



BEER PERMIT APPLICATION FORM

Management Team Information

[The below information must be completed for and by each and every manager, whether full-time or part-time. Failure to provide information on managers will result in a delay of issuance of a beer permit. Failure to update manager information, including the employment of new managers, may result in suspension or revocation of a beer permit. Use additional sheets as necessary.]

1. Give the following information of any manager other than the applicant:

Name: _____

Address: _____

Date of birth: _____

Place of birth: _____

Social Security Number: _____

Driver's License Number: _____ Expiration: _____ State: _____

American Citizen _____ or Legal Resident Alien _____

2. Has the above-listed manager been convicted of any violation of the beer or alcoholic beverage laws or any crime (other than minor traffic violations) within the last ten years?

Yes _____ No _____

If yes, give particulars of each charge, court, and date convicted.

3. Has the above-listed manager been convicted of any crime violating a drug or alcohol law in the State of Tennessee or any other state within the last ten (10) years?

Yes _____ No _____

If yes, give particulars of each charge, court, and date convicted.

4. Has the above-listed manager been convicted of any crime involving physical violence in the State of Tennessee or any other state within the last ten (10) years?

Yes _____ No _____

If yes, give particulars of each charge, court, and date convicted.

5. Is the above-listed manager currently facing pending charges for any criminal violation in this state or any other state?

Yes _____ No _____

If yes, give particulars of each charge, court, and date convicted.

VERIFICATION

STATE OF _____ }

COUNTY OF _____ }

I, _____, am a manager for the applicant herein. I hereby state under oath the following:

I certify that the above information provided is true and correct. I agree to furnish information to the applicant and the Town of Smyrna if there is any change related to my answers to the questions herein. I understand that the information I have provided is subject to verification. By my signature below, I authorize and

give consent for the Town of Smyrna to perform or obtain from a third party or outside agency a background check. This includes the following:

- Criminal background records/information
- Addresses
- Social Security Verification

I, the undersigned, authorize this information to be obtained either in writing or via telephone in connection with this beer permit application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines and to the extent permitted under state law; however I acknowledge that any and all information obtained and maintained in connection with my application is subject to the Public Records Act embodied in Tennessee Code Annotated §10-7-101 et seq. I further release the Town of Smyrna, and its agents, assigns, and employees, from any and all claims of liability related to the acquisition and/or dissemination of information as to this background report. I understand that I will be notified in writing if an adverse decision is made based on the information contained within this report, if such report is obtained by an independent third party organization.

I have read the Town of Smyrna Beer Ordinance. I am familiar with the laws of the State of Tennessee related to the sale of beer. I agree to abide by the Town of Smyrna Beer Ordinance and the laws of the State of Tennessee related to the sale of beer.

Signature of Manager

Date

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public

My Commission Expires: _____ [seal]