

## **NOTICE**

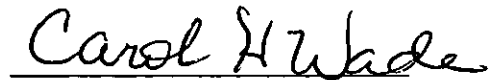
### **GILES COUNTY BEER BOARD HEARING**

Notice is hereby given that the Giles County Beer Board will meet on the 9<sup>th</sup> day of May, 2025 at 9:00 AM in the basement board room of the Giles County Courthouse Annex located at 222 West Madison Street, in Pulaski, Tennessee to hear and consider the following application for a permit to sell beer:

Nilesh Patel for permit to sell beer for off premises consumption at JSB Mata Corporation  
DBA Shelby's Exxon, 2471 Highway 64E, Pulaski, TN 38478

This will be a public hearing and any person who has any interest therein will be given an opportunity to be heard.

The Giles County Beer Board

A handwritten signature in black ink that reads "Carol H Wade". The signature is written in a cursive style and is positioned above a horizontal line.

Carol H. Wade, Secretary

**APPLICATION FOR A BEER PERMIT**  
**STATE OF TENNESSEE**  
**COUNTY OF GILES**  
*Class A County*

**TYPE OF PERMIT:**

- On-Premises ☐  
 Off-Premises ☒  
 On-And Off- Premises ☐  
 Manufacturer's or Distributor's ☐  
 Temporary (Special Event) ☐

I HEREBY MAKE APPLICATION FOR A PERMIT TO SELL, STORE, MANUFACTURE, OR DISTRIBUTE BEER OR OTHER BEVERAGES AUTHORIZED TO BE SOLD, STORED, MANUFACTURED OR DISTRIBUTED UNDER THE PROVISIONS OF TENNESSEE CODE ANNOTATED §57-5-101 ET SEQ., AND BASE MY APPLICATION UPON THE ANSWERS TO THE FOLLOWING QUESTIONS:

1. Full name of applicant: (owner of business) JSB Mata Corporation  
DBA Shelby Exxon
2. Type of Applicant: (check one)

Person ☐ Firm ☐ Corporation ☒  
 Syndicate ☐ Association ☐ Joint-Stock Company ☐

3. List persons, partners, corporations, LLC's or other business entities having at least a five percent (5%) ownership interest in the applicant. Complete in detail. (Attach a separate sheet if necessary). If corporation, partnership, LLC or other business entity is listed below, give address of the principal place of business in address column. (Attach a separate sheet, if necessary).

NAME OF APPLICANT'S PARTNERS, OFFICERS AND DIRECTORS, OR MEMBERS	TITLE & PERCENT OF OWNERSHIP	CURRENT HOME ADDRESS & TELEPHONE	DATE & PLACE OF BIRTH	DRIVER'S LICENSE NO. & STATE
A. Girish Patel SS#	Officer 50%	601 McCoy LN Columbia TN 38401 (904) 366-9573	11/17/1964	
B. Nilesh Patel SS#	Officer 50%	1005 Quince Rd Springfield TN 37111 (615) 224-4214	07/07/1956	
C. SS#		( )		
D. SS#		( )		

If the owner is an individual, answer Questions 4-9. Otherwise, proceed to Question 10.

4. What is your present home address? \_\_\_\_\_  
5. Previous address(es) within the last ten years \_\_\_\_\_  
(use additional sheet if necessary) \_\_\_\_\_

If the owner is an individual, answer Questions 4-9. Otherwise, proceed to Question 10.

6. Date of birth \_\_\_\_\_  
7. Social Security Number \_\_\_\_\_  
8. Applicant's home telephone: \_\_\_\_\_  
9. Applicant's business telephone: \_\_\_\_\_

10. Under what name will the business operate: JSB Mata Corporation  
11. Give business address and geographical location:  
2471 Highway 64 E Pulaski TN 38478

12. Describe the nature of the business you will operate (tavern, on-off premises consumption, grocery, etc.): off premises consumption

13. Name and address of the person to receive annual tax notices and any other communication: Girish Patel  
601 McCoy Ln Columbia TN 38401

14. Name and address of property owner:  
(if other than business owner) Gary King 211 Lane Pkwy Shelbyville, TN 37161  
607 Shelbyville TN  
(Probate Court)

15. Will you operate the business in person? If no, give the names, addresses, and social security number(s) of any other agents who will operate the business:  
Deep Patel 631 Shadowbrook Dr Columbia TN, 38401  
931 446 0864

16. Has any person who owns five percent (5%) or more of the business, any manager listed in response to Question 15 above, or any other employee of the business, been convicted of any violation of the beer or alcoholic beverage laws or any crime (other than minor traffic violations) within the past ten (10) years? NO If yes, give the particulars of each charge, the court, and the date convicted.

17. Have you, your business, or any person who owns five percent (5%) or more of the business, ever had a beer permit revoked, suspended or denied in the State of Tennessee?  
Yes ☐ No ☒  
If yes, specify where, when and why

18. Give the name, relationship to the applicant (if applicable) and address of the former beer permittee at this location.

Elaine Patel

601 McCoy LN Columbia, TN, 38401

GILES COUNTY HAS ADOPTED A RULE FORBIDDING THE SALE, STORAGE, OR MANUFACTURE OF BEER WITHIN 600 FEET OF A CHURCH, SCHOOL, OR OTHER PLACE OF PUBLIC GATHERING.

19. How many feet is your business from a school, church, or any other places of public gathering? (If relying on google maps or similar mapping source, please attach a copy to your application).

3.5 miles (~18,480 ft)

I CERTIFY THAT THIS APPLICATION CONTAINS TRUE INFORMATION TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE OF MY CONTINUING OBLIGATION TO AMEND OR SUPPLEMENT THIS APPLICATION PROMPTLY IF A CHANGE IN CIRCUMSTANCES AFFECTS THE RESPONSES PROVIDED IN THIS APPLICATION, EITHER BEFORE OR AFTER A PERMIT HAS BEEN ISSUED. I CERTIFY THAT I AM KNOWLEDGEABLE OF THE LAWS PROHIBITING THE SALE OF BEER TO MINORS. I AM AWARE THAT I WILL NOT BE ISSUED A BEER PERMIT OR MY PERMIT WILL BE REVOKED IF MY BUSINESS LOCATION CAUSES TRAFFIC CONGESTION OR INTERFERES WITH SCHOOLS, CHURCHES, OR OTHER PLACES OF PUBLIC GATHERING, OR OTHERWISE INTERFERES WITH PUBLIC HEALTH, SAFETY AND MORALS. I WILL SURRENDER TO THE BEER BOARD ANY PERMIT ISSUED UNDER THIS APPLICATION WITHIN FIFTEEN (15) DAYS OF TERMINATION OF THE BUSINESS, CHANGE IN OWNERSHIP, RELOCATION OF THE BUSINESS, OR CHANGE OF THE BUSINESS'S NAME.

I HEREBY SOLEMNLY SWEAR THAT EACH STATEMENT IN THIS APPLICATION IS TRUE AND CORRECT AND AGREE THAT IF ANY 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. ALL APPLICANTS ARE SUBJECT TO A CRIMINAL HISTORY CHECK WHICH INCLUDES FINGERPRINT CHECKS AGAINST STATE AND FEDERAL CRIMINAL RECORDS BY LAW ENFORCEMENT AUTHORITIES.

  
Signature of Applicant/Owner (or authorized officer)

Sworn to and subscribed before me this the 21 day of April

2025

Whitney W Kimbrough  
Notary Public

My Commission Expires: Nov. 19, 2025

