

- e. EGG SPECTATION KNOXVILLE LLC, APPLICANT
2201 KERNS RISING WAY STE A
EGG SPECTATION KNOXVILLE LLC, OWNER
EGG SCAPADE II LLC, OWNER
EGG SPECTATION CORPORATION, OWNER
WILLIAM D O'BRIEN, OWNER
PAUL J HAVILAND, OWNER
CASTRENZE RENDA, OWNER
STEVEN YOXSIMER, MANAGER
JEFFREY ROBERTS, MANAGER

CITY OF KNOXVILLE BEER PERMIT

APPLICATION CHECKLIST | DISTRICT: 1

Business Name: Eggspectation Account Number: 66930

Business Address: 2201 Kerns Rising Way, Ste A

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

TASK	COMMENTS
New Application:	<u>Received 3/18/25</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	<input checked="" type="checkbox"/>
Copy of Corporate Charter; LLC; ETC.	<input checked="" type="checkbox"/>
Notice of Application to Knox County Health Dept. (215-5200)	Sent: <u> </u> / <u> </u> / <u> </u> Received: <u>4 / 9 / 25</u> Approved: <input checked="" type="checkbox"/> Pending:
Notice of Application to Building Inspections (215-3669)	Sent: <u> </u> / <u> </u> / <u> </u> Received: <u> </u> / <u> </u> / <u> </u> Approved: Pending:
Notice of Application to Fire Prevention Bureau (633-0400)	Sent: <u> </u> / <u> </u> / <u> </u> Received: <u> </u> / <u> </u> / <u> </u> Approved: Pending:
Request distances measured by Engineering Dept. (215-6132)	Sent: <u>3 / 24 / 25</u> Received: <u>4 / 11 / 25</u> Approved: <input checked="" type="checkbox"/> Pending Location needs add'l research?
Plan for Server Compliance	<input checked="" type="checkbox"/>
KAST Program completed	
Previous Business at this location:	<u>no previous permit at this precise location</u>

CITY OF KNOXVILLE
APPLICATION FOR 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, 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): Eggspectation Knoxville, LLC
3. Is Owner a: ☐ Corporation ☐ General Partnership ☐ Limited Partnership ☒ LLC ☐ Sole Proprietorship
☐ Other _____
4. Under what name will the business operate: Eggspectation
5. Business Address: 2201 Kerns Rising Way, Suite A Zip 37920 Phone (____) _____
6. Property Owner's Name: FSRE - Kerns Bakery OPCO, LLC Phone _____
7. Type of business you will operate: Full-service 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.
see the attached Supplement

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.
Steven Yoxsimer and Jeffrey Roberts

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

Eggspectation Knoxville, LLC Ownership Structure

Eggscapade II, LLC	90%
Eggspectation Corporation	10%

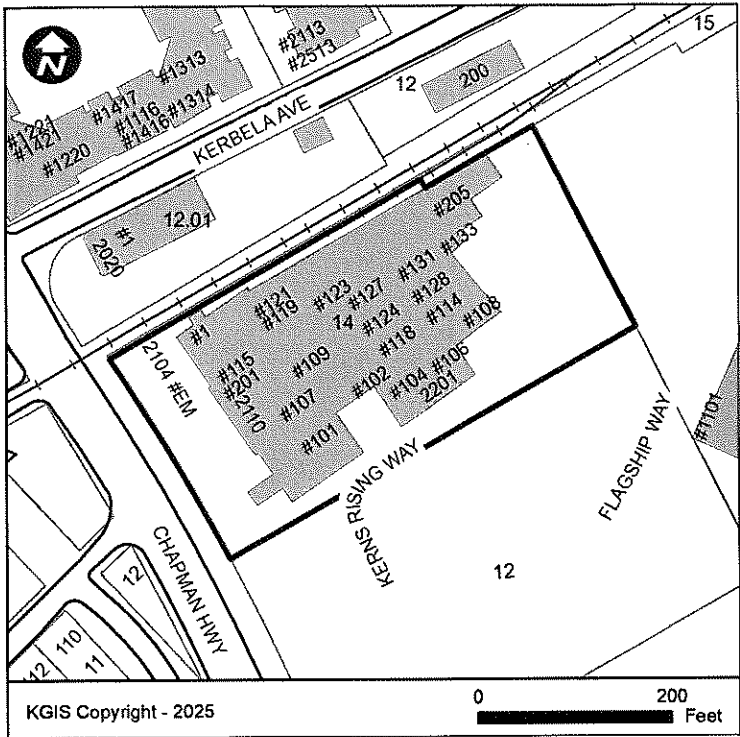
Eggscapade II, LLC Ownership

Paul Haviland	33.33%
William O'Brien	66.67%

Eggspectation Corporation Ownership

Castrenze Renda	52.40%/5.1% Eggspectation Knoxville, LLC
Areej Abdelaziz Masoud Abdelhadi	20.18%/2.01% Eggspectation Knoxville, LLC
Joeseeph Renda	20.18%/2.01% Eggspectation Knoxville, LLC
Pavlo Plaitis	3.68%/0.36% Eggspectation Knoxville, LLC
Paul J. Haviland	1.15%/0.11% Eggspectation Knoxville, LLC
Peter Sarantinos	.95%/0.09% Eggspectation Knoxville, LLC
David Levitt	.95%/0.09 Eggspectation Knoxville, LLC
Bennett Renda	.51%/0.05% Eggspectation Knoxville, LLC

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 BEER PERMIT
AFFIDAVIT

1. I/we Paul Haviland & William O'Brien 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.

Paul Haviland
Applicant Signature or Agent/Representative

Date: 3/4/25

William O'Brien
Co-Applicant Signature

Date: 3/4/25

Co-Applicant Signature

Date: _____

Sworn to and subscribed before me this 4 day of March, 2025.

Notary Public: Karen A. Bento

My Commission Expires: 9/26/27



CITY OF KNOXVILLE
APPLICATION FOR BEER PERMIT
AFFIDAVIT

1. I/we Castrenze Renda 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.

Signed by Black Knight EXP-DocVerify: 2025-03-04 14:04:28 EST
Castrenze Renda

Applicant Signature or Agent/Representative

Date: 03/04/2025

Co-Applicant Signature


Date: _____

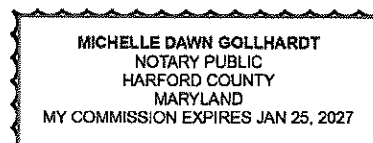
Co-Applicant Signature

Date: _____

Sworn to and subscribed before me this 03/04/2025

Notary Public: _____

Signed by Black Knight EXP-DocVerify: 2025-03-04 14:05:02 EST

3005345.2073.0556.175132



CITY OF KNOXVILLE
APPLICATION FOR BEER PERMIT
OWNER/MANAGER APPLICATION

- Reason for Application: ☒ New Application ☐ Manager Change or Addition
1. Name William David O'Brien ☒ Owner--Percentage of Ownership 60 % ☐ Manager
2. Home Address 15665 Glenisle Way City Ft. Myers State FL Zip 33912
3. Home Phone (410) 960-0731 Cellular Phone() Date of Birth 9 / 15 / 1966
4. Driver's License # _____ State FL Social Security # _____
5. Local Business Name Eggspectation Knoxville, LLC
6. Local Business Address/ZIP 2201 Kerns Rising Way, Suite A, 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, William O'Brien, 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, William O'Brien, 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.

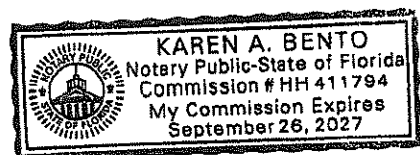
William O'Brien
Signature of Applicant

Date: 3-4-25

Sworn to and subscribed before me this 4 day of March, 2025.

Notary Public: Karen A. Bento

My Commission Expires: 9/26/27



CITY OF KNOXVILLE
APPLICATION FOR BEER PERMIT
OWNER/MANAGER APPLICATION

- Reason for Application: ☒ New Application ☐ Manager Change or Addition
1. Name Paul Joseph Haviland ☒ Owner--Percentage of Ownership 30 % ☐ Manager
2. Home Address 15693 Fiddlesticks Blvd. City Ft. Myers State FL Zip 33912
3. Home Phone (443) 604-3519 Cellular Phone() Date of Birth 6 / 29 / 1962
4. Driver's License # _____ State FL Social Security # _____
5. Local Business Name Eggspectation Knoxville, LLC
6. Local Business Address/ZIP 2201 Kerns Rising Way, Suite A, 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, Paul Haviland, 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, Paul Haviland, 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.

Paul Haviland
Signature of Applicant

Date: 3/4/25

Sworn to and subscribed before me this 4 day of March, 20 25.

Notary Public: Karen A. Bento

My Commission Expires: 9/26/27



CITY OF KNOXVILLE
APPLICATION FOR BEER PERMIT
OWNER/MANAGER APPLICATION

Reason for Application: ☒ New Application ☐ Manager Change or Addition

1. Name Castrenze Renda ☒ Owner—**Percentage of Ownership** 5.1 % ☐ Manager
2. Home Address 133 Rue Donnacona City Dollard-des-Ormeaux State Quebec Zip H9B 3J8
3. Home Phone (514) 838-2213 Cellular Phone () Date of Birth 1 / 25 / 1961
4. Driver's License # _____ State Quebec, Social Security # _____
Canada
5. Local Business Name Eggspectation Knoxville, LLC
6. Local Business Address/ZIP 2201 Kerns Rising Way., Suite A, 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, Castrenze Renda, 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, Castrenze Renda, 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.

Signed by Black Knight EDP DocuVerify: 2025-03-04 14:02:45 EST
Castrenze Renda

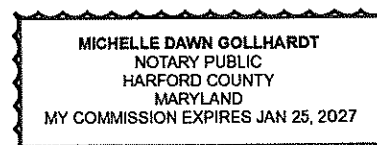
Signature of Applicant

Date: 03/04/2025

Sworn to and subscribed before me this 03/04/2025

Notary Public:

Signed by Black Knight EDP DocuVerify: 2025-03-04 14:05:33 EST
Michelle Dawn Gollhardt
E005046 24730445-176299



CITY OF KNOXVILLE
APPLICATION FOR BEER PERMIT
OWNER/MANAGER APPLICATION

- Reason for Application: ☒ New Application ☐ Manager Change or Addition
1. Name Steven Yoxsimer ☐ Owner--**Percentage of Ownership** _____ % ☒ Manager
2. Home Address 107 Cranford Dr. City Pineville State NC Zip 28134
3. Home Phone (____) _____ Cellular Phone (704) 607-1970 Date of Birth 12 / 8 / 1957
4. Driver's License # _____ State NC Social Security # _____ - _____ - _____
5. Local Business Name Eggspectation Knoxville, LLC
6. Local Business Address/ZIP 2201 Kerns Rising Way, Suite A, 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, Steven Yoxsimer, 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, Steven Yoxsimer, 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.

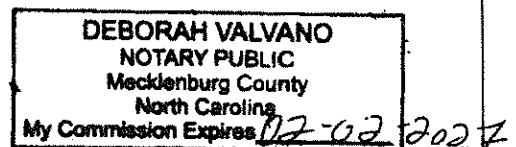
[Signature]
Signature of Applicant

Date: 3/13/25

Sworn to and subscribed before me this 13 day of MARCH, 2025.

Notary Public: Deborah Valvano

My Commission Expires: 02-02-2027



CITY OF KNOXVILLE
APPLICATION FOR BEER PERMIT
OWNER/MANAGER APPLICATION

- Reason for Application: ☒ New Application ☐ Manager Change or Addition
☐ Owner—Percentage of Ownership _____ % ☒ Manager
1. Name Jeffrey Roberts
2. Home Address 2709 W. Hwy 11., E. City Strawberry Plains State TN Zip 37871
3. Home Phone (____) _____ Cellular Phone (865) 776-1552 Date of Birth 4 / 19 / 1973
4. Driver's License # _____ State TN Social Security # _____
5. Local Business Name Eggspectation Knoxville, LLC
6. Local Business Address/ZIP 2201 Kerns Rising Way, Suite A, 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, Jeffrey Roberts, 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, Jeffrey Roberts, 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.

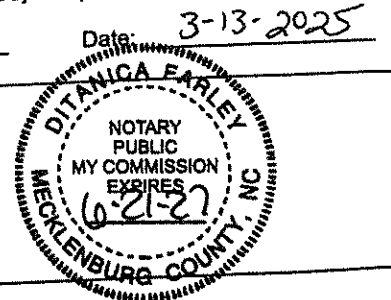
I have read and understand the foregoing Release and understand its provisions and voluntarily consent to abide by its requirements.

Signature of Applicant

Sworn to and subscribed before me this 13 day of March, 20 25.

Notary Public, Ditanica Farley

My Commission Expires: 6-21-27



CITY OF KNOXVILLE
APPLICATION FOR BEER PERMIT

Property Details

Property Address: 2201 Kerns Rising Way, Suite A, Knoxville, TN 37920

Directions to business, including any landmarks:

From I-40W, take exit 388 to merge onto US-441 S/Henley St. for 0.6 miles, turn left to
Kerns Food Hall. The restaurant is located inside the Food Hall.

Property Owner Information:

Name FSRE - Kerns Bakery OPCO, 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 South Knoxville Elementary

Address 801 Sevier Ave.

Funeral Home:

Name Berry Funeral Home

Address 3704 Chapman Hwy.

Hospital:

Name Select Specialty Hospital - Knoxville

Address 501 19th St

CITY OF KNOXVILLE
APPLICATION FOR 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.

BEER PERMIT APPLICATION:

Business Name: Eggspectation

Business Location: 2201 Kerns Rising Way, Suite A, Knoxville, TN 37920

PERSON RESPONSIBLE TO RECEIVE SERVICE OF PROCESS:

Name: Leslie Hill

Position: Employee, Agent Phone (443) 604-3519

Address: 907 Tarklin Valley Rd.

City, State, Zip: Knoxville, TN 37920

CERTIFIED MAILING ADDRESS:

Name: Paul Haviland

Address: 15693 Fiddlesticks Blvd.,

City, State, Zip: Ft. Myers, FL 33912

**Department
of
Finance**

CITY OF KNOXVILLE, TENNESSEE
Business License

**Business
Tax
Division**

Business Name and Location:
EGGSPECTION
2201 KERNS RISING WAY
STE A



Mailing Address:

EGGSPECTION
c/o EGGSPERATION KNOXVILLE LLC
15693 FIDDLESTICKS BLVD
FORT MYERS, FL 33912

Account #	66930
Classification	2
License/Receipt #	279558
Issue Date	03/18/2025
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
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)



STATE OF TENNESSEE
DEPARTMENT OF REVENUE

Certificate of Registration

December 17, 2024

EGGSPECTION
15693 FIDDLESTICKS BLVD
FORT MYERS FL 33912-3902

Letter ID: L2030803136
Account ID: 1002569772-SLC
Account Type: Sales and Use Tax

The above named taxpayer has filed an application for sales and use tax registration for the place of business at the below referenced location address. The Tennessee Department of Revenue issued this Certificate of Registration in accordance with Tenn. Code Ann. §§ 67-6-601 and 67-6-602. The Certificate of Registration must be publicly displayed at the location address for which it is issued. The tax account number and location number on this certificate are used by the Department to identify your account and must be shown on all correspondence and reports. The certificate is not assignable and is valid only for the above referenced taxpayer and for transactions of business for this registration. **In accordance with Tenn Code Ann. § 67-6-607, it is a Class C misdemeanor for any person to misuse a Certificate of Registration for the purpose of obtaining taxable property without the payment of sales or use tax when it is due. Such wrongful use is grounds for the Commissioner to revoke the taxpayer's Certificate of Registration.**

Tax Returns

All sales and use tax returns must be filed and associated tax payments made electronically to the Department. Taxpayers may do this at <https://tntap.tn.gov/eservices/>. Taxpayers should file the sales and use tax return according to their filing frequency on the 20th day of the month following the reporting period. If your business opens after the 20th of the month, you may report sales made during the remaining days of the month with the next reporting period. In order to avoid penalty and interest charges, all returns must be filed and all associated tax payments must be made on or before the due date for the reporting period. Taxpayers should always file a return for their business, even if they do not make any sales during a reporting period.

Detach here and display in public area

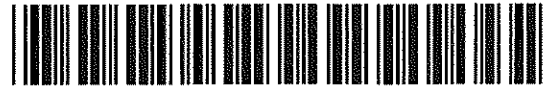


Tennessee Department of Revenue
Certificate of Registration
Sales and Use Tax

STEVE YOXSIMER
EGGSPECTION
2201 KERNS RISING WAY STE A
KNOXVILLE TN 37920-2728

Effective Date: March 1, 2025
Account No.: 1002569772-SLC
Location No.: 1001800558
Filing Status: Annually

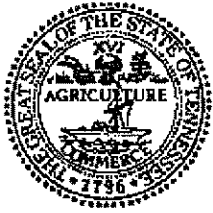
David Gerregano
Commissioner of Revenue



001489892

**ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY**

SS-4270

**Tre Hargett**
Secretary of State**Division of Business Services****Department of State**State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102
(615) 741-2286Filing Fee: \$50.00 per member
(minimum fee = \$300.00, maximum fee = \$3,000.00)*For Office Use Only***-FILED-**

Control # 001489892

The Articles of Organization presented herein are adopted in accordance with the provisions of the Tennessee Revised Limited Liability Company Act.**1. The name of the Limited Liability Company is:** Eggspectation Knoxville, LLC

(Note: Pursuant to the provisions of T.C.A. §48-249-106, each Limited Liability Company name must contain the words "Limited Liability Company" or the abbreviation "LLC" or "L.L.C.")

2. Name Consent: (Written Consent for Use of Indistinguishable Name)☐ This entity name already exists in Tennessee and has received name consent from the existing entity.**3. This company has the additional designation of:** None**4. The name and complete address of the Limited Liability Company's initial registered agent and office located in the state of Tennessee is:**C T CORPORATION SYSTEM
300 MONTVUE RD
KNOXVILLE, TN 37919-5546
KNOX COUNTY**5. Fiscal Year Close Month:** December**6. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date and time is:**
(none) (Not to exceed 90 days)**7. The Limited Liability Company will be:**☒ Member Managed☐ Manager Managed☐ Director Managed**8. Number of Members at the date of filing:** 2**9. Period of Duration:** Perpetual**10. The complete address of the Limited Liability Company's principal executive office is:**SUITE A
2201 KERNS RISING WAY
KNOXVILLE, TN 37920
KNOX COUNTY

B1476-7935 12/05/2023 10:37 AM Received by Tennessee Secretary of State Tre Hargett



**ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY**

SS-4270



Tre Hargett
Secretary of State

**Division of Business Services
Department of State**
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102
(615) 741-2286

Filing Fee: \$50.00 per member
(minimum fee = \$300.00, maximum fee = \$3,000.00)

For Office Use Only

-FILED-

Control # 001489892

The name of the Limited Liability Company is: Eggspectation Knoxville, LLC

11. The complete mailing address of the entity (if different from the principal office) is:

12. Non-Profit LLC (required only if the Additional Designation of "Non-Profit LLC" is entered in section 3.)

- ☐ I certify that this entity is a Non-Profit LLC whose sole member is a nonprofit corporation, foreign or domestic, incorporated under or subject to the provisions of the Tennessee Nonprofit Corporation Act and who is exempt from franchise and excise tax as not-for-profit as defined in T.C.A. §67-4-2004. The business is disregarded as an entity for federal income tax purposes.

13. Professional LLC (required only if the Additional Designation of "Professional LLC" is entered in section 3.)

- ☐ I certify that this PLLC has one or more qualified persons as members and no disqualified persons as members or holders.

Licensed Profession:

14. Series LLC (optional)

- ☐ I certify that this entity meets the requirements of T.C.A. §48-249-309(a) & (b)

15. Obligated Member Entity (list of obligated members and signatures must be attached)

- ☐ This entity will be registered as an Obligated Member Entity (OME) Effective Date: (none)
☐ I understand that by statute: THE EXECUTION AND FILING OF THIS DOCUMENT WILL CAUSE THE MEMBER(S) TO BE PERSONALLY LIABLE FOR THE DEBTS, OBLIGATIONS AND LIABILITIES OF THE LIMITED LIABILITY COMPANY TO THE SAME EXTENT AS A GENERAL PARTNER OF A GENERAL PARTNERSHIP. CONSULT YOUR ATTORNEY.

16. This entity is prohibited from doing business in Tennessee:

- ☐ This entity, while being formed under Tennessee law, is prohibited from engaging in business in Tennessee.

17. Other Provisions:

Electronic

Signature

Paralegal

Title/Signer's Capacity

Sara DiMeglio as authorized representative for Eggspectation Knoxville

Dec 5, 2023 10:37AM

Printed Name

Date

B1476-7936 12/05/2023 10:37 AM Received by Tennessee Secretary of State Tre Hargett

1.4.16. Serving Alcohol

The beverage law requires that any person purchasing and consuming alcoholic beverages be 21 years of age (may vary according to state or province) and be able to prove it with proper identification. As a Restaurant that sells alcoholic beverages, we are committed to sensible, socially responsible consumption of alcohol. We help to ensure our customers' and other members of the community's safety by educating our employees on responsible service and management of alcohol. We want our customers to enjoy alcoholic beverages in moderation, but if a customer shows signs of drinking too much, appears intoxicated or acts intoxicated needs to be brought to the attention of a manager. (Do not continue to serve drinks to an intoxicated customer.)

Employees, who serve customers, must abide by the Restaurant's policies on alcoholic beverage service:

We will not knowingly allow anyone on our staff that is under the legal drinking age to serve or dispense alcoholic beverages.

We will not serve alcoholic beverages to an intoxicated person.

We will not knowingly serve a person an alcoholic beverage who is under the legal drinking age. It is our policy to card anyone who appears to be under 30 years old.

We will offer nonalcoholic alternatives such as soft drinks, coffee, juice, etc.

Please check with the management if providing free taxi service for intoxicated customers may be appropriate.

Employees are not allowed to sit at the bar. Employees can sit at a table and order drinks if they are not in uniform and not on duty or coming on to duty that day and of legal age.

TENNESSEE DEPARTMENT OF HEALTH
FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

N/A

Establishment Name:

Eggspectation Restaurant- Bar

Type of Establishment

● **Farmer's Market Food Unit**

☒ Permanent ☐ Mobile

Address

2201 Kerns Rising Way

Time in: 02:29 PM AM / PM Time out: 03:46: PM AM / PM

Inspection Date

04/09/2025

Establishment # 605329023

Enlarged 0

Purpose of Inspection

Routine

Follow-up

Complaint

⚙ Preliminary

☒ Consultation/Other

Risk Category

✱1

02

03

•

Follow-up Required

 No

Number of Seats

Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. **Public Health Interventions** are control measures to prevent illness or injury.

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(Mark designated compliance status (IN, OUT, NA, HQ) for each numbered item. For items marked OUT, mark CDB or R for each item as applicable. Deduct points for category or subcategory.)

IN= in compliance		OUT=not in compliance		NA=not applicable		NO=not observed		COS=corrected on-site during inspection		R=repeat (violation of the same code provision)	
Compliance Status								COS	R	WT	
	IN	OUT	NA	NO	Supervision						
1	O	O			Person in charge present, demonstrates knowledge, and performs duties			O	O	5	
	IN	OUT	NA	NO	Employee Health						
2	O	O			Management and food employee awareness, reporting			O	O		
3	O	O			Proper use of restriction and exclusion			O	O	5	
	IN	OUT	NA	NO	Good Hygienic Practices						
4	O	O		O	Proper eating, tasting, drinking or tobacco use			O	O		
5	O	O		O	No discharge from eyes, nose, and mouth			O	O	5	
	IN	OUT	NA	NO	Preventing Contamination by Hands						
6	O	O		O	Hands clean and properly washed			O	O		
7	O	O	O	O	No bare hand contact with ready-to-eat foods or approved alternate procedures followed			O	O	5	
8	O	O			Handwashing sinks properly supplied and accessible			O	O	2	
	IN	OUT	NA	NO	Approved Source						
9	O	O			Food obtained from approved source			O	O		
10	O	O	O	O	Food received at proper temperature			O	O		
11	O	O			Food in good condition, safe, and unadulterated			O	O	5	
12	O	O	O	O	Required records available: shell stock tags, parasite destruction			O	O		
	IN	OUT	NA	NO	Protection from Contamination						
13	O	O	O	O	Food separated and protected			O	O	4	
14	O	O	O	O	Food-contact surfaces: cleaned and sanitized			O	O	5	
15	O	O			Proper disposition of unsafe food, returned food not re-served			O	O	2	

Compliance Status								COS	R	WT
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods					
16	O	O	O	O	Proper cooking time and temperatures			O	O	5
17	O	O	O	O	Proper reheating procedures for hot holding			O	O	
	IN	OUT	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control					
18	O	O	O	O	Proper cooling time and temperature			O	O	
19	O	O	O	O	Proper hot holding temperatures			O	O	
20	O	O	O	O	Proper cold holding temperatures			O	O	5
21	O	O	O	O	Proper date marking and disposition			O	O	
22	O	O	O	O	Time as a public health control: procedures and records			O	O	
	IN	OUT	NA	NO	Consumer Advisory					
23	O	O	O		Consumer advisory provided for raw and undercooked food			O	O	4
	IN	OUT	NA	NO	Highly Susceptible Populations					
24	O	O	O		Pasteurized foods used, prohibited foods not offered			O	O	5
	IN	OUT	NA	NO	Chemicals					
25	O	O	O		Food additives: approved and properly used			O	O	5
26	O	O	O		Toxic substances properly identified, stored, used			O	O	
	IN	OUT	NA	NO	Conformance with Approved Procedures					
27	O	O	O		Compliance with variance, specialized process, and HACCP plan			O	O	5

Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

GOOD RETAIL PRACTICES

GUT-not in compliance							COS-corrected on-site during inspection				R-repeat (violation of the same code provision)								
Compliance Status							COS	R	WT	Compliance Status							COS	R	WT
Safe Food and Water							Utensils and Equipment												
28	<input type="radio"/>	Pasteurized eggs used where required					<input type="radio"/>	<input type="radio"/>	1	45	<input type="radio"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		<input type="radio"/>	<input type="radio"/>	1			
29	<input type="radio"/>	Water and ice from approved source					<input type="radio"/>	<input type="radio"/>	2	46	<input type="radio"/>	Warewashing facilities, installed, maintained, used, test strips		<input type="radio"/>	<input type="radio"/>	1			
30	<input type="radio"/>	Variance obtained for specialized processing methods					<input type="radio"/>	<input type="radio"/>	1	47	<input type="radio"/>	Nonfood-contact surfaces clean		<input type="radio"/>	<input type="radio"/>	1			
Food Temperature Control							Physical Facilities												
31	<input type="radio"/>	Proper cooling methods used, adequate equipment for temperature control					<input type="radio"/>	<input type="radio"/>	2	48	<input type="radio"/>	Hot and cold water available, adequate pressure		<input type="radio"/>	<input type="radio"/>	2			
32	<input type="radio"/>	Plant food properly cooked for hot holding					<input type="radio"/>	<input type="radio"/>	1	49	<input type="radio"/>	Plumbing installed, proper backflow devices		<input type="radio"/>	<input type="radio"/>	2			
33	<input type="radio"/>	Approved thawing methods used					<input type="radio"/>	<input type="radio"/>	1	50	<input type="radio"/>	Sewage and waste water properly disposed		<input type="radio"/>	<input type="radio"/>	2			
34	<input type="radio"/>	Thermometers provided and accurate					<input type="radio"/>	<input type="radio"/>	1	51	<input type="radio"/>	Toilet facilities, properly constructed, supplied, cleaned		<input type="radio"/>	<input type="radio"/>	1			
Food Identification							Administrative Items												
35	<input type="radio"/>	Food properly labeled, original container, required records available					<input type="radio"/>	<input type="radio"/>	1	52	<input type="radio"/>	Garbage/refuse properly disposed, facilities maintained		<input type="radio"/>	<input type="radio"/>	1			
Prevention of Food Contamination							Compliance Status												
36	<input type="radio"/>	Insects, rodents, and animals not present					<input type="radio"/>	<input type="radio"/>	2	53	<input type="radio"/>	Physical facilities installed, maintained, and clean		<input type="radio"/>	<input type="radio"/>	1			
37	<input type="radio"/>	Contamination prevented during food preparation, storage & display					<input type="radio"/>	<input type="radio"/>	1	54	<input type="radio"/>	Adequate ventilation and lighting, designated areas used		<input type="radio"/>	<input type="radio"/>	1			
38	<input type="radio"/>	Personal cleanliness					<input type="radio"/>	<input type="radio"/>	1	Administrative Items									
39	<input type="radio"/>	Wiping cloths, properly used and stored					<input type="radio"/>	<input type="radio"/>	1	55	<input type="radio"/>	Current permit posted		<input type="radio"/>	<input type="radio"/>	0			
40	<input type="radio"/>	Washing fruits and vegetables					<input type="radio"/>	<input type="radio"/>	1	56	<input type="radio"/>	Most recent inspection posted		<input type="radio"/>	<input type="radio"/>	0			
Proper Use of Utensils							Non-Smokers Protection Act												
41	<input type="radio"/>	In-use utensils, properly stored					<input type="radio"/>	<input type="radio"/>	1	57	<input type="radio"/>	Compliance with TN Non-Smoker Protection Act		<input type="radio"/>	<input type="radio"/>	0			
42	<input type="radio"/>	Utensils, equipment and linens, properly stored, dried, handled					<input type="radio"/>	<input type="radio"/>	1	58	<input type="radio"/>	Tobacco products offered for sale		<input type="radio"/>	<input type="radio"/>	0			
43	<input type="radio"/>	Single-use/single-service articles, properly stored, used					<input type="radio"/>	<input type="radio"/>	1	59	<input type="radio"/>	If tobacco products are sold, NSPA survey completed		<input type="radio"/>	<input type="radio"/>	0			
44	<input type="radio"/>	Disposable food containers					<input type="radio"/>	<input type="radio"/>	1										

Failure to correct any violations of risk factor items within ten (10) days may result in suspension of your food service establishment permit. Repeated violation of an identical risk factor may result in revocation of your food service establishment permit. Items identified as constituting imminent health hazards shall be corrected immediately or operations shall cease. You are required to post the food service establishment permit in a conspicuous manner and post the most recent inspection report in a conspicuous manner. You have the right to request a hearing regarding this report by filing a written request with the food inspector within ten (10) days of the date of this report. V.C.A. sections 63-14-701, 63-14-702, 63-14-703, 63-14-709, 63-14-711, 63-14-715, 63-14-716, 4-3-320.

Signature of Person In Charge

04/09/2025

Date _____

Signature of Environmental Health Specialist:

04/09/2025

Date _____

*** Additional food safety information can be found on our website, <http://tn.gov/health/article/enh-food-service> ***

**TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
FOOD INSPECTION DATA**



Establishment Information

Establishment Name: Eggspectation Restaurant- Bar

Establishment Number #: 605329023

NSPA Survey – To be completed if #57 is "No"

Age-restricted venue does not affirmatively restrict access to its buildings or facilities at all times to persons who are twenty-one (21) years of age or older.

Age-restricted venue does not require each person attempting to gain entry to submit acceptable form of identification.

"No Smoking" signs or the International "Non-Smoking" symbol are not conspicuously posted at every entrance.

No

Garage type doors in non-enclosed areas are not completely open.

Tents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open.

Smoke from non-enclosed areas is infiltrating into areas where smoking is prohibited.

Smoking observed where smoking is prohibited by the Act.

Warewashing Info

Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)

Equipment Temperature

Description	Temperature (Fahrenheit)

Food Temperature

Description	State of Food	Temperature (Fahrenheit)

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
FOOD INSPECTION DATA



Establishment Information

Establishment Name: Eggspectation Restaurant- Bar

Establishment Number : 605329023

Comments/Other Observations

57:

3:

58:

***See page at the end of this document for any violations that could not be displayed in this space.

Additional Comments

See last page for additional comments.

***See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

Establishment Information

Establishment Name: Eggspectation Restaurant- Bar

Establishment Number : 605329023

Comments/Other Observations (cont'd)**Additional Comments (cont'd)**

See last page for additional comments.

Establishment Information

Establishment Name: Eggspectation Restaurant- Bar

Establishment Number #: 605329023

Sources

Source Type:

Source:

Source Type:

Source:

Source Type:

Source:

Source Type:

Source:

Source Type:

Source:

Additional Comments

Approved to open.

Please get "No smoking" signs for entrances.



TENNESSEE DEPARTMENT OF HEALTH **FOOD SERVICE ESTABLISHMENT INSPECTION REPORT**

SCORE

N/A

Establishment Name

Eggspectation Restaurant

Type of Establishment

☐ Farmer's Market Food Unit

☒ Permanent ☐ Mobile

☐ Temporary ☐ Seasonal

Address

2201 Kerns Rising Way

City

Knoxville

Time in 02:29 PM AM / PM Time out 03:46 PM AM / PM

Inspection Date

04/09/2025

Establishment # 605329016

Embargoed 0

Purpose of Inspection

☐ Routine

☐ Follow-up

☐ Complaint

☒ Preliminary

☐ Consultation/Other

Risk Category

☐ 1

☒ 2

☐ 3

☐ 4

Follow-up Required ☐ Yes ☒ No

Number of Seats

Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health interventions are control measures to prevent illness or injury.

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(Mark designated compliance status (IN, OUT, NA, NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)

IN=In compliance				OUT=not in compliance				NA=not applicable				NO=not observed				COS=corrected on-site during inspection				R=repeat (violation of the same code provision)			
Compliance Status								Compliance Status								Compliance Status							
IN	OUT	NA	NO	COS	R	WT		IN	OUT	NA	NO	COS	R	WT		IN	OUT	NA	NO	COS	R	WT	
Supervision																							
1	<input type="radio"/>	<input type="radio"/>				5	Person in charge present, demonstrates knowledge, and performs duties.									16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			5
Employee Health																							
2	<input type="radio"/>	<input type="radio"/>				5	Management and food employee awareness, reporting									17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			5
3	<input type="radio"/>	<input type="radio"/>					Proper use of restriction and exclusion									Cooling and Holding, Date Marking, and Time as a Public Health Control							
Good Hygienic Practices																							
4	<input type="radio"/>	<input type="radio"/>				5	Proper eating, tasting, drinking or tobacco use									18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
5	<input type="radio"/>	<input type="radio"/>					No discharge from eyes, nose, and mouth									19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Preventing Contamination by Hands																							
6	<input type="radio"/>	<input type="radio"/>				5	Hands clean and properly washed									20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			5
7	<input type="radio"/>	<input type="radio"/>					No bare hand contact with ready-to-eat foods or approved alternate procedures followed									21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
8	<input type="radio"/>	<input type="radio"/>				2	Handwashing sinks properly supplied and accessible									22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Approved Source																							
9	<input type="radio"/>	<input type="radio"/>					Food obtained from approved source									Consumer Advisory							
10	<input type="radio"/>	<input type="radio"/>					Food received at proper temperature									23	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			4
11	<input type="radio"/>	<input type="radio"/>				5	Food in good condition, safe, and unadulterated									Highly Susceptible Populations							
12	<input type="radio"/>	<input type="radio"/>					Required records available: shell stock tags, parasite destruction									24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			5
Protection from Contamination																							
13	<input type="radio"/>	<input type="radio"/>				4	Food separated and protected									Chemicals							
14	<input type="radio"/>	<input type="radio"/>				5	Food-contact surfaces: cleaned and sanitized									25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			5
15	<input type="radio"/>	<input type="radio"/>				2	Proper disposition of unsafe food, returned food not re-served									26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.																							
GOOD RETAIL PRACTICES																							
OUT=not in compliance								COS=corrected on-site during inspection								R=repeat (violation of the same code provision)							
Compliance Status								Compliance Status								Compliance Status							
28	<input type="radio"/>	<input type="radio"/>				1	Pasteurized eggs used where required								45	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			1	
29	<input type="radio"/>	<input type="radio"/>				2	Water and ice from approved source								46	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			1	
30	<input type="radio"/>	<input type="radio"/>				1	Variance obtained for specialized processing methods								47	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			1	
Food Temperature Control								Physical Facilities								Administrative Items							
31	<input type="radio"/>	<input type="radio"/>				2	Proper cooling methods used, adequate equipment for temperature control								48	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			2	
32	<input type="radio"/>	<input type="radio"/>				1	Plant food properly cooked for hot holding								49	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			2	
33	<input type="radio"/>	<input type="radio"/>				1	Approved thawing methods used								50	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			2	
34	<input type="radio"/>	<input type="radio"/>				1	Thermometers provided and accurate								51	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			1	
Food Identification								Non-Smokers Protection Act								Compliance Status							
35	<input type="radio"/>	<input type="radio"/>				1	Food properly labeled, original container, required records available								52	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			1	
Prevention of Food Contamination								Non-Smokers Protection Act								Compliance Status							
36	<input type="radio"/>	<input type="radio"/>				2	Insects, rodents, and animals not present								53	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			1	
37	<input type="radio"/>	<input type="radio"/>				1	Contamination prevented during food preparation, storage & display								54	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			1	
38	<input type="radio"/>	<input type="radio"/>				1	Personal cleanliness								Administrative Items								
39	<input type="radio"/>	<input type="radio"/>				1	Wiping cloths, properly used and stored								55	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			0	
40	<input type="radio"/>	<input type="radio"/>				1	Washing fruits and vegetables								56	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			0	
Proper Use of Utensils								Non-Smokers Protection Act								Compliance Status							
41	<input type="radio"/>	<input type="radio"/>				1	In-use utensils, properly stored								57	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			0	
42	<input type="radio"/>	<input type="radio"/>				1	Utensils, equipment and linens, properly stored, dried, handled								58	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			0	
43	<input type="radio"/>	<input type="radio"/>				1	Single-use/single-service articles, properly stored, used								59	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			0	
44	<input type="radio"/>	<input type="radio"/>				1	Gloves used properly								Compliance Status								

Failure to correct any violations of risk factor items within ten (10) days may result in suspension of your food service establishment permit. Repeated violation of an identical risk factor may result in revocation of your food service establishment permit. Items identified as constituting imminent health hazards shall be corrected immediately or operators shall cease. You are required to post the food service establishment permit in a conspicuous manner and post the most recent inspection report in a conspicuous manner. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this report. T.C.A. sections (6-14-701, 6-14-706, 6-14-709, 6-14-711, 6-14-716, 6-14-718, 6-14-719, 6-14-720, 6-14-721, 6-14-722, 6-14-723, 6-14-724, 6-14-725, 6-14-726, 6-14-727, 6-14-728, 6-14-729, 6-14-730, 6-14-731, 6-14-732, 6-14-733, 6-14-734, 6-14-735, 6-14-736, 6-14-737, 6-14-738, 6-14-739, 6-14-740, 6-14-741, 6-14-742, 6-14-743, 6-14-744, 6-14-745, 6-14-746, 6-14-747, 6-14-748, 6-14-749, 6-14-750, 6-14-751, 6-14-752, 6-14-753, 6-14-754, 6-14-755, 6-14-756, 6-14-757, 6-14-758, 6-14-759, 6-14-760, 6-14-761, 6-14-762, 6-14-763, 6-14-764, 6-14-765, 6-14-766, 6-14-767, 6-14-768, 6-14-769, 6-14-770, 6-14-771, 6-14-772, 6-14-773, 6-14-774, 6-14-775, 6-14-776, 6-14-777, 6-14-778, 6-14-779, 6-14-780, 6-14-781, 6-14-782, 6-14-783, 6-14-784, 6-14-785, 6-14-786, 6-14-787, 6-14-788, 6-14-789, 6-14-790, 6-14-791, 6-14-792, 6-14-793, 6-14-794, 6-14-795, 6-14-796, 6-14-797, 6-14-798, 6-14-799, 6-14-800, 6-14-801, 6-14-802, 6-14-803, 6-14-804, 6-14-805, 6-14-806, 6-14-807, 6-14-808, 6-14-809, 6-14-810, 6-14-811, 6-14-812, 6-14-813, 6-14-814, 6-14-815, 6-14-816, 6-14-817, 6-14-818, 6-14-819, 6-14-820, 6-14-821, 6-14-822, 6-14-823, 6-14-824, 6-14-825, 6-14-826, 6-14-827, 6-14-828, 6-14-829, 6-14-830, 6-14-831, 6-14-832, 6-14-833, 6-14-834, 6-14-835, 6-14-836, 6-14-837, 6-14-838, 6-14-839, 6-14-840, 6-14-841, 6-14-842, 6-14-843, 6-14-844, 6-14-845, 6-14-846, 6-14-847, 6-14-848, 6-14-849, 6-14-850, 6-14-851, 6-14-852, 6-14-853, 6-14-854, 6-14-855, 6-14-856, 6-14-857, 6-14-858, 6-14-859, 6-14-860, 6-14-861, 6-14-862, 6-14-863, 6-14-864, 6-14-865, 6-14-866, 6-14-867, 6-14-868, 6-14-869, 6-14-870, 6-14-871, 6-14-872, 6-14-873, 6-14-874, 6-14-875, 6-14-876, 6-14-877, 6-14-878, 6-14-879, 6-14-880, 6-14-881, 6-14-882, 6-14-883, 6-14-884, 6-14-885, 6-14-886, 6-14-887, 6-14-888, 6-14-889, 6-14-890, 6-14-891, 6-14-892, 6-14-893, 6-14-894, 6-14-895, 6-14-896, 6-14-897, 6-14-898, 6-14-899, 6-14-900, 6-14-901, 6-14-902, 6-14-903, 6-14-904, 6-14-905, 6-14-906, 6-14-907, 6-14-908, 6-14-909, 6-14-910, 6-14-911, 6-14-912, 6-14-913, 6-14-914, 6-14-915, 6-14-916, 6-14-917, 6-14-918, 6-14-919, 6-14-920, 6-14-921, 6-14-922, 6-14-923, 6-14-924, 6-14-925, 6-14-926, 6-14-927, 6-14-928, 6-14-929, 6-14-930, 6-14-931, 6-14-932, 6-14-933, 6-14-934, 6-14-935, 6-14-936, 6-14-937, 6-14-938, 6-14-939, 6-14-940, 6-14-941, 6-14-942, 6-14-943, 6-14-944, 6-14-945, 6-14-946, 6-14-947, 6-14-948, 6-14-949, 6-14-950, 6-14-951, 6-14-952, 6-14-953, 6-14-954, 6-14-955, 6-14-956, 6-14-957, 6-14-958, 6-14-959, 6-14-960, 6-14-961, 6-14-962, 6-14-963, 6-14-964, 6-14-965, 6-14-966, 6-14-967, 6-14-968, 6-14-969, 6-14-970, 6-14-971, 6-14-972, 6-14-973, 6-14-974, 6-14-975, 6-14-976, 6-14-977, 6-14-978, 6-14-979, 6-14-980, 6-14-981, 6-14-982, 6-14-983, 6-14-984, 6-14-985, 6-14-986, 6-14-987, 6-14-988, 6-14-989, 6-14-990, 6-14-991, 6-14-992, 6-14-993, 6-14-994, 6-14-995, 6-14-996, 6-14-997, 6-14-998, 6-14-999, 6-15-000, 6-15-001, 6-15-002, 6-15-003, 6-15-004, 6-15-005, 6-15-006, 6-15-007, 6-15-008, 6-15-009, 6-15-010, 6-15-011, 6-15-012, 6-15-013, 6-15-014, 6-15-015, 6-15-016, 6-15-017, 6-15-018, 6-15-019, 6-15-020, 6-15-021, 6-15-022, 6-15-023, 6-15-024, 6-15-025, 6-15-026, 6-15-027, 6-15-028, 6-15-029, 6-15-030, 6-15-031, 6-15-032, 6-15-033, 6-15-034, 6-15-035, 6-15-036, 6-15-037, 6-15-038, 6-15-039, 6-15-040, 6-15-041, 6-15-042, 6-15-043, 6-15-044, 6-15-045, 6-15-046, 6-15-047, 6-15-048, 6-15-049, 6-15-050, 6-15-051, 6-15-052, 6-15-053, 6-15-054, 6-15-055, 6-15-056, 6-15-057, 6-15-058, 6-15-059, 6-15-060, 6-15-061, 6-15-062, 6-15-063, 6-15-064, 6-15-065, 6-15-066, 6-15-067, 6-15-068, 6-15-069, 6-15-070, 6-15-071, 6-15-072, 6-15-073, 6-15-074, 6-15-075, 6-15-076, 6-15-077, 6-15-078, 6-15-079, 6-15-080, 6-15-081, 6-15-082, 6-15-083, 6-15-084, 6-15-085, 6-15-086, 6-15-087, 6-15-088, 6-15-089, 6-15-090, 6-15-091, 6-15-092, 6-15-093, 6-15-094, 6-15-095, 6-15-096, 6-15-097, 6-15-098, 6-15-099, 6-15-100, 6-15-101, 6-15-102, 6-15-103, 6-15-104, 6-15-105, 6-15-106, 6-15-107, 6-15-108, 6-15-109, 6-15-110, 6-15-111, 6-15-112, 6-15-113, 6-15-114, 6-15-115, 6-15-116, 6-15-117, 6-15-118, 6-15-119, 6-15-120, 6-15-121, 6-15-122, 6-15-123, 6-15-124, 6-15-125, 6-15-126, 6-15-127, 6-15-128, 6-15-129, 6-15-130, 6-15-131, 6-15-132, 6-15-133, 6-15-134, 6-15-135, 6-15-136, 6-15-137, 6-15-138, 6-15-139, 6-15-140, 6-15-141, 6-15-142, 6-15-143, 6-15-144, 6-15-145, 6-15-146, 6-15-147, 6-15-148, 6-15-149, 6-15-150, 6-15-151, 6-15-152, 6-15-153, 6-15-154, 6-15-155, 6-15-156, 6-15-157, 6-15-158, 6-15-159, 6-15-160, 6-15-161, 6-15-162, 6-15-163, 6-15-164, 6-15-165, 6-15-166, 6-15-167, 6-15-168, 6-15-169, 6-15-170, 6-15-171, 6-15-172, 6-15-173, 6-15-174, 6-15-175, 6-15-176, 6-15-177, 6-15-178, 6-15-179, 6-15-180, 6-15-181, 6-15-182, 6-15-183, 6-15-184, 6-15-185, 6-15-186, 6-15-187, 6-15-188, 6-15-189, 6-15-190, 6-15-191, 6-15-192, 6-15-193, 6-15-194, 6-15-195, 6-15-196, 6-15-197, 6-15-198, 6-15-199, 6-15-200, 6-15-201, 6-15-202, 6-15-203, 6-15-204, 6-15-205, 6-15-206, 6-15-207, 6-15-208, 6-15-209, 6-15-210, 6-15-211, 6-15-212, 6-15-213, 6-15-214, 6-15-215, 6-15-216, 6-15-217, 6-15-218, 6-15-219, 6-15-220, 6-15-221, 6-15-222, 6-15-223, 6-15-224, 6-15-225, 6-15-226, 6-15-227, 6-15-228, 6-15-229, 6-15-230, 6-15-231, 6-15-232, 6-15-233, 6-15-234, 6-15-235, 6-15-236, 6-15-237, 6-15-238, 6-15-239, 6-15-240, 6-15-241, 6-15-242, 6-15-243, 6-15-244, 6-15-245, 6-15-246, 6-15-247, 6-15-248, 6-15-249, 6-15-250, 6-15-251, 6-15-252, 6-15-253, 6-15-254, 6-15-255, 6-15-256, 6-15-257, 6-15-258, 6-15-259, 6-15-260, 6-15-261, 6-15

**TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
FOOD INSPECTION DATA**



Establishment Information	
Establishment Name: Eggspectation Restaurant	
Establishment Number #: 605329016	

NSPA Survey – To be completed if #57 is "No"	
Age-restricted venue does not affirmatively restrict access to its buildings or facilities at all times to persons who are twenty-one (21) years of age or older.	
Age-restricted venue does not require each person attempting to gain entry to submit acceptable form of identification.	
"No Smoking" signs or the International "Non-Smoking" symbol are not conspicuously posted at every entrance.	No
Garage type doors in non-enclosed areas are not completely open.	
Tents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open.	
Smoke from non-enclosed areas is infiltrating into areas where smoking is prohibited.	
Smoking observed where smoking is prohibited by the Act.	

Warewashing Info			
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)

Equipment Temperature	
Description	Temperature (Fahrenheit)

Food Temperature		
Description	State of Food	Temperature (Fahrenheit)

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
FOOD INSPECTION DATA



Establishment Information

Establishment Name: Eggspectation Restaurant

Establishment Number : 605329016

Comments/Other Observations

57:

3:

58:

***See page at the end of this document for any violations that could not be displayed in this space.

Additional Comments

See last page for additional comments.

***See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

Establishment Information

Establishment Name: Eggspectation Restaurant

Establishment Number : 605329016

Comments/Other Observations (cont'd)**Additional Comments (cont'd)**

See last page for additional comments.

Establishment Information

Establishment Name: Eggspectation Restaurant

Establishment Number #: 605329016

Sources

Source Type: Source:

Source Type: Source:

Source Type: Source:

Source Type: Source:

Source Type: Source:

Additional Comments

Approved to open. Signature did not save. Signature is on permit application.

Please get "No smoking" signs for entrances.

CITY OF KNOXVILLE
INTEROFFICE MEMORANDUM

DATE: 3-24-25

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: Egg expectation

Business location: 2201 Kerns Rising Way, Ste A

Property description: ☐ New construction ☒ Pre-existing structure

Directions to and/or landmarks near location: _____

SCHOOL/DAYCARE:

Name: South Knoxville Elementary

Address: 801 Sevier Ave

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'