BEER PERMIT APPLICATION FORM
ON-PREMISE
Town of Smyrna, Tennessee

PLEASE COMPLETE THE BELOW BEER PERMIT APPLICATION FORM IN ITS ENTIRETY. IF A QUESTION DOES NOT APPLY TO YOU, PLEASE INDICATE BY MARKING YOUR ANSWER AS "Not Applicable" OR "N/A". THE BEER PERMIT APPLICATION WILL NOT BE PLACED ON THE BEER BOARD AGENDA UNTIL THE APPLICATION FORM IS COMPLETE.

THIS IS AN APPLICATION FOR:

☐ ON-PREMISE CONSUMPTION PERMIT

☐ SPECIAL EVENT (RETAIL)

☐ SPECIAL EVENT (NONPROFIT)

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 PROVISION OF *TENNESSEE CODE ANNOTATED (TCA)* § 57-5-101 ET SEQ. AND THE PROVISIONS IN TITLE 8 OF THE MUNICIPAL CODE OF THE TOWN OF SMYRNA, TENNESSEE, AND I BASE MY APPLICATION UPON THE ANSWERS TO THE FOLLOWING QUESTIONS.

1. Full Name of Applicant (Owner): _____

   Person___ Partnership___ Corporation___ Limited Liability Co.___ Association___

2. List all individuals, partnerships, corporations, or associations having at least a 5% ownership interest in the business (attach an additional sheet if necessary). [Individuals having at least a 5% ownership interest in the business must be at least 21 years of age. ***Those having at least a 5% ownership interest, other than the primary Applicant, must complete a separate Owner Application.***]

   _____

   _____

3. What is your present home address?

_____

_____

4. What were your previous home addresses within the last ten years?

_____

_____

_____

5. Date of birth of applicant: _____

Place of birth: _____

Social Security Number: _____

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

American Citizen _____ or Legal Resident Alien _____

6. Home telephone number: _____

7. Business telephone number: _____

8. Email address: _____

9. Under what name will this business operate? _____
[Permits shall be issued in the applicant's name with a dba designation.]

State the proposed name in which the Beer Permit shall be issued:

_____

10. What is the purpose and intended use of the Beer Permit?

_____

_____

_____

_____

11. Location of business by street address or other geographical description:

_____

_____

Phone number of business: _____

12. Specify the identity and address of the person responsible to receive annual privilege tax notices and any other correspondence.

_____

_____

_____

13. Give the name and address of the property owner, if different from the business owner.

_____

_____

14. Will the permit be used to operate two or more restaurants or other businesses under the same permit as permitted by *TCA* § 57-5-103(a)(4) within the same building?

Yes _____ No _____

If yes, specify number _____. List the names of the restaurants or other businesses and describe their location (use additional sheet if necessary).

_____

_____

15. How many managers are currently employed? _____
Please state the full name of each manager currently employed.

_____

_____

_____

_____

How many managers do you anticipate hiring? _____

[Management Team Information must be completed and submitted to the Town of Smyrna at the time application. A Management Team Information form must be completed for any managers who are hired and/or promoted after the granting of a beer permit within five (5) days of hiring. Failure to supply such information or update provided information may result in the revocation or suspension of a beer permit.]

16. Provide the following as applicable: ***Article of Incorporation, Partnership Agreement, or L.L.C. Operating Agreement;*** specifically the percent of ownership (private info may be redacted) *PLEASE ATTACH*

17. Has any person having at least a 5% ownership interest 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) 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.

_____

_____

Has any person having at least a 5% ownership interest or any other employee of the business 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.

_____

_____

Has any person having at least a 5% ownership interest or any other employee of the business 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.

_____

_____

Is any person having at least a 5% ownership interest or any other employee of the business currently facing pending criminal charges?

Yes _____ No _____

If yes, please state the date the charge was initiated, the nature of the charge the individual is currently facing, and the status of the pending charge.

_____

_____

18. Has this owner or the owners of the organization ever had a beer permit revoked, suspended, or denied in the State of Tennessee?

Yes _____ No _____

If yes, specify where, when and why.

_____

_____

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

_____

_____

THE TOWN OF SMYRNA HAS ADOPTED AN ORDINANCE FORBIDDING THE SALE, STORAGE, AND MANUFACTURE OF BEER AND LIKE BEVERAGES WITHIN **500** FEET OF ANY SCHOOL, CHURCH, FUNERAL HOME, HOSPITAL, LICENSED DAY CARE FACILITY, OR OTHER PLACE OF PUBLIC GATHERING.

20. What is the name and address of the church or other place of worship nearest to your business?

_____

_____

21. What is the name and address of the school nearest to your business?

_____

_____

22. What is the name and address of the owner of the nearest funeral home to your business?

_____

_____

23. What is the name and address of the owner of the nearest hospital to your business?

_____

_____

24. What is the name and address of the owner of the nearest day care facility to your business?

_____

_____

24. Provide a complete list of the food preparation facilities and an accurate account of food preparation/ storage appliances for the business:

_____

_____

_____

_____

25. Attach the available menu for the business if available (preferred) or list the food items to be sold at the location:

_____

_____

_____

_____

26. List previous experience of operation of an On-Premise alcohol sale business:

_____

_____

NO PERMIT SHALL BE ISSUED TO SELL BEER OR OTHER BEVERAGE COMING WITHIN THE PROVISIONS OF THIS CHAPTER IN VIOLATION OF ANY PROVISION OF STATE LAW, OR WHERE SUCH SALE WILL CAUSE CONGESTION OF TRAFFIC OR WILL INTERFERE WITH SCHOOLS, CHURCHES, OR OTHER PLACES OF PUBLIC GATHERING, OR WILL OTHERWISE INTERFERE WITH THE PUBLIC HEALTH, SAFETY, OR MORALS. ***(Smyrna Municipal Code Section 8-214)***

VERIFICATION

STATE OF _____ }
}
COUNTY OF _____ }

I, _____, applicant herein, hereby state under oath the following:

I hereby certify that no person having at least a 5% ownership interest, nor any person to be employed in the distribution or sale of beer in my establishment, has been convicted of any violation of the beer or alcoholic beverage laws, convicted of any crime violating any drug or alcohol law, convicted of a crime involving physical violence, or any crime involving moral turpitude within the past ten years.

I further agree to update information related to ownership and management as ownership and management change.

I am also aware that I shall not be issued a permit or my permit shall 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 also certify that I have received a copy of the Town of Smyrna Beer Ordinance and the By-Laws and Rules of Procedure of the Smyrna Beer Board of Rutherford County, Tennessee. I state that I have read and understand the Beer Ordinance and the By-Laws. I further state that I am familiar with and understand the laws

of the State of Tennessee related to the sale of beer. I further agree to abide by the Town of Smyrna Beer Ordinance and the laws of the State of Tennessee related to the sale of beer.

I further state that the information provided herein is true and correct. 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 Record 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 understand that providing false information or failing to update the information contained within this application, including management team information, and as required by the Town of Smyrna Beer Ordinance may cause my beer permit to be suspended or revoked. I understand that the beer permits are not transferable, and if there is any change in ownership, I will have to apply for a new beer permit.

_____ _____

Signature of Applicant/Owner (or authorized corporate officer) Date

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

_____

Notary Public

My Commission Expires: _____ [seal]

NOTICE: A non-refundable $50.00 fee must accompany this application. If the application is approved, you are required to provide documentation of sales tax registration to the Town within ten days of approval. Any applicant making false statement in this application shall forfeit his/her permit and shall not be eligible to receive any permit for a period of ten years.

A privilege tax of $100.00 is imposed on the business of selling, distributing, storing or manufacturing beer in this state effective January 1, 1994, and each successive January 1. Any holder of a beer permit issued after January 1, 1994 shall pay a pro rata portion of this annual tax when the permit is issued.

Town of Smyrna Use (*Do not write in shaded area*)

Initials

- ☐ Beer Application Form (BAF) Completed _____
  - ☐ Driver's License Copied
  - ☐ If not US Citizen, proof of right to work copied
- ☐ Owner Application Form Completed _____
  - ☐ ***Not applicable according to BAF***
  - ☐ Driver's License Copied
  - ☐ If not US Citizen, proof of right to work copied

  **FORM NEEDED FOR ALL OWNERS LISTED
- ☐ Management Team Information Form Completed _____
  - ☐ ***Not applicable according to BAF***
  - ☐ Driver's License Copied
  - ☐ If not US Citizen, proof of right to work copied

  **FORM NEEDED FOR ALL MANAGERS LISTED

Date Completed Application Received: _____

☐ Codes Report Received ☐ Police Report Received

Beer Board Agenda Hearing Date: _____

Notification Sent (if any—state type and date sent):_____

Decision of Beer Board: _____ Date: _____