

# CITY OF KNOXVILLE BEER PERMIT

APPLICATION CHECKLIST | DISTRICT: 6

Business Name: Crowne Plaza Knoxville <sup>Downtown</sup> Account Number: 66808

Business Address: 401 W Summit Hill Dr 37902

Agenda Date: 3, 18, 25 CLT Number: 094LD00201

TASK	COMMENTS
New Application:	<u>Received 3/3/25</u>
Permit Fee Paid	<input checked="" type="checkbox"/> (New Application \$250.00)
Publication Fee Paid:	<input checked="" type="checkbox"/> (\$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.	<input checked="" type="checkbox"/>
Notice of Application to Knox County Health Dept. (215-5200)	Sent: ___/___/___ Received: ___/___/___ Approved: Pending:
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>3, 6, 25</u> Received: ___/___/___ Approved Pending Location needs add'l research?
Plan for Server Compliance	<input checked="" type="checkbox"/>
KAST Program completed	<input checked="" type="checkbox"/>
Previous Business at this location:	<u>Crowne Plaza Knoxville &lt;#23863&gt;</u>

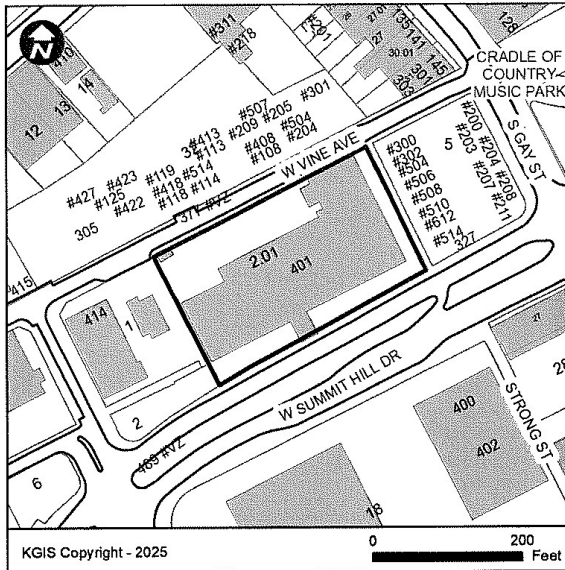
**CITY OF KNOXVILLE**  
**APPLICATION FOR BEER PERMIT**

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**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, store, or distribute beer or other beverages authorized to be sold, stored or distributed 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): Ephant Group CP Partners LLC
3. Is Owner a: ☐ Corporation ☐ General Partnership ☐ Limited Partnership ☒ LLC ☐ Sole Proprietorship  
☐ Other \_\_\_\_\_
4. Under what name will the business operate: Crowne Plaza Knoxville Downtown
5. Business Address: 401 W Summit Hill Dr Zip 37902 Phone (865) 522-2600
6. Property Owner's Name: Hardik Kumar Patel Phone 865-999-0000
7. Type of business you will operate: Hotel w/ Bar & 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.  
Hardik Kumar Patel 100%  
\_\_\_\_\_  
\_\_\_\_\_
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.  
Hardik Kumar Patel  
\_\_\_\_\_  
\_\_\_\_\_
10. List machines currently in use or planned for use on premises and **owner** of machines (cigarette, pinball, jukebox, etc.)  
N/A
11. Type of permit requested:  
☐ Off Premise ☒ On/Off Premise ☐ Caterer ☐ Manufacturer/Distributor ☐ Self-Serve

**401 W SUMMIT HILL DR - Property Map and Details Report****Property Information**

Parcel ID: 094LD00201  
Location Address: 401 W SUMMIT HILL DR  
CLT Map: 94  
Insert: L  
Group: D  
Condo Letter:  
Parcel: 2.01  
Parcel Type: NORMAL  
District:  
Ward: 6  
City Block: 06101  
Subdivision:  
Rec. Acreage: 1.38  
Calc. Acreage: 0  
Recorded Plat: 99L - 22  
Recorded Deed: -  
Deed Type:  
Deed Date:

**Address Information**

Site Address: 401 W SUMMIT HILL DR  
KNOXVILLE - 37902  
Address Type: HOTEL  
Site Name: THE CROWN PLAZA  
Please contact Knoxville-Knox County Planning at (865) 215-2500 if you have questions.

**Owner Information**

KNOXVILLE HOTEL ASSOCIATES LLC  
47W210 ROUTE 30  
BIG ROCK IL 60511

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: 1  
Planning Sector: Central City  
Please contact Knoxville-Knox County Planning at (865) 215-2500 if you have questions.

**Political Districts**

Voting Precinct: 06  
Voting Location: Green School  
801 LULA POWELL DR  
TN State House: 15  
TN State Senate: 7  
County Commission: 1 Damon Rawls  
(at large seat 10) Larsen Jay  
(at large seat 11) Kim Frazier  
City Council: 6 Gwen McKenzie  
(at large seat A) Lynne Fugate  
(at large seat B) Debbie Helsley  
(at large seat C) Amelia Parker  
School Board: 1 John Butler  
Please contact Knox County Election Commission at (865) 215-2480 if you have questions.

**School Zones**

Elementary: GREEN  
ELEMENTARY  
MAGNET  
Intermediate:  
Middle: VINE MIDDLE  
MAGNET  
High: AUSTIN-EAST  
HIGH MAGNET

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**CITY OF KNOXVILLE**  
**APPLICATION FOR BEER PERMIT**  
**AFFIDAVIT**

1. I/we Mardikumar Patel 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, its employees, agents and representatives 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, its employees, agents and representative 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: 2/24/25

\_\_\_\_\_  
Co-Applicant Signature

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

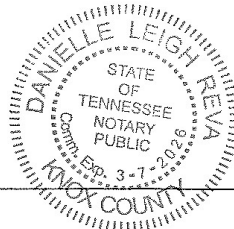
\_\_\_\_\_  
Co-Applicant Signature

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

Sworn to and subscribed before me this 24 day of Feb, 2025.

Notary Public: [Signature]

My Commission Expires: 3-7-2026



**CITY OF KNOXVILLE**  
**APPLICATION FOR BEER PERMIT**  
**OWNER/MANAGER APPLICATION**

- Reason for Application: ☒ New Application ☐ Manager Change or Addition
1. Name Hardikkumar Patel ☐ Owner--Percentage of Ownership 100% ☐ Manager
2. Home Address 7216 Wellington Dr Ste 2 City Knoxville State TN Zip 37902
3. Home Phone ( ) Cellular Phone (865) 999-0000 Date of Birth 11 / 23 / 1986
4. Driver's License # \_\_\_\_\_ State TN Social Security # \_\_\_\_\_
5. Local Business Name Ephant Group CP Partners LLC/Crowne Plaza Knoxville Downtown
6. Local Business Address/ZIP 401 W Summit Hill Dr Business Phone: (865) 522-2600
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 Knox County  
2024 Pled guilty
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, Hardikkumar Patel, 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, Hardikkumar Patel, 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.

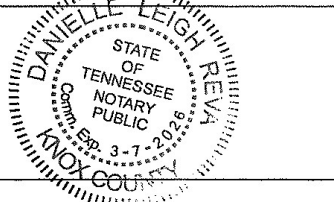
I have read and understand the foregoing Release and understand its provisions and voluntarily consent to abide by its requirements.

[Signature] Date: 2/24/25  
Signature of Applicant

Sworn to and subscribed before me this 24 day of Feb, 2025

Notary Public: [Signature]

My Commission Expires: 3-7-2026



**CITY OF KNOXVILLE**  
**APPLICATION FOR BEER PERMIT**

***Property Details***

Property Address: 401 W. Summit Hill Dr Knoxville TN 37902

Directions to business, including any landmarks:

From Interstate 40 Take the Summit Hill Dr exit. Turn in
the East direction, Hotel will be on Summit Hill Dr
on the North Side of the road

Property Owner Information:

Name Hardik Kumar Patel

Phone (865) 999-0000

***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 LIN STEM Academy

Address 800 Worlds Fair Park Dr, Knoxville TN 37902

Funeral Home:

Name Unity Mortuary

Address 1435 McCalla Ave Knoxville TN 37915

Hospital:

Name Fort Sanders Regional Medical Center

Address 1901 Clinch Ave Knoxville TN 37916

**CITY OF KNOXVILLE**  
**APPLICATION FOR BEER PERMIT**

***Notice of Actions Contact***

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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.

**BEER PERMIT APPLICATION:**

Business Name: Ephant Group CP Partners LLC Crowne Plaza Knoxville Downtown  
Business Location: 401 W Summit Hill Dr Knoxville TN 37902

**PERSON RESPONSIBLE TO RECEIVE SERVICE OF PROCESS:**

Name: Hardik Kumar Patel  
Position: Chief Manager Phone (865) 999-0000  
Address: 7216 Wellington Dr  
Suite 2  
City, State, Zip: Knoxville TN 37902

**CERTIFIED MAILING ADDRESS:**

Name: Hardik Kumar Patel  
Address: 7216 Wellington Dr Suite 2  
City, State, Zip: Knoxville TN 37902

**Department  
of  
Finance**

**CITY OF KNOXVILLE, TENNESSEE**  
*Business License*

**Business  
Tax  
Division**

Business Name and Location:  
CROWNE PLAZA KNOXVILLE DOWNTOWN  
401 W SUMMIT HILL



Mailing Address:

CROWNE PLAZA KNOXVILLE DOWNTOWN  
c/o EPHANT GROUP CP PARTNERS LLC  
7216 WELLINGTON DR  
STE 2  
KNOXVILLE, TN 37919

Account #	66808
Classification	3
License/Receipt #	279177
Issue Date	02/19/2025
Expiration Date	05/15/2026

Mark 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
<b>Total Amount</b>	<b>15.00</b>
Total Payments	15.00
<b>Balance Due</b>	<b>0.00</b>

Lic\_New\_App

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



EPHANT GROUP CP PARTNERS LLC

Entity Type: Foreign Limited Liability Company (LLC)  
Formed in: DELAWARE  
Term of Duration: Perpetual  
Managed By: Member Managed

Status: Active  
Control Number: 002000297  
Initial Filing Date: 2/18/2025 10:15:27 AM  
Fiscal Ending Month: December  
AR Due Date: 04/01/2026

Registered Agent	Principal Office Address	Mailing Address
HARDIKKUMAR PATEL	7216 WELLINGTON DR STE 2	7216 WELLINGTON DR STE 2
7216 WELLINGTON DR STE 2	KNOXVILLE, TN 37919	KNOXVILLE, TN 37919
AR Standing: Good	RA Standing: Good	Other Standing: Good
		Revenue Standing: Good

History (1)



### Server Compliance Plans

All employees directly related to the sales of beer or alcohol will obtain their ABC Permit within 60 days of the time of hire. These employees are: The General Manager, F&B Manager, bartenders and servers in the restaurant, and front desk employees that will be selling beer from the marketplace. A copy of all server permits will be kept on site in the F&B Managers office.

All of these employees will annually attend a training course approved by the TABC for responsible vending. Also, they will renew their ABC permit as the required every 5 years.

The warning sign provided by the ABC will be displayed in a prominent place and a We Card Now calendar will be placed in the bar area as well as the front desk. The pregnancy warning sign, TABC license, health inspection report and cert of occupancy will also be posted.

In the bar/restaurant servers will check the ID of each customer ordering beer or alcohol and verify age against the We Card Now calendar.

At the marketplace where beer is sold, the front desk will check the ID of the customer each time a sale is made to verify age against the We Card Now calendar.

At the start of each shift the employee will review the age requirement for that day as well as regulations for proper serving of alcohol, beer and wine as well as the policy for serving impaired customers.

Servers will follow the regulations on how many drinks per hour/per serving a customer can be served. No more than two drinks per hour before 10PM. After 10PM will not sell more than one drink at a time and no more than two drinks per hour.

When checking the customers ID, the staff will check the birthdate and look for signs that the ID has been altered. This will include the photo quality, the surface of ID, no uneven lamination, any bends and the edges are round and not peeling and check the back of the ID.

If a server refuses to serve or sell alcohol to a customer no other employee will be able to serve that customer either. Any customer that appears to be overly intoxicated will be refused from obtaining any more alcoholic beverages and offered food to help sober up.

Customers of the bar/restaurant will be monitored by the staff to watch for patrons obtaining drinks for other customers who have not had their ID checked to verify age compliance. If this happens, the drinks will be removed from the customers and they will not be allowed to obtain any more beverages with alcohol.

If a server violates a company policy or law regarding serving to minors or customers who are impaired will be immediately terminated from their position.

# Knoxville Alcohol Seller Training

## Certificate of Completion

THIS CERTIFIES THAT

**HARDIKKUMAR PATEL**

Has successfully completed the Knoxville Alcohol Seller Training course  
conducted by the Knoxville Police Department

Date 5/30/2024

Class Instructor: L. Pressley

PO. J. J. Pressley 1385  
Signature Required

THIS IS NOT AN ALCOHOL SERVER PERMIT