

q. NEVER SETTLE LLC, APPLICANT
2735 N CENTRAL ST
NEVER SETTLE LLC, OWNER
BRAD WEST, OWNER
TARA THACKER, OWNER
BENTLEY BLACKSHEAR, OWNER
GREG TERRY, OWNER
LIND NELSON, OWNER
JASON MESSIMORE, OWNER
BRADLEY LE COULTRE, OWNER
PHIL PARKER, OWNER
DEBORAH WEST, OWNER
ROBBY HARRELL, OWNER
BEAU BLACKSHEAR, OWNER
SETH BROOKS, OWNER
CARRIE PEMBERTON, OWNER
BLAKE RASMUSSEN, OWNER
JEREMY EDWARDS, OWNER
RAUL LINCE, OWNER
MATT HIGGINS, OWNER

CITY OF KNOXVILLE BEER PERMIT

APPLICATION CHECKLIST | DISTRICT: 5

Business Name: Xul Beer Company Account Number: 66867

Business Address: 2735 N Central St 37917

Agenda Date: 4, 29, 25 CLT Number: 0816D001

TASK	COMMENTS
New Application:	<u>Received 3-27-25</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:	<input checked="" type="checkbox"/> Expiration Date: <u>5 / 15 / 26</u>
Copy of Certificate of Registration for Tennessee Sales Tax	
Copy of Corporate Charter; LLC; ETC.	<input checked="" type="checkbox"/>
Notice of Application to Knox County Health Dept. (215-5200)	Sent: ___/___/___ Received: ___/___/___ Approved: Pending: <u>4/23/25</u>
Notice of Application to Building Inspections (215-3669)	Sent: ___/___/___ Received: ___/___/___ Approved: Pending:
Notice of Application to Fire Prevention Bureau (633-0400)	Sent: ___/___/___ Received: ___/___/___ Approved: Pending:
Request distances measured by Engineering Dept. (215-6132)	Sent: <u>4 / 1 / 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>Fanatic Brewing Company (#52948)</u>

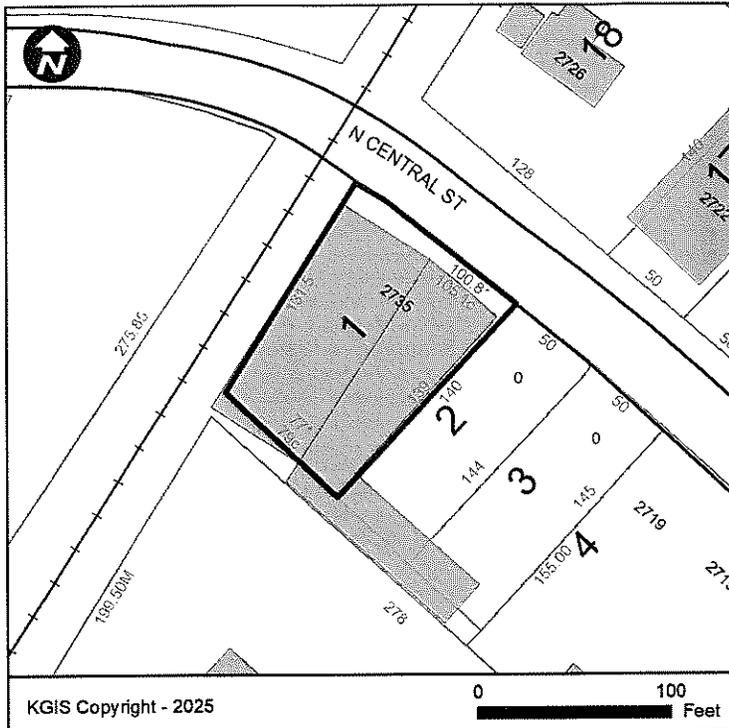
CITY OF KNOXVILLE
APPLICATION FOR BEER PERMIT

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 New Location
2. Name of Business Owner(s): Brad West / Tara Thacker Never Settle
LLC
3. Is Owner a: Corporation General Partnership Limited Partnership LLC Sole Proprietorship
 Other _____
4. Under what name will the business operate: Xul Beer Company
5. Business Address: 2735 N Central St Zip 37917 Phone (865) 456-8711
6. Property Owner's Name: Never Settle LLC - Brad West Phone 865-456-8711
7. Type of business you will operate: Brewery
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.
Brad West 33%, Tara Thacker 33%, Bentley Blackshear 4%, Greg Terry 2%,
Lind Nelson 2%, Jason Messimore 2%, Bradley LeCoutre 2%, Phil Parker 2%,
Deborah West 2%, Robby Harrell 1.5%, Beau Blackshear 1%, Seth Brookes 1%,
Carrie Penbertson 1%, Blake Rasmussen 1%, Jeremy Edwards 1%, Raul Lince 0.5%,
Matt Higgins 1%
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.
Brad West, Tara Thacker
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 Premise Caterer Manufacturer/Distributor Self-Serve

2735 N CENTRAL ST - Property Map and Details Report



Property Information

Parcel ID:	081GD001
Location Address:	2735 N CENTRAL ST
CLT Map:	81
Insert:	G
Group:	D
Condo Letter:	
Parcel:	1
Parcel Type:	NORMAL
District:	
Ward:	17
City Block:	17023
Subdivision:	C B ATKINS ARMSTRONG ADD
Rec. Acreage:	0
Calc. Acreage:	0
Recorded Plat:	10 - 30
Recorded Deed:	-
Deed Type:	
Deed Date:	

Address Information

Site Address: 2735 N CENTRAL ST
KNOXVILLE - 37917

Address Type: BUSINESS

Site Name: FANATIC BREWING CO

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

Owner Information

NEVER SETTLE LLC
213 E FIFTH AVE
KNOXVILLE, TN 37917

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: 15

Planning Sector: Central City

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

Political Districts

Voting Precinct: 17

Voting Location: Christenberry Community Center
931 OGLEWOOD AVE

TN State House: 90

TN State Senate: 5

County Commission: 2 Courtney Durrett
(at large seat 10) Larsen Jay
(at large seat 11) Kim Frazier

City Council: 5 Charles Thomas
(at large seat A) Lynne Fugate
(at large seat B) Debbie Helsley
(at large seat C) Amelia Parker

School Board: 2 Anne Templeton

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

School Zones

Elementary: CHRISTENBERRY
ELEMENTARY

Intermediate:

Middle: WHITTLE SPRINGS
MIDDLE

High: FULTON 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 Brad West 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.

Brad West
Applicant Signature or Agent/Representative

Date: 3/25/25

L. Mackey
Co-Applicant Signature

Date: 3/25/25

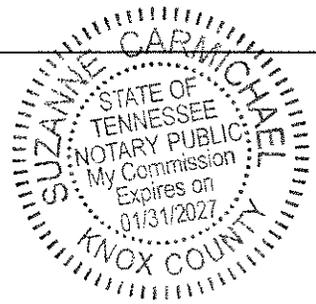
Co-Applicant Signature

Date: _____

Sworn to and subscribed before me this 25th day of March, 2025.

Notary Public: Suzanne Carmichael

My Commission Expires: 1/31/2027



CITY OF KNOXVILLE
APPLICATION FOR BEER PERMIT
OWNER/MANAGER APPLICATION

Reason for Application: New Application Manager Change or Addition

1. Name Brad West Owner--Percentage of Ownership 38 % Manager
2. Home Address 10324 Fantasy Way City Knoxville State TN Zip 37932
3. Home Phone () _____ Cellular Phone (865) 456-8711 Date of Birth 03/07/1988
4. Driver's License # _____ State TN Social Security # _____
5. Local Business Name Xul Beer Company
6. Local Business Address/ZIP 2735 N Central St. Knoxville 37917 Business Phone: (865) 456-8711
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, Brad West, 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, Brad West, 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.

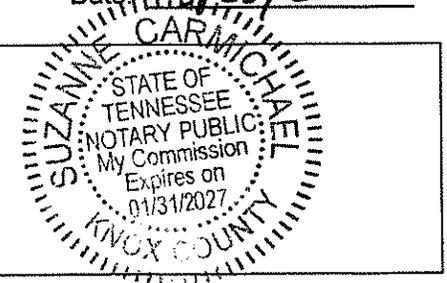
Brad West
 Signature of Applicant

Date: 3/25/25

Sworn to and subscribed before me this 25th day of March, 2025.

Notary Public: Suzanne Carmichael

My Commission Expires: 1/31/2027



CITY OF KNOXVILLE
APPLICATION FOR BEER PERMIT
OWNER/MANAGER APPLICATION

Reason for Application: New Application Manager Change or Addition

1. Name Tara Thacker Owner--Percentage of Ownership 38 % Manager
2. Home Address 308 Bona Rd City Knoxville State TN Zip 37914
3. Home Phone () _____ Cellular Phone (865) 300-1327 Date of Birth 02 / 01 / 1978
4. Driver's License # _____ State TN Social Security # _____
5. Local Business Name Xul Beer Company
6. Local Business Address/ZIP 2735 N Central St. Knoxville TN 37917 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, Tara Thacker, 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, Tara Thacker, 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.

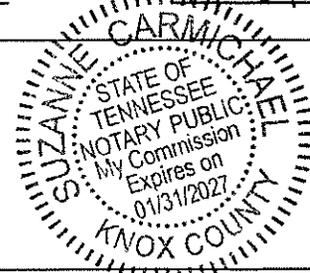
T. Thacker
Signature of Applicant

Date: 3/25/25

Sworn to and subscribed before me this 25th day of March, 2025.

Notary Public: Stephanie Carmichael

My Commission Expires: 1/31/2027



CITY OF KNOXVILLE
APPLICATION FOR BEER PERMIT

Property Details

Property Address: 2735 N Central St Knoxville, TN 37917

Directions to business, including any landmarks:

From 275 N take exit 2 (Heiskell Ave) and turn (R) for 0.2 mi
Turn (R) on N Central St and go 0.4 mi
Property will be on the right

Property Owner Information:

Name Brad West
Phone 865-456-8711

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: 0.9 miles

Name Christenberry Elementary School
Address 927 Oglewood Ave Knoxville, TN 37917

Funeral Home: 1.4 miles

Name Stevens Mortuary
Address 1304 Oglewood Ave Knoxville, TN 37917

Hospital: 3.8 miles

Name Fort Sanders Regional
Address 1901 Clinch Ave Knoxville, TN 37916

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: Xul Beer Company

Business Location: 2735 N Central St Knoxville, TN 37917

PERSON RESPONSIBLE TO RECEIVE SERVICE OF PROCESS:

Name: Brad West

Position: owner Phone (865) 456-8711

Address: 213 E 5th Ave

City, State, Zip: Knoxville, TN 37917

CERTIFIED MAILING ADDRESS:

Name: Same

Address: _____

City, State, Zip: _____

**Department
of
Finance**

CITY OF KNOXVILLE, TENNESSEE
Business License

**Business
Tax
Division**

Business Name and Location:
XUL BEER COMPANY
2735 N CENTRAL ST



Mailing Address:

XUL BEER COMPANY
c/o NEVER SETTLE LLC
213 E 5TH AVE
KNOXVILLE, TN 37917

Account #	66867
Classification	2
License/Receipt #	279402
Issue Date	03/04/2025
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
Wholesale	0.00
Business Tax	0.00
Less Credits	0.00
Sub Total	0.00
Penalty	0.00
Interest	0.00
Sub Total	0.00

Min. Bus. Tax	15.00
Penalty	0.00
Interest	0.00
Coll. & Rec. Fees	0.00
Sub Total	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)



10804556



Tennessee Limited Liability Company Annual Report Form

AR Filing #: 10804556

File online at: <https://TNBear.TN.gov/>

FILED: Jan 20, 2025 4:41PM

Due on/Before:04/01/2025

Reporting Year: 2024

Annual Report Filing Fee Due:

\$300 minimum plus \$50 for each member over 6 to a maximum of \$3000
\$20 additional if changes are made in block 3 to the registered agent/office

This Annual Report has been successfully paid for and filed. Please keep this report for your records.

Payment-Credit Card - State Payment Center - CC #: 3890264697

SOS Control Number: 1020142

Limited Liability Company - Domestic

Date Formed: 03/28/2019

Formation Locale: TENNESSEE

(1) Name and Mailing Address:

Never Settle LLC
JON B WEST
213 E 5TH AVE
KNOXVILLE, TN 37917

(2) Principal Office Address:

JON B WEST
213 E 5TH AVE
KNOXVILLE, TN 37917

(3) Registered Agent (RA) and Registered Office (RO) Address:

JON B WEST
JON B WEST
10324 FANTASY WAY
KNOXVILLE, TN 37932

Agent Changed: Yes

Agent County: KNOX COUNTY

(4) This LLC is (as currently registered in Tennessee): ___ Director Managed, ___ Manager Managed, X Member Managed, ___ Board Managed (appropriate if formed prior to 1/1/2006 only).

If board, director, or manager managed, provide the names and business addresses, including zip codes, of the governors, directors, or managers (or their equivalent). If governed by the pre-2006 LLC act and board managed, list board members and managers.

Name	Business Address	City, State, Zip

(5) Provide the names and business addresses, including zip codes, of any LLC Officers (if governed by the Revised LLC Act), or their equivalent.

Name	Business Address	City, State, Zip

(6) Number of members on the date the annual report is executed: 2

___ This LLC is prohibited from doing business in Tennessee (check if applicable)

(7) Signature: Electronic

(8) Date: 01/20/2025

(9) Type/Print Name: Jon B West

(10) Title: Member Manager

B1670-1645 01/20/2025 4:41 PM Received by Tennessee Secretary of State Tre Hargett



Standard Operating Procedure (SOP) for Beer Server Compliance

Date: 3/26/2025

Location: Xul Beer Company

Purpose:

To ensure compliance with local and state regulations regarding the sale of alcohol, specifically beer, and to maintain a safe and responsible environment for all patrons. This SOP outlines the procedures for checking identification (ID) to verify the legal drinking age and prevent the sale of alcohol to minors.

Policy Statement:

It is the policy of Xul Beer Company to check the ID of every individual purchasing beer at the time of checkout, regardless of their age or appearance. This procedure aims to comply with all relevant laws and to ensure the responsible service of alcohol.

Procedure for Beer ID Verification:

1. ID Check for Every Beer Purchase:

- **Step 1:** At the time of purchase, the server or cashier will ask the customer for a valid government-issued ID if the customer is purchasing beer.
- **Step 2:** The server or cashier will verify the customer's age by ensuring that the ID shows the individual is of legal drinking age (as determined by local and state law).
- **Step 3:** The ID will be carefully examined for signs of tampering, alterations, or expiration. Servers will check the photograph, the date of birth, and any other identifying features that may indicate the ID is fake or invalid.



Standard Operating Procedure (SOP) for Beer Server Compliance

Date: 3/26/2025

Location: Xul Beer Company

2. Training for Beer Servers:

- All servers will receive training on how to properly verify IDs, including how to spot common signs of fake or altered identification. This training will be provided upon hiring and reinforced periodically.
- Training will also cover the legal responsibilities of servers, the importance of preventing underage drinking, and the consequences of non-compliance.

3. ID Validation Process:

- The following details will be checked on the ID:
 - **Photograph:** Verify that the photograph matches the individual presenting the ID.
 - **Date of Birth:** Ensure the individual is of legal drinking age.
 - **Expiration Date:** Confirm that the ID is not expired.
 - **Signs of Tampering:** Look for signs such as uneven fonts, mismatched pictures, or other alterations that suggest the ID may be fake.

4. Handling Suspicious or Invalid IDs:

- If a server suspects that an ID may be fake or altered, they must politely refuse to serve alcohol to the customer and inform a supervisor or manager for further verification.
- If the ID is expired or does not meet legal requirements, the server must refuse the sale of alcohol and notify a supervisor.



Standard Operating Procedure (SOP) for Beer Server Compliance

Date: 3/26/2025

Location: Xul Beer Company

5. Record-Keeping:

- In the event of any refusal to serve alcohol based on ID verification, a log will be maintained documenting the reason for refusal (e.g., fake ID, expired ID, etc.), the date, and the server involved.
- All records will be kept confidential and secure.

6. Enforcement:

- Any server found to be in violation of this SOP will face corrective action, up to and including termination, based on the severity and frequency of the violation.

Conclusion:

By adhering to this SOP, Xul Beer Company ensures compliance with alcohol service laws and fosters a responsible drinking environment. Our commitment to checking IDs and training our staff helps to prevent underage drinking and upholds the integrity of our operations.

For any questions regarding this SOP or to report concerns, please contact Tara Thacker (tara@xulbeer.com).

CITY OF KNOXVILLE
INTEROFFICE MEMORANDUM

DATE: 4-1-25

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: Xul Beer Company

Business location: 2735 N Central St

Property description: New construction Pre-existing structure

Directions to and/or landmarks near location: _____

SCHOOL/DAYCARE:

Name: Christenberry Elementary School

Address: 927 Oglewood Ave

Distance/feet: MORE THAN 300'

FUNERAL HOME:

Name: Stevens Mortuary

Address: 1304 Oglewood Ave

Distance/feet: MORE THAN 300'

HOSPITAL:

Name: Fort Sanders Regional Medical Center

Address: 1901 Clinch Ave

Distance/feet: MORE THAN 300'