

- j. PHH KNOXVILLE LLC, APPLICANT
3925 SCHAAD RD
PHH KNOXVILLE LLC, OWNER
PURPLE HORSE HOSPITALITY LLC, OWNER
DAVIS SEZNA, OWNER
MIKE CUTLER, OWNER
JUSTIN SMEDLEY, MANAGER

CITY OF KNOXVILLE BEER PERMIT

APPLICATION CHECKLIST | DISTRICT: 3

Business Name: Knoxville Municipal Golf Course Account Number: 66749

Business Address: 3925 Schaad Rd 37921

Agenda Date: 4, 29, 25 CLT Number: 079 02806

TASK	COMMENTS
New Application:	<u>Received 3/17/25</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 / 23 / 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>4 / 22 / 25</u> Approved: <input checked="" type="checkbox"/> Pending:
Notice of Application to Fire Prevention Bureau (633-0400)	Sent: <u> </u> / <u> </u> / <u> </u> Received: <u>4 / 22 / 25</u> Approved: <input checked="" type="checkbox"/> Pending:
Request distances measured by Engineering Dept. (215-6132)	Sent: <u>3 / 19 / 25</u> Received: <u>4 / 8 / 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>Knoxville Municipal Golf Course (# 44766): Inactive 3/17/25</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): PHH Knoxville LLC

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

4. Under what name will the business operate: Knoxville Municipal Golf Course

5. Business Address: 3925 Schaad Rd Zip 39721 Phone (865) 991.7143

6. Property Owner's Name: City of Knoxville Phone _____

7. Type of business you will operate: Golf Course

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.

Purple Horse Hospitality LLC owns 100% of PHH Knoxville LLC which is privately held; Davis Sezna 85% and Mike Cutler 15% own respective percentages of Purple Horse Hospitality LLC

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.

Justin Smedley

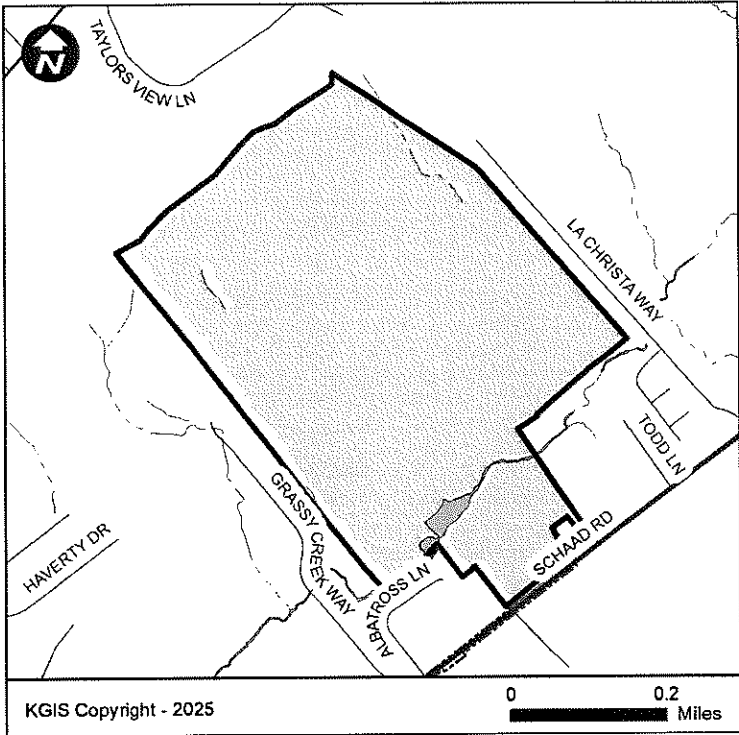
10. List machines currently in use or planned for use on premises and **owner** of machines (cigarette, pinball, jukebox, etc.)

None

11. Type of permit requested:

☐ Off Premise ☒ On/Off Premise ☐ Caterer ☐ Manufacturer/Distributor ☐ Self-Serve

3925 SCHAAD RD - Property Map and Details Report



Property Information

Parcel ID:	079 02806
Location Address:	3925 SCHAAD RD
CLT Map:	79
Insert:	
Group:	
Condo Letter:	
Parcel:	28.06
Parcel Type:	NORMAL
District:	
Ward:	44
City Block:	44080
Subdivision:	
Rec. Acreage:	
Calc. Acreage:	156.02
Recorded Plat:	-
Recorded Deed:	-
Deed Type:	
Deed Date:	

Address Information

Site Address:	3925 SCHAAD RD KNOXVILLE - 37921
Address Type:	RECREATIONAL FACILITY, PRIVATE
Site Name:	KNOXVILLE MUNICIPAL GOLF COURSE

Please contact Knoxville-Knox County Planning at (865) 215-2500 if you have questions.

Owner Information

CITY OF KNOXVILLE
3925 SCHAAD RD
KNOXVILLE, TN 37921

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:	60.02
Planning Sector:	Northwest County

Please contact Knoxville-Knox County Planning at (865) 215-2500 if you have questions.

Political Districts

Voting Precinct:	44
Voting Location:	Ridgedale School 4600 RIDGEDALE RD
TN State House:	89
TN State Senate:	7
County Commission:	3 Gina Oster (at large seat 10) Larsen Jay (at large seat 11) Kim Frazier
City Council:	3 Seema Singh (at large seat A) Lynne Fugate (at large seat B) Debbie Helsley (at large seat C) Amelia Parker
School Board:	3 Patricia Fontenot-Ridley

Please contact Knox County Election Commission at (865) 215-2480 if you have questions.

School Zones

Elementary:	KARNS ELEMENTARY
Intermediate:	
Middle:	KARNS MIDDLE
High:	KARNS 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 Mike Cutler 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.

Mike Cutler
Applicant Signature or Agent/Representative

Date: 3.12.25

Co-Applicant Signature

Date: _____

Co-Applicant Signature

Date: _____

Sworn to and subscribed before me this 12 day of MARCH, 2025.

Notary Public: *Pamela Ogle York*

My Commission Expires: June 27 2028



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

1. Name Davis Sezna ☒ Owner—**Percentage of Ownership** 85 % ☐ Manager

2. Home Address 202 Fell Point City Daniel Island State SC Zip 29492

3. Home Phone () _____ Cellular Phone (561) 543.2929 Date of Birth 08 / 08 / 1953

4. Driver's License # _____ State SC Social Security # _____

5. Local Business Name Knoxville Municipal Golf Course

6. Local Business Address/ZIP 3925 Schaad Rd, 37921 Business Phone: (865) 691.7143

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

ANTHONY MOSES PORTER
MY COMMISSION # HH 497433
EXPIRES: May 20, 2028

CITY OF KNOXVILLE
APPLICATION FOR BEER PERMIT
OWNER/MANAGER APPLICATION

- Reason for Application: ☒ New Application ☐ Manager Change or Addition
1. Name Michael Cutler ☒ Owner--Percentage of Ownership 15 % ☐ Manager
2. Home Address 13452 Lake Shore Dr City Herndon State VA Zip 20171
3. Home Phone (703.657.3280) Cellular Phone (703.785.7499) Date of Birth 05 / 28 / 1969
4. Driver's License # _____ State VA Social Security # _____
5. Local Business Name Knoxville Municipal Golf Course
6. Local Business Address/ZIP 3925 Schaad Rd, 37921 Business Phone: (865.691.7143)
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, Michael Cutler, 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, Michael Cutler, 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.

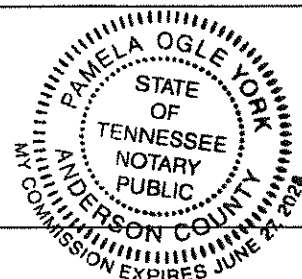
Michael Cutler
Signature of Applicant

Date: 3.07.25

Sworn to and subscribed before me this 12 day of MARCH, 2025.

Notary Public: Pamela Ogle York

My Commission Expires: June 27 2028



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

1. Name Justin Smedley ☐ Owner--**Percentage of Ownership** _____ % ☒ Manager

2. Home Address 4741 Brierly Drive City Knoxville State TN Zip 37921

3. Home Phone (____) _____ Cellular Phone 540.529.7706 Date of Birth 12 / 14 / 1988

4. Driver's License # _____ State TN Social Security # _____

5. Local Business Name Knoxville Municipal Golf Course

6. Local Business Address/ZIP 3925 Schaad Rd, 37921 Business Phone: (865) 691.7143

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

Property Details

Address 7565 Dannaher Dr, Powell, TN 37849

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: Knoxville Municipal Golf Course

Business Location: 3925 Schaad Rd, Knoxville, TN 37921

PERSON RESPONSIBLE TO RECEIVE SERVICE OF PROCESS:

Name: Justin Smedley

Position: Manager Phone (865.691.7143)

Address: 3925 Schaad Rd

City, State, Zip: Knoxville, TN 37921

CERTIFIED MAILING ADDRESS:

Name: Justin Smedley

Address: 3925 Schaad Rd

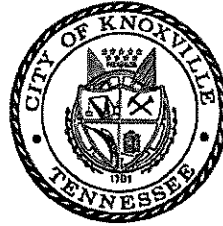
City, State, Zip: Knoxville, TN 37921

**Department
of
Finance**

CITY OF KNOXVILLE, TENNESSEE
Business License

**Business
Tax
Division**

Business Name and Location:
KNOXVILLE MUNICIPAL GOLF COURSE
3925 SCHAAD RD



Mailing Address:

KNOXVILLE MUNICIPAL GOLF COURSE
c/o PHH KNOXVILLE LLC
3925 SCHAAD RD
KNOXVILLE, TN 37921

Account #	66749
Classification	3
License/Receipt #	278999
Issue Date	02/03/2025
Expiration Date	05/15/2026

Clifton B.

Collection Officer

- FOLD -

Must be posted in a conspicuous place

- FOLD -

Business Tax Receipt

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

Retail	0.00	Min. Bus. Tax	15.00
Wholesale	0.00	Penalty	0.00
Business Tax	0.00	Interest	0.00
Less Credits	0.00	Coll. & Rec. Fees	0.00
Sub Total	0.00	SubTotal	15.00
Penalty	0.00	Total Amount	15.00
Interest	0.00	Total Payments	15.00
SubTotal	0.00	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

January 22, 2025

MIKE CUTLER
PHH KNOXVILLE, LLC
3925 SCHAAD RD
KNOXVILLE TN 37921-2115

Letter ID: L0339354816
Account ID: 1002591637-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

KNOXVILLE MUNICIPAL GOLF COURSE
3925 SCHAAD RD
KNOXVILLE TN 37921-2115

Effective Date: March 1, 2025
Account No.: 1002591637-SLC
Location No.: 1001806845
Filing Status: Monthly

David Gerregano
Commissioner of Revenue

PHH KNOXVILLE, LLC

Entity Type: Limited Liability Company (LLC)
Formed in: TENNESSEE
Term of Duration: 11/20/2074
Managed By: Manager Managed
Series LLC: No
Number of Members: 6 or less

Status: Active
Control Number: 001597784
Initial Filing Date: 11/20/2024 4:11:18 PM
Fiscal Ending Month: December
AR Due Date: 04/01/2026
Obligated Member Entity: No

<u>Registered Agent</u>	<u>Principal Office Address</u>	<u>Mailing Address</u>
REGISTERED AGENTS INC	3925 SCHAAD RD	3925 SCHAAD RD
116 AGNES RD, STE 200	KNOXVILLE, TN 37921	KNOXVILLE, TN 37921
KNOXVILLE, TN 37919		
AR Standing: Good	RA Standing: Good	Other Standing: Good
		Revenue Standing: Good



PURPLE HORSE
HOSPITALITY

PHH Knoxville LLC



RESPONSIBLE SERVICE OF ALCOHOL POLICY

Purple Horse Hospitality is committed to the responsible service of alcoholic beverages to responsible guests. We are also committed to protecting our employees and the community at large. All employees who may come in contact with a guest as part of their employment are required to follow these procedures:

- All front of the house employees will successfully participate in an alcohol awareness training program (TIPS Certification) prior to or within 30 days of employment.
- Employees will complete timely recertification of alcohol awareness training.
- Employees will not drink before, during or after their shift.
- Employees will not serve an alcoholic beverage to anyone under 21 years of age or anyone who is showing signs of visible intoxication.
- No patrons will be permitted inside the establishment after it is closed for business.
- Before serving an alcoholic beverage, employees MUST check the identification of guests who appear to be under the age of forty years old.
- Identification form Guest must show:
 - Guest to be at least 21 years of age.
 - ID must also match the physical characteristics of the guest presenting the identification.
 - Acceptable identification includes a driver's license with a photo, a valid passport with a photo, a state-issued identification with photo and birth date, or a military ID.
- Employees will check identification to determine if it is authentic. Without authentic identification or in case of doubt, the employee must not serve alcoholic beverages to the guest.
- No more than two drinks purchased by a guest at a time and no more than four drinks in a four hour period.
- No employee will "free pour".
- All liquor will be dispensed in measured quantities.
- Employees must immediately notify the manager on duty when a guest shows visible signs of intoxication. Either the employee or the manager will inform the guest that the service of alcoholic beverages will be discontinued.
- An incident report form will be completed and placed on file.
- Any guest showing visible signs of intoxication will be strongly urged to use alternative transportation.

- If, with strong urging, patron refuses, a reasonable attempt should be made to obtain the keys to the car.
- If, despite these efforts, the intoxicated customer leaves in his or her vehicle, the license plate number should be noted, and the appropriate law enforcement officials should be notified.
- I have read this policy statement, understand what is required to provide responsible service of alcoholic beverages and agree to follow these procedures. I also understand that failure to follow the procedures of this policy will be considered a basis for disciplinary action, up to and including termination.

Employee Signature: _____

Witness: _____

Date: _____

City of Knoxville

Certificate of Occupancy

Development Services

Plans Review and Inspections Division

This certifies that the referenced building or portion thereof has been inspected and found to be in compliance with the requirements of the listed code and with the ordinances of the City of Knoxville regulating building construction and use.

Project No.:	IBC-ALT-25-0186	Code Edition at time of	2024 International Building
Project Address:	3925 SCHAAD RD	Permit Issuance:	Code as amended
Suite:	NA	Construction Type:	Type V-B
Tenant:	NA	Occupancy Class:	Assembly, Group A-3
Date CO Issued:	4/16/2025	Occupancy Load:	120
		Zoning Use:	NA
		Sprinkler:	No
		Special Conditions:	No work reviewed or approved.

Owner: CITY OF KNOXVILLE

3925 SCHAAD RD KNOXVILLE, TN 37921

Description of Certification: Change of ownership.

Building Official:



Peter M. Ahrens

CITY OF KNOXVILLE
INTEROFFICE MEMORANDUM

DATE: 3-19-25

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: Knoxville Municipal Golf Course

Business location: 3925 Schaad Rd

Property description: ☐ New construction ☒ Pre-existing structure

Directions to and/or landmarks near location: _____

SCHOOL/DAYCARE:

Name: Ridgedale Alternative School

Address: 4600 Ridgedale Rd

Distance/feet: MORE THAN 300'

FUNERAL HOME:

Name: Weaver Funeral Home

Address: 5815 Western Ave

Distance/feet: MORE THAN 300'

HOSPITAL:

Name: North Knoxville Medical Center

Address: 7565 Dannaher Dr

Distance/feet: MORE THAN 300'