

**APPLICATION FOR A BEER PERMIT
STATE OF TENNESSEE
CITY OF GALLATIN**

APPLICATION FOR (CHECK ONE):

- ON PREMISES PERMIT
- OFF PREMISES PERMIT
- MIXED PERMIT
- SPECIAL EVENT PERMIT
- SPECIAL PRIVATE CLUB PERMIT

I HEREBY MAKE APPLICATION FOR A PERMIT TO SELL, STORE, MANUFACTURE, OR DISTRIBUTE BEER UNDER THE PROVISIONS OF TENNESSEE CODE ANNOTATED SECTION 57-5-101 ET SEQ. AND BASE MY APPLICATION UPON THE ANSWERS TO THE FOLLOWING QUESTIONS:

1. FULL NAME OF APPLICANT(OWNER OF BUSINESS): _____
2. TYPE OF APPLICANT(CHECK ONE):
PERSON _____ FIRM _____ CORPORATION _____ JOINT-STOCK COMPANY _____
3. LIST ALL PERSONS, FIRMS, CORPORATIONS, JOINT-STOCK COMPANIES HAVING AT LEAST A 5% OWNERSHIP INTEREST IN THE BUSINESS:

4. WHAT IS YOUR PRESENT HOME ADDRESS: _____

5. PREVIOUS ADDRESS(ES)(WITHIN LAST TEN YEARS): _____

6. DATE OF BIRTH: _____ HOME TELEPHONE NUMBER: _____
BUSINESS TELEPHONE NUMBER: _____
7. UNDER WHAT NAME WILL THIS BUSINESS OPERATE: _____

8. IF BEER WILL BE SOLD AT TWO OR MORE RESTAURANTS OR OTHER BUSINESSES WITHIN THE SAME BUILDING PURSUANT TO THE SAME PERMIT AS PROVIDED BY TENN. CODE ANN. §57-5-103(A)(4), A DESCRIPTION OF ALL SUCH BUSINESSES OR RESTAURANTS: _____

9. GIVE BUSINESS ADDRESS AND TELEPHONE NUMBER: _____

10. SPECIFY THE IDENTITY AND ADDRESS OF THE PERSON TO RECEIVE ANNUAL TAX NOTICES AND ANY OTHER COMMUNICATION FROM THE CITY: _____

11. GIVE NAME AND ADDRESS OF REAL ESTATE (PROPERTY OWNER IF OTHER THAN BUSINESS OWNER): _____

12. GIVE NAME, DATE OF BIRTH AND ADDRESS OF ANY MANAGER OTHER THAN APPLICANT: _____

13. HAS ANY PERSON OR BUSINESS ENTITY HAVING AT LEAST A FIVE PERCENT (5%) OWNERSHIP INTEREST IN THE APPLICANT, AND IF A BUSINESS ENTITY OWNS AT LEAST A FIVE PERCENT (5%) OWNERSHIP INTEREST IN THE APPLICANT, NO OWNER OF AT LEAST A FIVE PERCENT (5%) OWNERSHIP INTEREST IN SUCH BUSINESS ENTITY, NOR ANY PERSON TO BE EMPLOYED IN THE DISTRIBUTION, SALE, OR MANUFACTURE OR SALE OF BEER SHALL HAVE BEEN CONVICTED: _____

14. HAVE YOU OR YOUR ORGANIZATION EVER HAD A BEER PERMIT REVOKED, SUSPENDED, OR DENIED IN THE STATE OF TENNESSEE? _____ IF SO, SPECIFY, WHERE, WHEN, AND WHY: _____

15. GIVE THE NAME, RELATIONSHIP TO APPLICANT (IF APPLICABLE) AND ADDRESS OF THE FORMER BEER PERMITTEE AT THIS LOCATION: _____

16. WHAT IS THE NAME AND ADDRESS OF THE CHURCH (OR OTHER PLACE OF WORSHIP) NEAREST TO YOUR BUSINESS? _____

17. WHAT IS THE NAME AND ADDRESS OF THE SCHOOL NEAREST TO YOUR BUSINESS? _____

I CERTIFY THAT I AM KNOWLEDGEABLE OF THE LAWS PROHIBITING THE SALE OF BEER TO MINORS AND THAT THIS APPLICATION CONTAINS TRUE INFORMATION TO THE BEST OF MY KNOWLEDGE AND BELIEF. 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.

SIGNATURE OF APPLICANT/OWNER (OR AUTHORIZED CORPORATE OFFICER)

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20____.

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

NOTICE: A NON-REFUNDABLE \$250.00 FEE MUST ACCOMPANY THIS APPLICATION. ANY APPLICANT MAKING FALSE STATEMENT IN THIS APPLICATION SHALL FORFEIT HIS PERMIT AND SHALL NOT BE ELIGIBLE TO RECEIVE ANY PERMIT FOR A PERIOD OF TEN YEARS.

A PRIVILEGE TAX OF \$100 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.

FOR OFFICE USE ONLY

APPLICATION IS HEREBY: APPROVED _____ DENIED _____
ON THIS DATE: _____, 20____.

BEER BOARD MEMBER

BEER BOARD MEMBER

BEER BOARD MEMBER

CONNIE KITTRELL, CITY RECORDER

CONNIE W. KITTRELL
CITY OF GALLATIN
132 WEST MAIN STREET
GALLATIN, TN 37066

ALCOHOL and BEER INFORMATION SHEET

Name of Business: _____

Business Address: _____ Business Phone: _____

Name of Applicant: _____ Date of Birth: _____ Place of Birth: _____

Height: _____ Weight: _____ Sex: _____ Hair Color: _____ Eye Color: _____

Social Security #: _____ Driver License #: _____

Residential Address: _____ Residential Phone #: _____

Previous Residential Address: _____

Previous Employment: _____

Previous Employment Address: _____

Have you ever been arrested? _____

If you have been arrested please list dates of arrest, charges, location of arrest and disposition:

I verify that the foregoing statements are true and accurate to the best of my knowledge and belief.

SIGNATURE OF APPLICANT DATE



<p>FOR OFFICE USE</p> <p>An Investigation has been completed at the Gallatin Police Department</p> <p>By: _____</p> <p>Date: _____</p> <p>Chief of Police: _____</p> <p>Premises Checked: _____</p>
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