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:

☐ 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.]

________________________________________________________________________

________________________________________________________________________
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.

________________________________________________________________________
________________________________________________________________________

IT IS THE RESPONSIBILITY OF THE APPLICANT TO READ THE TOWN OF SMYRNA’S ADOPTED ORDINANCE AS PERTAINING TO DISTANCES OF ANY SCHOOL, CHURCH, FUNERAL HOME, HOSPITAL, LICENSED DAY CARE FACILITY, OR OTHER PLACE OF PUBLIC GATHERING AS IT RELATES TO THE SALE, STORAGE, AND MANUFACTURE OF BEER AND LIKE BEVERAGES.

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 fee in the amount of $50 for nonprofit organizations and $100 for retail (special event) 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.

**FORM NEEDED FOR ALL OWNERS 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: