



**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

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. **All individuals, partnerships, corporations, or associations having at least a 5% ownership interest in the business must complete a separate Beer Permit Owner Application Form. (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.]

Beer Permit shall be issued under what dba name:

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?

25. Provide a complete list of the food preparation/storage appliances for the business:

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

NOTICE: A non-refundable \$250.00 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: _____