

CITY OF KNOXVILLE BEER PERMIT

APPLICATION CHECKLIST | DISTRICT: 1

Business Name: Disco Chicken Account Number: 66971

Business Address: 2201 Kerns Rising Way Ste 120 37920

Agenda Date: 4, 29, 25 CLT Number: 109AK014

TASK	COMMENTS
New Application:	Received 4/1/25
Permit Fee Paid	(New Application \$250.00)
Publication Fee Paid:	(50.00)
Records Check Completed	
Current City Business License:	Expiration Date: <u>5, 15, 26</u>
Copy of Certificate of Registration for Tennessee Sales Tax	
Copy of Corporate Charter; LLC; ETC.	✓
Notice of Application to Knox County Health Dept. (215-5200)	Sent: ___/___/___ Received: ___/___/___ Approved: Pending: ✓ 4/23/25
Notice of Application to Building Inspections (215-3669)	Sent: ___/___/___ Received: ___/___/___ Approved: Pending:
Notice of Application to Fire Prevention Bureau (633-0400)	Sent: ___/___/___ Received: ___/___/___ Approved: Pending:
Request distances measured by Engineering Dept. (215-6132)	Sent: <u>4, 3, 25</u> Received: <u>4, 11, 25</u> Approved: ✓ Pending Location needs add'l research?
Plan for Server Compliance	✓
KAST Program completed	
Previous Business at this location:	no previous permit for this exact location; FSRE Kerns Bakery Manager LLC holds the common area permit

CITY OF KNOXVILLE
APPLICATION FOR SUBORDINATE RETAILER'S ON PREMISE BEER PERMIT

It is the applicant's responsibility to provide complete and accurate information. The Beer Board could deny or delay action on the application if any information is not accurate.

I / we hereby make application for a permit to sell or store beer or other beverages authorized to be sold or stored under the provisions of the City of Knoxville alcoholic beverages ordinance Chapter 4 and base my application upon the answers to the following questions:

1. Reason for Application: New Business New Ownership Name Change Other _____

2. Name of Business Owner(s): Ruston Cochran, Melanie + Jay Frazier Dough To Series 5

3. Is Owner a: Corporation General Partnership Limited Partnership LLC Sole Proprietorship
 Other _____

4. Under what name will the business operate: Dough To Series 5 OSA Disco chicken

5. Business Address: 2201 Kerns Kisimulay Zip 37920 Phone (706) 499-8995

6. Property Owner's Name: FSRE Kerns BAKING OPCO LLC Phone _____

7. Type of business you will operate: Restaurant

8. List names of all general partners and owners and designate PERCENTAGE of ownership. (Use additional paper if necessary.) Each person owning 5% or more of the business must complete an owner/manager application (attached) and submit to a city of Knoxville Police Department background check. If ownership is a corporation, please indicate whether the corporation is privately held or publicly traded. If privately held, each person owning 5% or more of the corporation must complete an owner/manager application and submit to a city of Knoxville Police Department background check.

Ruston Cochran 75%
Melanie + Jay Frazier 25% (combined)

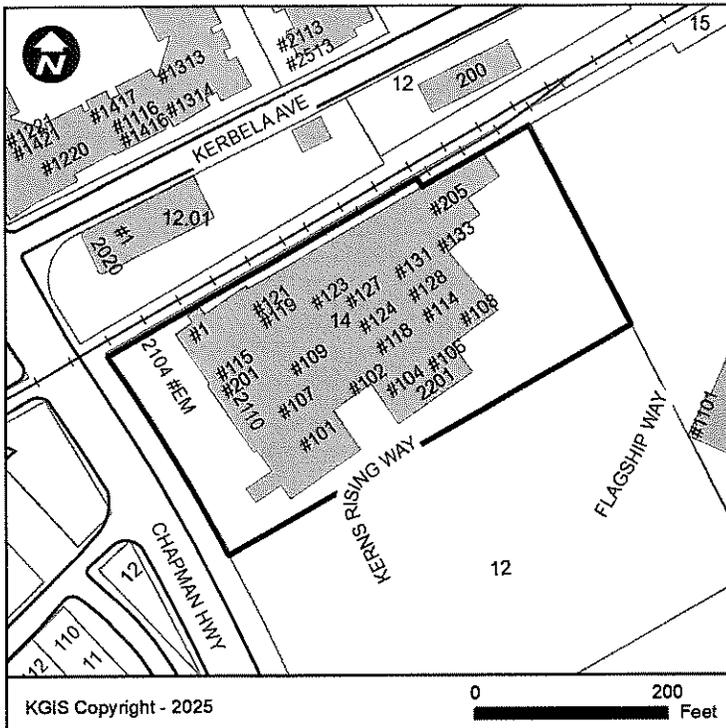
9. List the name(s) of managers or others on-site responsible for operations. Any change in management must be reported to the Business Tax Office. A new manager is subject to a background check and applicable fees. Each individual listed must complete an owner/ manager application and submit to a City of Knoxville Police Department background check.

Stacy Combs
Ylebert McClain

10. List machines currently in use or planned for use on premises and owner of machines (cigarette, pinball, jukebox, etc.)
None

Name and contact information of holder of Common Area Permit: FSRE Kerns BAKING -OPCO, LLC
P.O. Box 106072
Atlanta, GA 303480072

2201 KERNS RISING WAY - Property Map and Details Report



Property Information

Parcel ID: 109AK014
Location Address: 2201 KERNS RISING WAY
CLT Map: 109
Insert: A
Group: K
Condo Letter:
Parcel: 14
Parcel Type: NORMAL
District:
Ward: 26
City Block: 25220
Subdivision: KERNS BAKERY REPLAT
Rec. Acreage: 2.71
Calc. Acreage: 0
Recorded Plat: 20220609 - 0092916
Recorded Deed: -
Deed Type:
Deed Date:

Address Information

Site Address: 2201 KERNS RISING WAY
 KNOXVILLE - 37920
Address Type: PRIMARY BUILDING ADDRESS
Site Name: KERNS BAKERY
 Please contact Knoxville-Knox County Planning at (865) 215-2500 if you have questions.

Owner Information

FSRE-KERNS BAKERY II LLC
 1180 WEST PEACHTREE STREET NW
 STE 1900
 ATLANTA GA 30309
 The owner information shown in this section does **not** necessarily reflect the person(s) responsible for Last Year's property taxes. Report any errors to the Knox County Property Assessor's office at (865) 215-2365.

Jurisdiction Information

County: KNOX COUNTY
City / Township: Knoxville
Fire Response: KNOXVILLE FIRE DEPARTMENT
 Please contact the Knox County Fire Prevention Bureau at (865) 215-4660 if you have questions.

Other Information

Census Tract: 8
Planning Sector: South City
 Please contact Knoxville-Knox County Planning at (865) 215-2500 if you have questions.

Political Districts

Voting Precinct: 26
Voting Location: Dogwood School
 705 TIPTON AVE
TN State House: 15
TN State Senate: 6
County Commission: 9 Andy Fox
 (at large seat 10) Larsen Jay
 (at large seat 11) Kim Frazier
City Council: 1 Tommy Smith
 (at large seat A) Lynne Fugate
 (at large seat B) Debbie Helsley
 (at large seat C) Amelia Parker
School Board: 9 Kristi Kristy
 Please contact Knox County Election Commission at (865) 215-2480 if you have questions.

School Zones

Elementary: SOUTH KNOXVILLE ELEMENTARY
Intermediate:
Middle: SOUTH-DOYLE MIDDLE
High: SOUTH-DOYLE HIGH

Disclaimer: KGIS makes no representation or warranty as to the accuracy of this map and its information nor to its fitness for use. Any user of this map product accepts the same AS IS, WITH ALL FAULTS, and assumes all responsibility for the use thereof, and further covenants and agrees to hold KGIS harmless from any damage, loss, or liability arising from any use of the map product. Independent verification of all information contained on this map should be obtained by any user.

CITY OF KNOXVILLE
APPLICATION FOR SUBORDINATE RETAILER'S ON PREMISE PERMIT
AFFIDAVIT

1. I/we Dustin Cochran hereby solemnly swear or affirm that each statement in this application is true and correct and understand that if any statement contained herein is false, the permit issued is automatically forfeited and voided. Furthermore, that in the event of forfeiture I/we shall not be eligible to receive another permit for a period of ten (10) years pursuant to Tennessee Code Annotated § 57-5-105(d).
2. I/we understand that all applicants are charged with the responsibility of knowing the local and state beer laws. I/we are aware that the penalty for violating state or local beer laws can include revocation or suspension of the permit and/or the imposition of civil penalties up to ONE THOUSAND FIVE HUNDRED 00/100 DOLLARS (\$1,500.00) PER OFFENSE.
3. I/we understand that if the business allows illegal gambling on the premises that the beer permit will be subject to revocation.
4. I/we understand that a requirement of beer permit issuance is the permittee(s) and ON-SITE manager(s) who will supervise and/or sell and serve the beer at the establishment must complete alcohol education and training programs in accordance with City of Knoxville Code Section 4-60(c).
5. I/we understand that by submitting this application, a background investigation shall be conducted on the applicant(s) and on all ON-SITE managers who will be selling beer at the permitted establishment. It is further understood that any and all documents related to that investigation shall become public record open for public inspection and reproduction pursuant to Tennessee Code Annotated § 10-7-503.
6. I/we understand that a requirement of maintaining good status standing with the Knoxville Beer Board, is that I/we must notify the City of Knoxville Business Tax Office each time there is a change in the on-site manager responsible for selling the beer.
7. I/we hereby release, absolve and hold harmless, the City of Knoxville, the Knoxville Beer Board, the Knoxville Police Department, and the employees, agents and representatives of all of the foregoing from any and all liability of whatever type for any damages, causes of actions, personal 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 my application. I/we hereby waive all possible liability of the City of Knoxville, Knoxville Beer Board, Knoxville Police Department, and the employees, agents and representatives of all the foregoing as stated above.
8. I/we agree that the hiring of an employee who has been convicted within the past ten (10) years of any law relating to the sale, possession, manufacture or transportation of intoxicating beverages, including beer, as defined by City of Knoxville Code Section 4-37 or the hiring of an employee who has been convicted of any felony or crime involving moral turpitude within the past ten (10) years will be cause for possible revocation of the beer permit.
9. I/we understand if any information given in the application subsequently changes, I/we will immediately notify the Knoxville Beer Board c/o Business Tax Office.
10. I/we understand that if the business closes down, relocates, or there is ANY change in the ownership of the business, the permit will be surrendered to the Business Tax office within 15 days of said change for appropriate action.
11. I/we assume full responsibility for the permit and will be accountable for full compliance with the laws of Knoxville and the State of Tennessee in the sale of beer.
12. I/we have read the foregoing release. I/we fully understand its provisions, and voluntarily consent to abide by its requirements.
13. I/we acknowledge and understand that the fees paid for the beer permit application process are non-refundable.
14. The undersigned is the applicant or the bona fide and qualified agent/representative of the corporate applicant.

[Signature]
Applicant Signature or Agent/Representative

Date: 4/1/25

Co-Applicant Signature

Date: _____

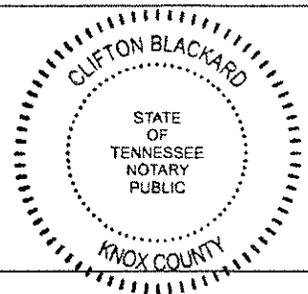
Co-Applicant Signature

Date: _____

Sworn to and subscribed before me this 1st day of April, 20 25.

Notary Public: [Signature]

My Commission Expires: 11-01-25



CITY OF KNOXVILLE
APPLICATION FOR SUBORDINATE RETAILER'S ON PREMISE BEER PERMIT
OWNER/MANAGER APPLICATION

Reason for Application: New Application Manager Change or Addition

1. Name Dustin Cochran Owner--Percentage of Ownership 75 % Manager
2. Home Address 7512 Creekside Court City Knoxville State TN Zip 37920
3. Home Phone () N/A Cellular Phone (865) 518-1297 Date of Birth 09 / 16 / 1986
4. Driver's License # _____ State TN Social Security # _____
5. Local Business Name Dough 40 Series 5 DBA DWSloth.ckent
6. Local Business Address/ZIP 2201 Kears Ridge Way Suite 120
Knoxville, TN 37920 Business Phone: (865) 518-1297
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.

I, DUSTIN COCHRAN, 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.

I, DUSTIN COCHRAN, 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.

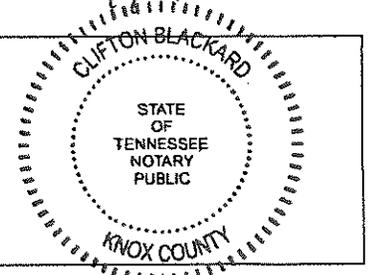
Dustin Cochran
 Signature of Applicant

Date: 4/11/25

Sworn to and subscribed before me this 15th day of April, 20 25.

Notary Public: Cliff Blackard

My Commission Expires: 11-01-25



CITY OF KNOXVILLE
APPLICATION FOR SUBORDINATE RETAILER'S ON PREMISE BEER PERMIT
OWNER/MANAGER APPLICATION

Reason for Application: New Application Manager Change or Addition

1. Name Melanie Frazier Owner--Percentage of Ownership 12.5% Manager
2. Home Address 833 Kingfisher St. City Maryville State TN Zip 37801
3. Home Phone (865) 661-0895 Cellular Phone (865) 661-0895 Date of Birth 03 / 30 / 1973
4. Driver's License # _____ State TN Social Security # _____
5. Local Business Name Dough Jo Series 5 DBA Disco Chicken
6. Local Business Address/ZIP 2201 Kerns Rising Way Suite 120 Business Phone: (865) 518-1297
Knoxville, TN 37920
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.

I, Melanie Frazier, 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.

I, Melanie Frazier, 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.

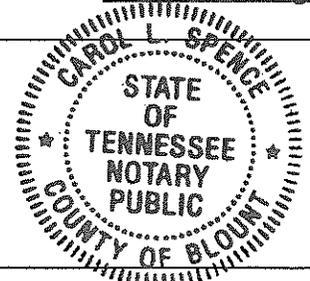
Melanie Frazier
Signature of Applicant

Date: 03-28-25

Sworn to and subscribed before me this 28 day of March, 20 25.

Notary Public: Carol L. Spence

My Commission Expires: 3-30-26



CITY OF KNOXVILLE
APPLICATION FOR SUBORDINATE RETAILER'S ON PREMISE BEER PERMIT
OWNER/MANAGER APPLICATION

Reason for Application: New Application Manager Change or Addition

1. Name JAY B. FRAZIER Owner--Percentage of Ownership 12.5% Manager
2. Home Address 833 KINGFISHER ST City MEMPHIS State TN Zip 37801
3. Home Phone () N/A Cellular Phone (865) 382-1096 Date of Birth 04 / 07 / 1969
4. Driver's License # _____ State TN Social Security # _____
5. Local Business Name DOUGH JO SERIES 5 DBA DISCO CHICKEN
6. Local Business Address/ZIP 2201 KERRICKSING WAY SUITE 170 KNOXVILLE TN 37920 Business Phone: (865) 518-1297
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: _____
SPEEDING ALCON CITY 2024
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.

I, JAY B FRAZIER, 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.

I, JAY B FRAZIER, 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.

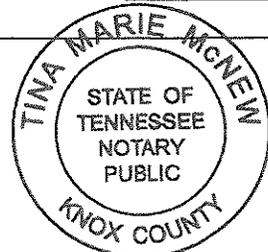
Signature of Applicant

Date: 03/28/25

Sworn to and subscribed before me this 28th day of March, 2025.

Notary Public: Tina Marie McNew

My Commission Expires: July 1, 2028



CITY OF KNOXVILLE
APPLICATION FOR SUBORDINATE RETAILER'S ON PREMISE BEER PERMIT
OWNER/MANAGER APPLICATION

Reason for Application: New Application Manager Change or Addition

1. Name Stacy Combs Owner--Percentage of Ownership _____% Manager
2. Home Address 6351 Waverly City Knoxville State TN Zip 37914
3. Home Phone () _____ Cellular Phone (865) 621-7156 Date of Birth 04 / 11 / 1965
4. Driver's License # _____ State TN Social Security # _____
5. Local Business Name Disco Chicken
6. Local Business Address/ZIP 220 Kentucky Way Suite 120 Knox TN 37920 Business Phone: () _____
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.

I, Stacy Combs, 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.

I, Stacy Combs, 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.

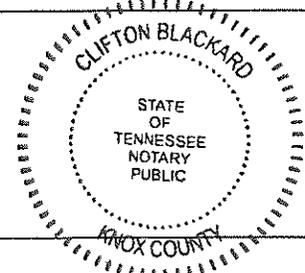
Signature of Applicant: [Signature]

Date: 2-1-25

Sworn to and subscribed before me this 1st day of April, 2025.

Notary Public: [Signature]

My Commission Expires: 11-21-25



CITY OF KNOXVILLE
APPLICATION FOR SUBORDINATE RETAILER'S ON PREMISE BEER PERMIT
OWNER/MANAGER APPLICATION

Reason for Application: New Application Manager Change or Addition

1. Name Dustin Cochran Owner--Percentage of Ownership 75% Manager
2. Home Address 7512 Creekside Court City Knoxville State TN Zip 37920
3. Home Phone () N/A Cellular Phone (865) 518-1297 Date of Birth 09 / 16 / 1986
4. Driver's License # _____ State TN Social Security # _____
5. Local Business Name Dough Cr Series 5 DBA Dinechick
6. Local Business Address/ZIP 2201 Kearsy Pkwy Ste 120 Knoxville, TN 37920 Business Phone: (865) 518-1297
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.

I, Dustin Cochran, 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.

I, Dustin Cochran, 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.

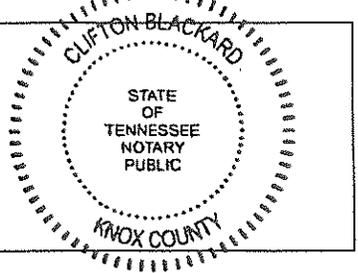
I have read and understand the foregoing Release and understand its provisions and voluntarily consent to abide by its requirements.

Signature of Applicant: [Signature] Date: 4/11/25

Sworn to and subscribed before me this 15th day of April, 2025.

Notary Public: [Signature]

My Commission Expires: 11-01-25



CITY OF KNOXVILLE
APPLICATION FOR SUBORDINATE RETAILER'S ON PREMISE BEER PERMIT
OWNER/MANAGER APPLICATION

Reason for Application: New Application Manager Change or Addition

1. Name Melanie Frazier Owner--Percentage of Ownership 12.5% Manager
2. Home Address 833 Kingfisher St. City Maryville State TN Zip 37801
3. Home Phone (865) 661-0895 Cellular Phone (865) 661-0895 Date of Birth 03 / 30 / 1973
4. Driver's License # _____ State TN Social Security # _____
5. Local Business Name Dough Jo Series 5 DBA Disco Chicken
6. Local Business Address/ZIP 2201 Kerns Rising Way Suite 128 Business Phone: (865) 518-1297
Knoxville, TN 37920
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.

I, Melanie Frazier, 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.

I, Melanie Frazier, 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.

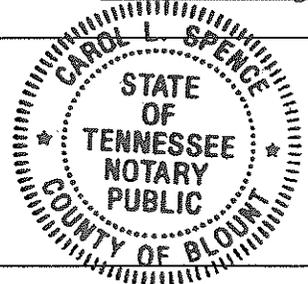
Melanie Frazier
 Signature of Applicant

Date: 03-28-25

Sworn to and subscribed before me this 28 day of March, 20 25.

Notary Public: Carol L. Spence

My Commission Expires: 3-30-26



CITY OF KNOXVILLE
APPLICATION FOR SUBORDINATE RETAILER'S ON PREMISE BEER PERMIT
OWNER/MANAGER APPLICATION

Reason for Application: New Application Manager Change or Addition

1. Name JAY B. FRAZIER Owner--Percentage of Ownership 12.5% Manager
2. Home Address 833 KINGSMORE ST City MARIETTA State TN Zip 37801
3. Home Phone () N/A Cellular Phone (865) 382-1096 Date of Birth 04 / 07 / 1969
4. Driver's License # _____ State TN Social Security # _____
5. Local Business Name DOUGH JO SERIES 5 DBA DISCO CHICKEN
6. Local Business Address/ZIP 2201 KERRICKSING WAY SUITE 120 KNOXVILLE TN 37920 Business Phone: (865) 518-1297
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: _____
SPEEDING ALCON CITY 2024
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.

I, JAY B FRAZIER, 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.

I, JAY B FRAZIER, 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.

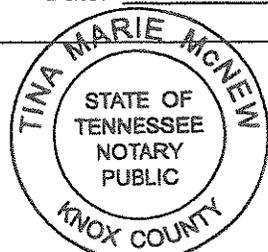
Signature of Applicant [Signature]

Date: 03/28/25

Sworn to and subscribed before me this 28th day of March, 2025.

Notary Public: Tina Marie McNew

My Commission Expires: July 1, 2028



CITY OF KNOXVILLE
APPLICATION FOR SUBORDINATE RETAILER'S ON PREMISE BEER PERMIT
OWNER/MANAGER APPLICATION

Reason for Application: New Application Manager Change or Addition

1. Name Stacy Combs Owner—Percentage of Ownership _____% Manager
 2. Home Address 6351 Waresville City Knoxville State TN Zip 37914
 3. Home Phone () _____ Cellular Phone (865) 621-7156 Date of Birth 04 / 11 / 1965
 4. Driver's License # _____ State TN Social Security # _____
 5. Local Business Name Disco Chickens
 6. Local Business Address/ZIP 220 Kentucky Way Suite 120 Knoxville TN 37920 Business Phone: () _____
 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.

I, Stacy Combs, 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.

I, Stacy Combs, 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.

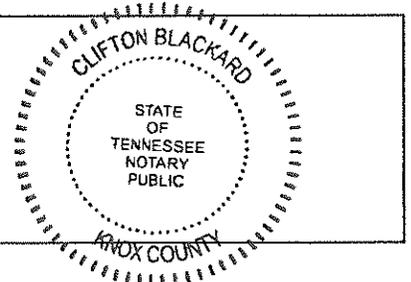
Signature of Applicant: [Signature]

Date: 2-1-25

Sworn to and subscribed before me this 1st day of April, 2025.

Notary Public: [Signature]

My Commission Expires: 11-21-25



CITY OF KNOXVILLE
APPLICATION FOR SUBORDINATE RETAILER'S ON PREMISE PERMIT

Property Details

Property Address: 2201 Kears Paving Way Suite 100 Knoxville, TN 37920

Directions to business, including any landmarks:

<u>I-40 to Henley Street - location is old Kears Bakery Bldg</u>

Property Owner Information:

Name FSR & Kears Bakery OPEO, LLC
Phone 706-499-8995

Neighborhood Demographics

Provide the following locations nearest to the business. Provide ALL lines of information requested. You may want to drive or walk the area around the business location to determine which facilities are closest. You will be held accountable for the information provided.

****Must be filled in completely - No Exceptions****

School / Day Care:

Name L + H Stem Academy
Address 401 Henley St Knoxville TN 37902

Funeral Home:

Name Berry Funeral Home
Address 3704 Chapman Hwy ^{Knoxville TN} 37920

Hospital:

Name ~~Fort Sanders~~ Fort Sanders Regional Medical Ctr
Address 1901 Welch Ave Knoxville TN 37914

CITY OF KNOXVILLE
APPLICATION FOR SUBORDINATE RETAILER'S ON PREMISE BEER PERMIT

Notice of Actions Contact

Pursuant to City of Knoxville Code Section 4-67, the City requires the applicant to designate an individual residing within Knox County to receive notice of actions of the City or the Beer Board and to accept service of process. Please provide the name of the individual, their position with the applicant (owner, manager, etc.) and their address (may be business location). Note that the applicant is required to notify the City in accordance with Section 4-67 if there is any change in this information. In addition to a local address, please provide an address to which certified mail may be sent.

SUBORDINATE RETAILER'S ON PREMISE PERMIT APPLICATION:

Business Name: Dough Co Series 5 OBA Disco Chizel
Business Location: 2501 Kearsney Way Suite 120 Knoxville, TN 37920

PERSON RESPONSIBLE TO RECEIVE SERVICE OF PROCESS:

Name: Dustin Cochran
Position: Owner Phone (803) 518-1297
Address: 7512 Creek Song Court
Knoxville TN 37920
City, State, Zip: _____

CERTIFIED MAILING ADDRESS:

Name: Dustin Cochran
Address: 2601 E Broadway

City, State, Zip: Maryville TN 37804

**Department
of
Finance**

CITY OF KNOXVILLE, TENNESSEE
Business License

**Business
Tax
Division**

Business Name and Location:
DISCO CHICKEN
2201 KERNS RISING WAY



Account #	66971
Classification	2
License/Receipt #	279726
Issue Date	03/26/2025
Expiration Date	05/15/2026

Mailing Address:

DISCO CHICKEN
c/o DOUGH JO SERIES FIVE
2601 E BROADWAY AVE
MARYVILLE, TN 37804

Clifton B.
Collection Officer

- FOLD -

Must be posted in a conspicuous place

- FOLD -

Business Tax Receipt

Final Returns MUST be filed within 15 days of close of Business.

Retail	0.00
Wholesale	0.00
Business Tax	0.00
Less Credits	0.00
Sub Total	0.00
Penalty	0.00
Interest	0.00
SubTotal	0.00

Min. Bus. Tax	15.00
Penalty	0.00
Interest	0.00
Coll. & Rec. Fees	0.00
SubTotal	15.00
Total Amount	15.00
Total Payments	15.00
Balance Due	0.00

Lic_New_App

City Revenue Office - P.O. Box 1028 - Knoxville, Tennessee 37901 - (865)215-2083 - (865)215-2621 (fax)

DOUGH JO, LLC

Entity Type: Limited Liability Company (LLC)

Formed in: TENNESSEE

Term of Duration: Perpetual

Managed By: Manager Managed

Series LLC: Yes

Number of Members: 6 or less

Status: Active

Control Number: 001268002

Initial Filing Date: 12/31/2021 10:49:35 AM

Fiscal Ending Month: December

AR Due Date: 04/01/2026

Obligated Member Entity: No

Registered Agent

DUSTIN COCHRAN

2601 E BROADWAY

MARYVILLE, TN 37804

AR Standing: Good

Principal Office Address

2601 E BROADWAY AVE

MARYVILLE, TN 37804-2762

RA Standing: Good

Mailing Address

2601 E BROADWAY AVE

MARYVILLE, TN 37804-2762

Other Standing: Good

Revenue Standing: Not Good

History (12)

Name History (7)

DISCO CHICKEN ALCOHOL POLICY

_____All Servers/Bartenders must have their Tn ABC Card on file with Disco Chicken as part of their hire package

_____All servers/Bartenders must be 21 years of age or older

_____All customers/guests must be 21 to purchase or be served alcohol, this means if a person over 21

purchases a drink and gives it to a person under 21, that drink is to be taken from the guest and the server/bartender is to get a manager immediately

_____All customers/guests are to be carded, the ID is to be current with an unexpired date, and the ID is to be checked for valid information and seals and specific info , employees are to look for any inconsistencies and dates that do not match up

Any Id that is questionable is to be presented to manager and the manager will complete the ID process

_____The legal serving date for alcohol will be posted every morning on the POS system so that all employees will know the date to look for on the

_____We will hold a daily rally with employees and go over the legal age date to serve alcohol, and the ID process will be gone over each day ,this will include things to look for on fake IDs, and our procedure to refuse service of alcohol

We will also address over serving- typically we will serve 1-2 beers per hour but depending on the guest and determining factors , such as behavior , as well as gender and body mass and weight

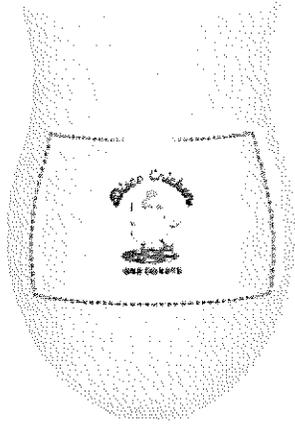
_____ Any customer /guest that does not have an ID will be refused service , any guest with a questionable ID will be refused service

_____Any customer/guest who appears intoxicated or impaired will not be served, this includes staggering , slurred speech, clumsiness and aggressive or inappropriate behavior

_____Managers are to be notified of any persons involved in refusal to serve - if a server/bartender has to cut off a guest , we will have a manager involved in this process

_____We will always have a manager on duty during alcohol serving hours

_____Any bartender /server that serves to an underage person will be terminated immediately



CITY OF KNOXVILLE
INTEROFFICE MEMORANDUM

4-3-25

DATE: _____

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: Disco Chicken

Business location: 2201 Kerns Rising Way, Ste 120

Property description: New construction Pre-existing structure

Directions to and/or landmarks near location: _____

SCHOOL/DAYCARE:

Name: L & N STEM Academy

Address: 401 Henley St

Distance/feet: MORE THAN 300'

FUNERAL HOME:

Name: Berry Funeral Home

Address: 3704 Chapman Hwy

Distance/feet: MORE THAN 300'

HOSPITAL:

Name: Fort Sanders Regional Medical Center

Address: 1901 Clinch Ave

Distance/feet: MORE THAN 300'