodland Ave
Property description: ☑ Pre-existing structure  ☐ New construction
Directions to and/or landmarks near location: I-275 N to exit 1B

SCHOOL/DAYCARE:
Name: Eastport Elementary School
Address: 1000 N Central St
Distance/feet: MORE THAN 300'

FUNERAL HOME:
Name: Rose Mortuary - Broadway Chapel
Address: 1421 N Broadway
Distance/feet: MORE THAN 300'

HOSPITAL:
Name: Fort Sanders Regional Medical Center
Address: 1901 W Clinch Ave
Distance/feet: MORE THAN 300'