

TO BE COMPLETED AT TIME OF SUBMISSION TO THE CITY OF MT. JULIET

Date/time application submitted: ~~October~~ ^{Nov} 1, 2024 at 2 : 05 ⁵⁵ a.m./p.m.

Amount Paid and Check Number: \$ 29.00 Check No. CASH

Signature of applicant/person delivering application: Priya Patel



**City of Mt. Juliet, Tennessee
Retail Liquor Store License Application¹**

One application will be submitted per applicant. Each person or entity, including the applicant, identified in the answer to question number one and two must complete and submit an application addendum. Incomplete applications will be denied and not considered by the Board of Commissioners.

If the City of Mt. Juliet has issued the maximum number of licenses under its City Code, the Application will be denied.

A non-refundable application fee payment of \$500.00 is due at the time of application submittal, made payable to the City of Mt. Juliet. In addition, a non-refundable payment of \$29.00 for a Tennessee Bureau of Investigation background check is due for the applicant and each person completing an application addendum.

This completed application must be submitted to Emily Taylor or Sheila Luckett at City Hall, 2425 N. Mt. Juliet Rd., Mt. Juliet, TN 37122. Applications will be released October 22, 2024, at 9a.m. and must be turned in on or before Friday, November 1, 2024, no later than 4:00p.m.

Attach additional sheets as needed to provide the required information.

The information collected in this application will be used to conduct a criminal background check.

1. **Applicant:** Provide the full name of the applicant that is applying for a certificate of compliance and state whether the applicant is an individual, sole proprietorship, corporation, general partnership, limited partnership, or limited liability company.

Applicant's Name: Priya Patel

The Applicant is a: individual sole proprietorship general partnership
 limited partnership corporation limited liability company
 Other: _____

*Each individual listed above must complete their own Application Addendum.

¹ Any question and/or portion of a question listed herein that are no longer and/or never were permitted by federal, state, and/or local law are severable and will not affect the remaining questions and/or portion of a question.

2. **Interested Parties:** Provide the name, title, and % of ownership of any person that has, or will have, any interest, direct or indirect, in the retail liquor store, or in the profits thereof.

Name: Priya Patel Title: Owner % 100
Name: _____ Title: _____ % _____
Name: _____ Title: _____ % _____
Name: _____ Title: _____ % _____
Name: _____ Title: _____ % _____

*Each individual listed above must complete their own Application Addendum.

3. **Partnership:** If the applicant is a partnership, provide the date of formation and attach a copy of the partnership agreement, identifying the current general partners, limited partners, and any other type of partner.

Copy Attached: Yes _____ No _____ Not Applicable (not a partnership)

Date of formation: _____

4. **Corporation/LLC:** If the applicant is a corporation or a limited liability company, provide the date of incorporation, principal place of business, and attach a copy of the corporate charter and a list of shareholders/members and/or any other type of interest holder that indicates their ownership percentage. Further include a list of officers/managers/directors/governors and their names and contact information, if not already listed in response to Paragraph One and/or Two.

Copy Attached: Yes _____ No _____ Not Applicable (not a corporation/LLC)

Date of Incorporation: _____

Principal Place of Business: _____

Name(s): _____

5. **Zoning/Location:** Provide the address, existing zoning of the proposed retail liquor store, floor of operation, and number of entrances.

Address: 3131 S Rutland Rd Mt. Juliet TN 37122

Existing Zoning: CRC zoning

Floor of Operation: ground floor operation

Number of Entrances: two entrances

location is at the corner of Beckwith Rd and S. Rutland Rd.

6. **Location Owner:** Provide the name and contact information of the owner(s) of the building and/or parcel at the proposed location. Attach to this application a letter from the owners and/or lessors of the building and/or parcel that the parties reached a written agreement on the terms of the sale and/or lease of the premises to the applicant.

Name: Vikram and Jayshree Patel

Address: 4033 Planters Trl. Mt. Juliet TN 37122

Phone Number: 615-838-0869

Letter Attached: Yes No

7. **Relatives:** Provide the name and title of any relative of any persons identified in response to Paragraphs One and/or Two that is an elected and/or appointed official in the City of Mt. Juliet (for appointed officials, only include persons who enforce, vote for, or oversee the sale of alcohol) and/or employed by the City of Mt. Juliet.

Name: N/A Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

8. **Store Name:** Provide the name of the proposed retail liquor store.

Name: Beckwith Wine & Spirits

9. **Manager:** Provide the name and contact information of the individual(s) who will oversee the day-to-day operations of the retail liquor store.

Name: Priya Patel

Address: 4033 Planters Trl Mt Juliet TN 37122

Phone Number: 615-293-5513

10. Identify any system the applicant will use, or previously used,² in an alcohol related business, to ensure that alcohol was not sold to minors and/or persons who were visibly intoxicated.

NO alcohol will be ~~sold~~ sold without proof of valid age identification

An ID scanner system will be installed that will only permit a sale to be made if consumer is 21 years old or older.

Applicant currently uses a similar system at convenience store that

² This includes any person identified in response to Paragraph One and/or Two. has been effective.

All employees will undergo training to ensure alcohol is not sold to a minor as well.

11. **Questions:** Answer the following “yes” or “no” questions. If “yes”, attach an addendum with an explanation.

- a) Whether the holder of any compensated public office and/or public employee has an interest and/or potential interest in the profits of the retail liquor business.
Yes ___ No
- b) Whether any alcoholic beverage manufacturer, brewer, or wholesaler holds an interest and/or potential interest in the proposed retail liquor store’s building and/or fixtures and/or parcel of any person seeking a retail license.
Yes ___ No
- c) Whether a person other than the applicant is paying the application fee.
Yes ___ No
- d) Whether any person not listed in the application will have and/or may have an ownership interest in and/or receive the profits of the retail liquor store.
Yes ___ No
- e) Whether the applicant, in an alcohol related business, employed and/or intends to employ any person under the age of eighteen (18).
Yes ___ No
- f) Whether the applicant has and/or intends to take and/or deliver orders for alcoholic beverages at the residence or place of business of a consumer.
Yes No ___
- g) Whether the applicant, in an alcohol related business, employed and/or intends to employ a person convicted of a felony of moral turpitude in the ten years preceding the hire or any felony in the five years preceding the hire.
Yes ___ No
- h) Whether the applicant has and/or intends to purchase alcoholic beverages for resale from anyone other than a licensed wholesaler.
Yes ___ No
- i) Whether the applicant has, in a liquor related business, obtained or intends to obtain less than 65% of its annual sales from the sale of alcoholic beverages, including beer and wine.
Yes ___ No
- j) Whether the applicant has and/or intends to sell and/or give away alcoholic beverages to any person who was/is visibly intoxicated and/or accompanied by someone who was/is visibly intoxicated.
Yes ___ No
- k) Whether the applicant has and/or intends to sell and/or give away alcoholic beverages to persons under the age of twenty-one (21).
Yes ___ No
- l) Whether the applicant has and/or intends to sell and/or give away alcohol on the following holidays: Christmas, Thanksgiving, and Easter.
Yes ___ No
- m) Whether the applicant has and/or intends to sell or give away alcoholic beverages at a time other than between 8:00 am and 11:00 pm Monday through Saturday, and 10:00 am through 11:00 pm on Sunday.
Yes ___ No

n) Whether the applicant previously failed to pay a fee or tax levied by a municipal, county, state or federal government.

Yes ___ No

o) Whether the applicant has and/or intends to refuse to allow the Tennessee Alcoholic Beverage Commission to examine the books, papers, records, and/or premises of the licensee's retail liquor business.

Yes ___ No

12. **Plans:** Attach eight (8) copies of a site plan drawn to a scale of not less than one (1) inch equals fifty (50) feet giving the following information.

a) The shape, size, address, Map and Parcel number, and location of the lot of where the proposed retail liquor store will be located.

b) The shape, dimensions, size, height, and location of the proposed building in which the retail liquor store will be located.

c) The available off-street parking as well as any vehicular accesses from a public street.

d) Other site information as deemed necessary by the City of Mt. Juliet.

13. **Compliance with Law and Ordinances:** By its signature affixed to this application, the applicant affirms its agreement to comply with all applicable laws and ordinances and with the Rules of Regulations of the Tennessee Alcoholic Beverage Commission, state law, and local law, and affirms its agreement as to the validity and reasonableness of the regulations and inspection fees provided in the Mt. Juliet Code of Ordinances with reference to the sale of alcoholic beverages.³

14. **Certifications:** By signing this application, the applicant certifies that the premises of the proposed retail liquor store complies with the requirements of Mt. Juliet City Code § 4-101 et. seq., and state law, and the applicant verified compliance with such requirements, and/or provides a basis to dispute any reason the applicant is given as to why the proposed retail liquor store does not comply. The applicant shall submit verification information, if available, with the application.

15. **Certifications:** By signing this application, the applicant certifies that the City of Mt. Juliet may conduct a criminal background check on the persons identified in response to Paragraph One and/or Two, unless the applicant provides a Tennessee Bureau of Investigation background check that was completed within 30 days of the date of this application.

(signature block on next page)

³ To the extent any such law and/or ordinance, and/or any portion thereof, is unconstitutional, has no rational basis, or is otherwise deemed unenforceable, then such law and/or ordinance (or portion thereof) is severed and the remaining law and/or ordinance remains in effect.

BY ITS SIGNATURE BELOW, THE APPLICANT CERTIFIES THE ACCURACY OF EACH STATEMENT IN THIS APPLICATION.

If the applicant is an individual, please complete this signature block and notary acknowledgement:

Sign: Priya Patil

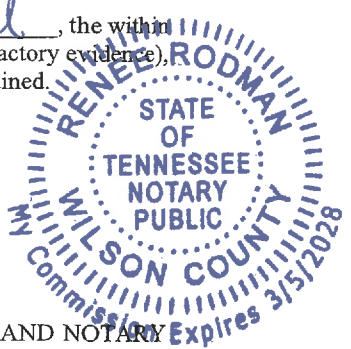
Print: Priya Patel

State of Tennessee County of Wilson

Personally appeared before me, Notary Public of said County and State, Priya Patel, the within named bargainer, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he/she executed the within instrument for the purposes therein contained.

Witness my hand, at office, the 31 day of Oct, 2024

Renee Rodman
Notary Public



My commission expires: 3/5/2028

IF THE APPLICANT IS AN ENTITY, PLEASE COMPLETE THIS SIGNATURE BLOCK AND NOTARY ACKNOWLEDGEMENT:

Name of Entity: _____

Sign Name: _____

Print Name: _____

Print Title: _____

State of _____ County of _____

Before me, a Notary Public of the state and county aforesaid, personally appeared _____ with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged himself/herself to be _____ (or other officer authorized to execute the instrument) of _____, the within named bargainer, a _____, and that he/she as such _____ executed the foregoing instrument for the purpose therein contained, being authorized to do so, by signing the name of the _____ by himself/herself as _____.

Witness my hand, at office, this ____ day of _____, 20__

Notary Public

My commission expires: _____

THIS COMPLETED APPLICATION MUST BE SUBMITTED TO THE CITY RECORDER AT CITY HALL, 2425 N. MT. JULIET RD., MT. JULIET, TN 37122



City of Mt. Juliet, Tennessee
Retail Liquor Store License Application Addendum

Each person or entity, including the applicant, identified in the answer to question number one and two of the City of Mt. Juliet's Retail Liquor Store License Application must complete and submit a separate application addendum at the time of application submittal.

In addition to the non-refundable application fee payment of \$500.00, a non-refundable payment of \$29.00 for a Tennessee Bureau of Investigation background check is due for each application addendum.

This completed application addendum must be submitted with the Retail Liquor Store Application to Emily Taylor or Sheila Lockett at City Hall, 2425 N. Mt. Juliet Rd., Mt. Juliet, TN 37122. Applications will be released October 22, 2024, at 9a.m. and must be turned in on or before Friday, November 1, 2024, no later than 4:00p.m.

Attach additional sheets as needed to provide the required information.

The information collected in this application will be used to conduct a criminal background check.

1. **Name:** State your full name and title.

Full Name: Priya Vikram Patel

Title: Owner

2. **Identifying Information:** Provide your date of birth, social security number, address, and phone number. This information will be used solely for a criminal background check.

Date of Birth: 02/15/1998

Social Security Number:

3. **Contact Information:** Provide your home address, phone number, and email address.

Home Address: 4033 Planters Trl Mt Juliet TN 37122

Phone Number: 615-293-5513

Email Address: priyavp98@yahoo.com

4. **Public Office:** State whether you hold a public office, whether appointed or elected.

Hold public office: ___ yes x no

If yes, what position: _____

If yes, is it an uncompensated appointment to a municipal board or commission where you have no duty to vote, overlook, or superintend the sale of alcoholic beverages? _____

5. **Public Employee:** State whether you are a public employee.

Public employee: ___ yes x no

If yes, what position and where? _____

6. **Residency:** Identify the state(s) you have lived in for the past ten (10) years. Provide an address for each location as well as the time you spent at that location.

Address: 1608 Carolwinds Ct Old Hickory TN 37138

Dates: To: 8/2001 From: 10/2019

Address: 1179 Harbor River Dr Memphis TN 38103 (For Graduate School)

Dates: To: 8/2021 From: 5/2024

Address: _____

Dates: To: _____ From: _____

7. **Interest:** Identify your interest, whether direct or indirect, in the applicant and/or business entity.

Direct Interest as the owner and manager

8. **Other Licenses:** Identify any interest that you held or hold in a retail liquor business, including, but not limited to, a sale of wine in retail food store license, a direct or indirect interest in the profits of a retail liquor business. or any distillery, beer manufacturer/distributor, etc. Identify the State that granted the license and, if the person or entity no longer holds such a license or interest, the reason why the person or entity no longer holds such a license or interest.

N/A - I do not hold any interests in any other Liquor Store Business

9. **Occupation:** Provide the name, contact information, and type of business in which you have been employed for the past five years. List these positions by date, most recent to least recent. Include dates of employment. *Further, state that you give the City of Mt. Juliet permission to contact these employers.

Name: Marathon Gas Station

Type of Business: Convenience Store Gas Station

Address: 15333 Lebanon Rd Old Hickory TN 37122

Phone: 615-754-2208

Dates: To: 5/2021 From: Present As well as from 7/2019 - 5/2021 as ^{assistant} Manager

See attached resume for complete work history
Name: _____

Type of Business: _____

Address: _____

Phone: _____

Dates: To: _____ From: _____

10. **Business References:** Provide the name and phone number of three business references.

Name: Marathon Gas Station - Jayshree Patel Phone: 615-838-0869

Name: Stans Restaurant - Bob Patel Phone: 931-505-0550

Name: Circle B - Bhupen Patel Phone: 615-418-8352

11. **Violations of Law:** State whether you, your spouse, or any of the entity's officers or managers have been convicted within the ten (10) year period immediately preceding the date of the application of any violation of any State or federal law or of any violation of any municipal ordinance and provide the details of such violation(s), excluding minor traffic violations.

No Violations of the Law

12. **Capital:** Identify the amount of capital you propose to invest in the business.

Construction - approx. 2.8Million, inventory approx. \$700,000

13. **Funds:** Identify where the funds listed in response to Paragraph Ten are and/or how such funds will be obtained. Provide verification that such funds can be obtained within three months of obtaining a certificate of compliance. * Further, authorize the City of Mt. Juliet to contact any persons or entity from which funds will be obtained.

Jayshree and Vikram Patel will be financing and providing funds. Attached is their Financial Statement

14. **Bankruptcy:** Identify whether you have filed for bankruptcy. Include the date, case number, type of bankruptcy, and the resolution.

N/A

15. **Relatives:** Provide the name and position of any relative that is an elected and/or appointed official (for appointed officials, only include persons who enforce, vote for, or oversee the sale of alcohol) in the City of Mt. Juliet and/or employed by the City of Mt. Juliet.

Name: N/A Position Held: _____

Name: _____ Position Held: _____

16. **Relatives:** Provide the name and contact information of any relative that holds any interest in any liquor business.

Name: N/A Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

17. **Spouse:** Identify whether your spouse would be eligible or ineligible to receive a retail liquor license. If ineligible, provide the reason.

Spouse is ___ eligible ___ ineligible

Reason for ineligibility: NOT MARRIED

18. Identify any system the applicant will use, or previously used,¹ in an alcohol related business, to ensure that alcohol was not sold to minors and/or persons who were visibly intoxicated.

No alcohol will be sold without proof of identification of age that is valid. Business will have an ID scan system that would only _____ allow sale to costumers at the age of 21 vears of age or older. Applicant uses a similar system at current convenience store business which has been effective.

19. **Questions:** Answer “yes” or “no” to the following questions. If yes, attach an addendum with an explanation.

a) Whether the holder of any compensated public office and/or public employee has an interest and/or potential interest in the profits of the retail liquor business.

Yes _____ No x

b) Whether any alcoholic beverage manufacturer, brewer, or wholesaler holds an interest and/or potential interest in the proposed retail liquor store’s building and/or fixtures and/or parcel of any person seeking a retail license.

Yes _____ No x

c) Whether you and/or the entity has, in a liquor related business, employed at any time or intends to employ any person under the age of eighteen (18).

Yes _____ No x

d) Whether you and/or the entity, in a liquor related business, employed and/or intends to employ any person who was convicted of a felony of moral turpitude in the ten years prior to their, hire, or any felony within five years prior to their hire.

Yes _____ No x

e) Whether you and/or the entity has and/or intends to purchase alcoholic beverages for resale from anyone other than a licensed wholesaler.

Yes _____ No x

f) Whether the applicant has and/or intends to take and/or deliver orders for alcoholic beverages at the residence or place of business of a consumer.

Yes x No _____

g) Whether the applicant has, in a liquor related business, obtained or intends to obtain less than 65% of its annual sales from the sale of alcoholic beverages, including beer and wine.

Yes _____ No x

h) Whether you and/or the entity has and/or intends to sell and/or give away alcoholic beverages to any person who is visibly intoxicated and/or accompanied by someone who is visibly intoxicated.

Yes _____ No x

i) Whether you and/or the entity has and/or intends to sell and/or give away alcoholic beverages to persons under the age of twenty-one (21).

Yes _____ No x

j) Whether you and/or the entity has and/or intends to sell and/or give away alcohol on: Christmas, Thanksgiving, and/or Easter.

Yes _____ No x

¹ This includes any person identified in response to Paragraph One and/or Two.

- k) Whether you and/or the entity has and/or intends to sell and/or give away alcohol at a time other than between 8:00 am and 11:00 pm Monday through Saturday, and 10:00 am through 11:00 pm on Sunday.
Yes ___ No x
- l) Whether you and/or the entity failed to pay a fee or tax levied by a municipal, county, state or federal government.
Yes ___ No X
- m) Whether you and/or the entity has and/or intends to refuse to allow the Tennessee Alcoholic Beverage Commission to examine the books, papers, records, or premises of the licensee's retail liquor business.
Yes ___ No x

- 20. **Compliance with Law and Ordinances:** By its signature affixed to this application, you and/or the entity affirms its agreement to comply with all applicable laws and ordinances and with the Rules of Regulations of the Tennessee Alcoholic Beverage Commission, state law, and local law, and affirms its agreement as to the validity and reasonableness of the regulations and inspection fees provided in the Mt. Juliet Code of Ordinances with reference to the sale of alcoholic beverages.²
- 21. **Authorization to Speak With Prior Employers:** By its signature affixed to this application, you and/or the entity agrees to allow the City of Mt. Juliet to contact any person or entity identified in response to Paragraph Nine.*
- 22. **Authorization to Speak With Bank Reference:** By its signature affixed to this application, you and/or the entity agrees to allow the City of Mt. Juliet to contact any furnisher of information set forth in Paragraph Thirteen.*
- 23. **Certifications:** By signing this application, you and/or the entity certifies that the City of Mt. Juliet may conduct a criminal background check on you and/or the entity, unless you and/or the entity provides a Tennessee Bureau of Investigation background check completed within 30 days prior to the date of the application.

(signature block on next page)

² To the extent any such law and/or ordinance, and/or any portion thereof, is unconstitutional, has no rational basis, or is otherwise deemed unenforceable, then such law and/or ordinance (or portion thereof) is severed and the remaining law and/or ordinance remains in effect.

BY ITS SIGNATURE BELOW, THE APPLICANT IS CERTIFYING THE ACCURACY OF EACH STATEMENT MADE IN THIS APPLICATION.

If the applicant is an individual, please complete this signature block and notary acknowledgement:

Sign: Priya Patel

Print: Priya Patel

State of Tennessee County of Wilson

Personally appeared before me, Notary Public of said County and State, Priya Patel, the within named bargainer, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he/she executed the within instrument for the purposes therein contained.

Witness my hand, at office, the 1st day of Nov., 2024

Nathan York
Notary Public

My commission expires: 11-27-2027



IF THE APPLICANT IS AN ENTITY, PLEASE COMPLETE THIS SIGNATURE BLOCK AND NOTARY ACKNOWLEDGEMENT:

Name of Entity: _____

Sign Name: _____

Print Name: _____

Print Title: _____

State of _____ County of _____

Before me, a Notary Public of the state and county aforesaid, personally appeared _____ with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged himself/herself to be _____ (or other officer authorized to execute the instrument) of _____, the within named bargainer, a _____, and that he/she as such _____ executed the foregoing instrument for the purpose therein contained, being authorized to do so, by signing the name of the _____ by himself/herself as _____.

Witness my hand, at office, this ____ day of _____, 20__

Notary Public

My commission expires: _____

THIS COMPLETED APPLICATION MUST BE SUBMITTED TO THE CITY RECORDER AT CITY HALL, 2425 N. MT. JULIET RD., MT. JULIET, TN 37122

10/30/2024

To whom it may concern,

This letter is to certify that I, Vikram G Patel and Jayshree V Patel, own the 4.60-acre parcel of land located at 3131 S Rutland Rd., Mt Juliet, Tennessee 37122. I have reached a leasing agreement with the lessee, Priya Patel, for 1.5 acres of land contingent upon whether she is granted the certificate of Compliance from the City of Mt Juliet. Upon our agreement, lease payments are to commence after the proposed liquor retail business has begun operating. Please reach out with any questions or concerns at 615-838-0869.

Sincerely,

Vikram Patel & Jayshree Patel

VGP Jayshree V Patel

10/30/2024

To whom it may concern,

My name is Priya Patel, and I am grateful for the potential opportunity to construct, own, and operate my own business in the city I grew up in. Please do not hesitate to contact me if any additional information is needed regarding my application. I can be reached by email at priyavp98@yahoo.com or by phone on (615) 293-5513.

I look forward to meeting and presenting my business plan in front of the honorable committee and serving the citizens of the City between the Lakes.

Sincerely,

Priya Patel

A handwritten signature in blue ink that reads "Priya Patel". The signature is written in a cursive style with a large initial "P".

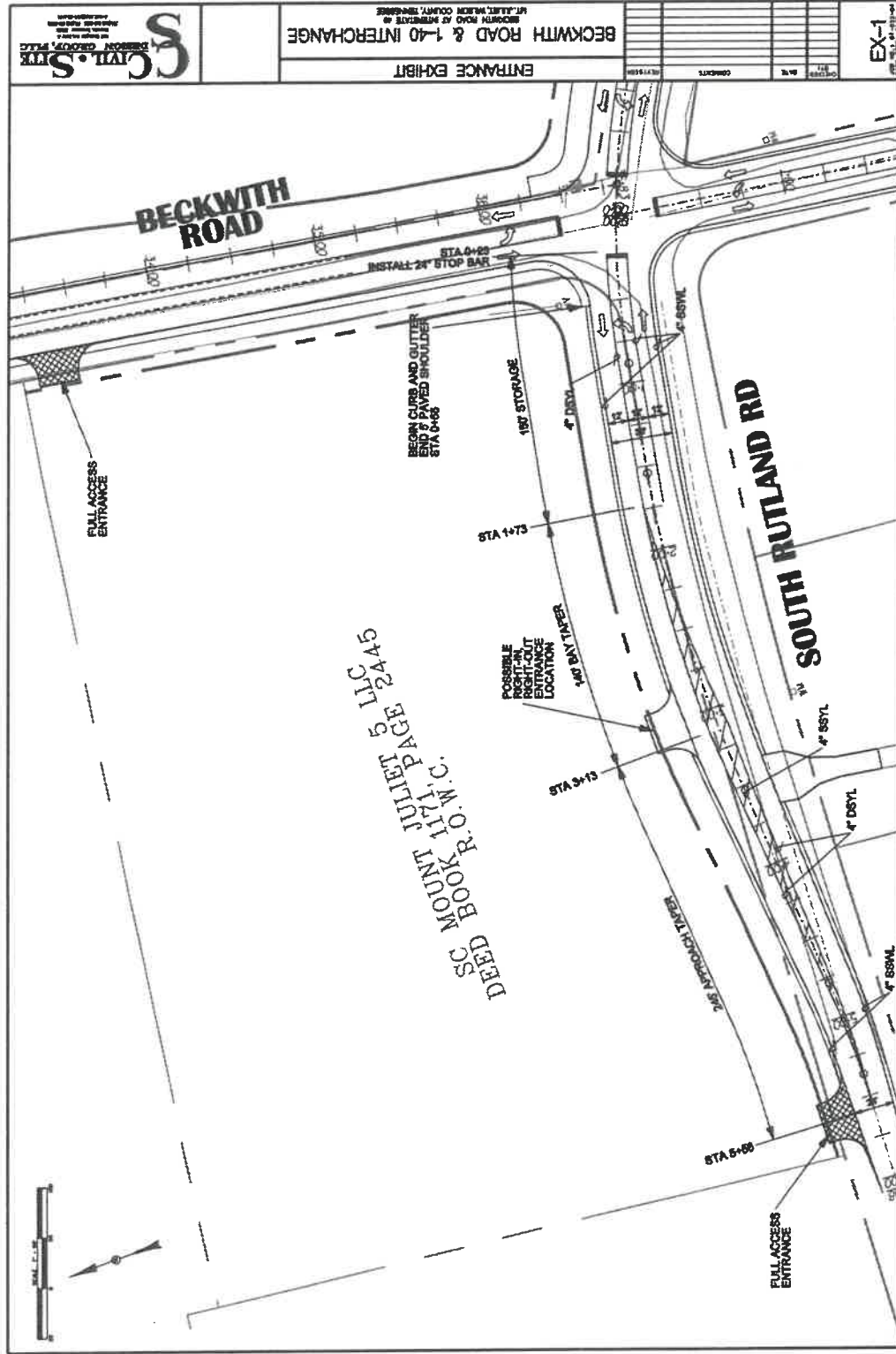
Beckwith Wine & Spirits Proposed Delivery Service:

The proposed Beckwith Wine and Spirits retail liquor store plans to provide a delivery service in order to attract more customers and to be able to provide the customers with the ability to order from home if they are choosing to avoid going out due to health concerns or any other reason. Customers will be able to order on a delivery service app and then be able to pick up their order or have their order delivered to their residence. All customers that use the delivery and order pick up service will have their identification checked in person or through the app to verify that the person placing the order is twenty-one years of age or older. The hours for delivery are likely to be from 11am to 5pm. If the city of Mt Juliet would prefer us to not offer such a delivery service, Beckwith Wine and Spirits will accommodate their preference and not engage in any delivery or pick up order service.

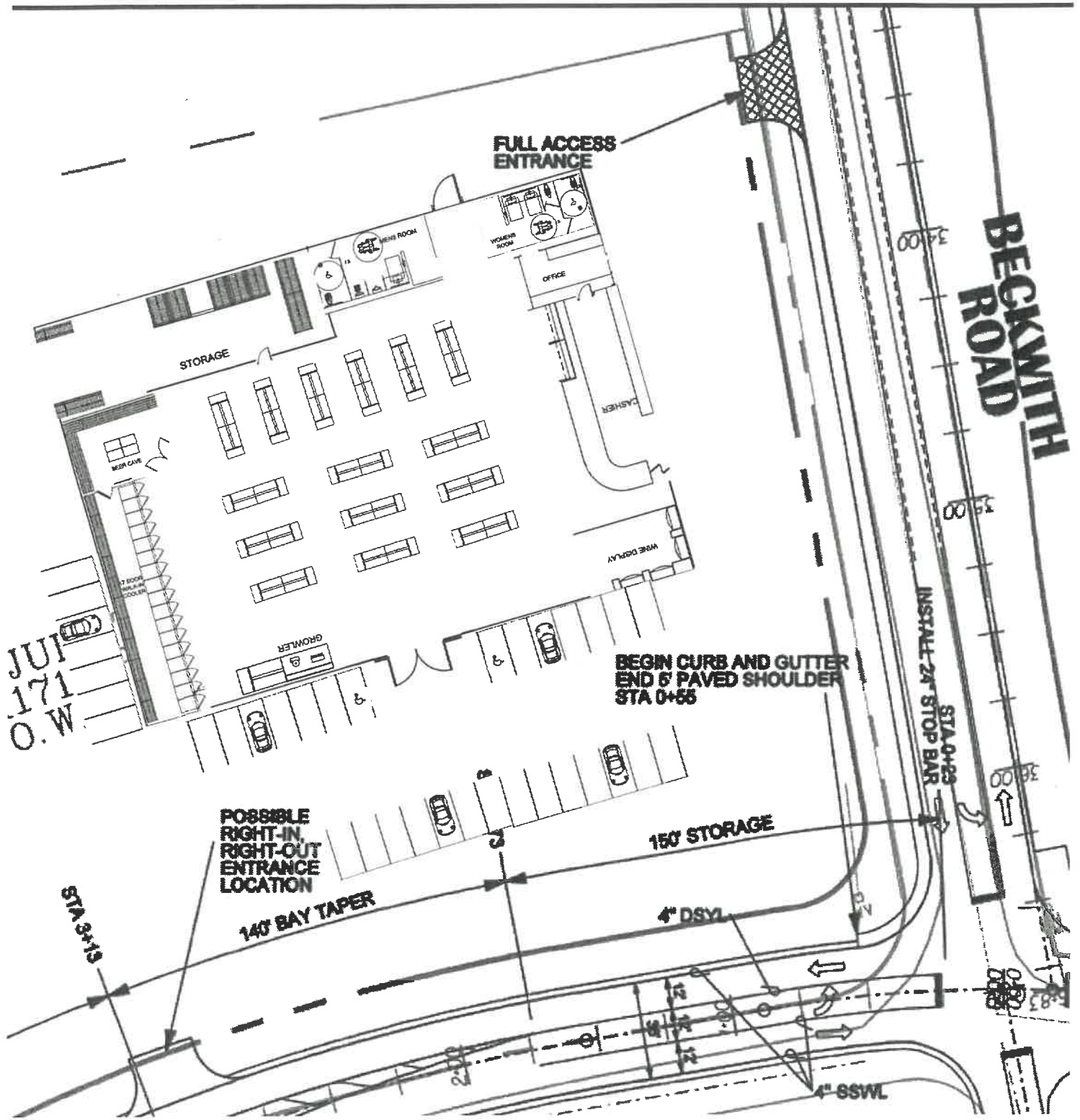
Beckwith Wine & Spirits Liquor Permit Application Proposal

3131 S Rutland Rd. Mt Juliet TN 37122

Map: 095 Parcel: 001.06



4.60 acre property of which approximately 1.5 acres of the corner property will be used for the retail liquor store



Beckwith Wine & Spirits

**4,500 sq ft building
approximately 10 ft high ceiling**

FINANCIAL STATEMENT

Vikram & Jayshree Patel
4033 Planters Trl
Mt Juliet TN 37122
Applicant's Name and Address

PEOPLES BANK OF
MIDDLE TENNESSEE
P.O. BOX 707
SHELBYVILLE, TN 37162
Creditor's Name and Address

TYPE OF CREDIT - CHECK THE APPROPRIATE BOX
[] Individual - Provide your financial information only
[] Joint, with
[] Information on separate financial statement
Relationship

INDIVIDUAL INFORMATION
Business or Occupation Employee
Employer's Name and Address Vikram Patel
15333 Lebanon Rd Old Hickory TN 37138
Length of Employment 16 years
Home Phone 615-390-5619 Bus. Phone 615-754-2208
Date of Birth 4/8/1964 S.S./Taxpayer I.D.#

JOINT PARTY INFORMATION
Business or Occupation Employee
Employer's Name and Address Jayshree Patel
15333 Lebanon Rd Old Hickory TN 37138
Length of Employment 16 years
Home Phone 615-838-0869 Bus. Phone 615-754-2208
Date of Birth 5/3/1968 S.S./Taxpayer I.D.#

Table with columns for ASSETS and LIABILITIES. Rows include Cash On Hand, U.S. Gov. Securities, Real Estate Owned, Notes Due to Banks, and various other financial categories.

ANNUAL INCOME table with rows for Salary Bonuses and Commissions, Dividends and Interest, Rental and Lease Income, Alimony, child support, or separate maintenance income, and Other Income - Itemize.

ESTIMATE OF ANNUAL EXPENSES table with rows for Income Taxes, Other Taxes, Insurance Premiums, Mortgage Payments, Rent Payable, and Other Expenses.

GENERAL INFORMATION table with rows for Are any Assets Pledged Other Than Described on SCHEDULES, Are You a Defendant in Any Suits or Legal Actions?, Income Tax Return Filed Through What Date?, Have you ever been declared Bankrupt in the last 10 years?, and Are you a Partner or Officer in any other Venture?

CONTINGENT LIABILITIES table with rows for As Endorser, Co-maker or Guarantor, On Leases or Contracts, Legal Claims, Federal - State Income Taxes, and Other.

SCHEDULES table with sub-section A: CASH IN BANKS AND NOTES DUE TO BANKS. Includes rows for Wilson Bank & Trust, Suntrust, Regions, and US Bank. Includes columns for Name of Bank, Type of Account, Type of Ownership, On Demand, Notes Due Banks, and Collateral (if Any) and Type Of Ownership.

B LIFE INSURANCE (List only those Policies that you own)

COMPANY	Face Of Policy	Cash Surrender Value	Policy Loan From Insurance Co.	Other Loans Policy As Collateral	BENEFICIARY
NY Life - Jayshree Patel					
NY Life - Vikram Patel					
NY Life - Vikram Patel					
<input type="checkbox"/> See Attached Itemization		TOTALS	\$	\$	\$

C SECURITIES OWNED (Including U.S. Gov't Bonds and all other Stocks and Bonds)

Face Value-Bonds No. Of Shares/Stock	DESCRIPTION Indicate those Not Registered in Your Name	Type of Ownership	COST	Market Value U.S. Gov. Sec.	Market Value Marketable Sec.	MARKET VALUE Not Readily Marketable	Amount Pledged To Secured Loan
	Vanguard	Joint					
	Primerica	Joint					
<input type="checkbox"/> See Attached Itemization		TOTALS	\$	\$	\$	\$	\$

D NOTES AND ACCOUNTS RECEIVABLE (Money Payable or Owed to You Individually-Indicate % of your Ownership Interest)

MAKER/DEBTOR	%	When Due	Original Amount	Balance Due Current Accounts	Balance Due Over 90 Days	Bal. Due Notes Ref. and Friends	Security (If Any)
			\$	\$	\$	\$	
<input type="checkbox"/> See Attached Itemization		TOTALS	\$	\$	\$	\$	

E REAL ESTATE OWNED (Indicate % of your Ownership Interest)

TITLE IN NAME OF	%	Description and Location	Date Acquired	Original Cost	Present Value of Real Estate	Amount of Ins. Carried	MORTGAGE OR CONTRACT PAYABLE Bal. Due	Payment	Maturity
				\$	\$	\$			
<input type="checkbox"/> See Attached Itemization		TOTAL	\$	\$	\$	\$			

F MORTGAGES AND CONTRACTS OWNED (Indicate % of your Ownership Interest)

Cont.	Mtg.	%	MAKER Name Address	PROPERTY COVERED	Starting Date	Payment	Maturity	Balance Due
			Wilson Bank & Trust					
			US Bank					
			Peoples Bank					
<input type="checkbox"/> See Attached Itemization		TOTALS	\$	\$	\$	\$	\$	\$

G PERSONAL PROPERTY (Indicate % of your Ownership Interest)

DESCRIPTION	%	Date When New	Cost When New	Value Today	LOANS ON PROPERTY Balance Due	To Whom Payable
<input type="checkbox"/> See Attached Itemization		TOTALS	\$	\$	\$	\$

H NOTES ACCOUNTS AND BILLS AND CONTRACTS PAYABLE

PAYABLE TO	Other Obligors (If Any)	When Due	Notes Due To Ref. and Friends	Notes Due "Others" (Not Banks)	Accounts and Bills	Contracts Payable	COLLATERAL (If Any) Payable
<input type="checkbox"/> See Attached Itemization		TOTALS	\$	\$	\$	\$	\$

This information and the information provided on all accompanying financial statements and schedules is provided for the purpose of obtaining credit for the Applicant(s) or for the purpose of Applicant(s) guaranteeing credit for others. Applicant(s) acknowledge that representations made in this Statement will be relied on by Creditor in its decision to grant such credit. This Statement is true and correct in every detail and accurately represents the financial condition of the Applicant(s) on the date given below. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein and to determine the creditworthiness of the undersigned. Applicant(s) will promptly notify Creditor of any subsequent changes which would affect the accuracy of this Statement. Creditor is further authorized to answer any questions about Creditor's credit experience with Applicant(s). Applicant(s) are aware that any knowing or willful false statements regarding the value of the above property for purposes of influencing the actions of Creditor can be a violation of federal law 18 U.S.C. sec. 1014 and may result in a fine or imprisonment or both.

In addition, each individual signing below authorizes the Creditor to check their individual credit account and employment history and have a credit reporting agency prepare a credit report on them.

The undersigned declares that he/she has read and understands the statements above.

Date Signed 10/30/2024 Signature Jayshree Patel Signature V.G. Patel
 Other Person (If Applicable)

Priya Patel

4033 Planters Trl, Mt Juliet, TN 37122 | (615) 293-5513 | pvpatel2@memphis.edu

Education

The University of Memphis, Cecil C. Humphreys School of Law

Juris Doctorate Candidate

Memphis, TN

May 2024

Involvement:

- Volunteer, Volunteer Income Tax Assistance Program
- Student Justice, The University of Memphis Honor Council
- Communications Chair, The Association of Women Attorneys
- Vice President, Asian Pacific American Law Student Association
- Peer Mentor, The University of Memphis Law Student Affairs Office
- 1L Representative, The Association of Women Attorneys
- 1L Campus Brand Ambassador, Kendra Scott, LLC

Middle Tennessee State University

Bachelor of Science

Murfreesboro, TN

May 2020

Major: Political Science, Minor: Sociology, Computer Information Systems

Honors:

- Dean's List, 4 semesters
- HOPE Scholarship Recipient, 7 semesters
- Scholars Week Research Symposium Participation Award
- MTSU Center of Student Involvement Advocate of the Year Award
- Student Government Association Academic Committee Leader Recognition Award

Professional Experience

The University of Memphis, Medical-Legal Partnership Clinic

Student Attorney

Memphis, TN

August 2023 – December 2023

- Successfully completed client's conservatorship petition
- Conducted various initial client interviews

The Frager Law Firm

Law Clerk

Memphis, TN

March 2023 – August 2023

- Assisted client consultations, prepared legal documents for clients FOIA requests, and assisted attorneys in filing clients asylum applications

LexisNexis

Associate

Memphis, TN

August 2022 - Present

- Help law students develop essential legal research skills while keeping students informed about LexisNexis events and navigating through the legal research platforms that are offered

Bass, Berry, & Sims PLC

Extern

Nashville, TN

Summer 2022

- Conducted legal research on country conditions and prepared a memorandum based on the research conducted to support asylum application for the firm's client
- Participated in the Tennessee Free Legal Answers Clinic by working with a team of attorneys and law students in answering online legal questions submitted by individuals

Marathon Gas Station

Owner

Old Hickory, TN

May 2021 - Present

Assistant Manager

July 2019 – May 2021

- Remotely managing that day-to-day operations are being performed accurately by staff members
- Overseeing the preparation of contracts related to business affairs

- Developed excellent ability to supervise and train a staff of three
- Demonstrated superior communication and customer service skills while engaging in company business