

City of Fairview

Beer Permit Application Instructions

- 1. Complete pages 1-4 of the Beer Permit Application**
- 2. Submit background check application to TBI**
- 3. Contact surveyor for item #16 on application**
- 4. Return application, background check and surveyor letter, along with \$250 application fee, to Fairview City Hall (in person) at 7100 City Center Way. A Beer Board meeting will then be scheduled to consider the application.**

Any questions, please call (615) 799-2484

**APPLICATION FOR BEER PERMIT
STATE OF TENNESSEE**

CITY OF FAIRVIEW

Application for (check one):

- _____ ON PREMISES PERMIT
- _____ OFF PERMISES PERMIT (PACKAGE SALES ONLY)
- _____ ON AND OFF PERMISES PERMIT
- _____ MANUFACTURER'S OR DISTRIBUTOR'S PERMIT
- _____ SPECIAL EVENTS 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 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)

Person _____ Firm _____ Corporation _____ Joint Stock Co. _____

Syndicate _____ Association _____

2. List all persons, firms, corporations, joint-stock companies, syndicates, or associations having at least 5% ownership interest in the business (attach additional sheets, if needed). List the social security number and drivers license number for **EACH PERSON**.

3. What is your present home address? _____

4. Previous addresses within the last ten (10) years?

5. Date of birth. _____ Home telephone No. _____
6. Under what name will this business operate? _____

7. Telephone number and location of business by street address: _____

8. Specify the identity and address of the person to receive the annual privilege tax notices and any other communication from the City:

9. Provide name and address for: Legal Representative: _____

10. Name and address of property owner, If other than business owner: _____

11. Will the permit be used to operate two or more restaurants or other businesses within the same building? (As provided by T.C.A. Section 57-5-103 (a)(4).
Yes _____ No _____ If so, specify number _____
Attach a list of the restaurants or other businesses and provide the locations.
12. List name of any manager, other than the owner. Also provide date of birth, address, social security number, and driver license number. Applicant must notify the city when there is change of manager and provide all information.

13. Has any person having at least a 5% ownership interest, any manager listed in question 11, or any employee of the business been convicted of a violation of the beer or alcohol beverage laws or any other crime (other than minor traffic violation) within the past ten (10) years? Yes _____ No _____
If so, specify list who, in which court, the date of each conviction and particulars of each charge. (Attach a separate list).
14. Has the owner, or any person with a 5% ownership interest, ever had a beer permit revoked, suspended, or denied in the State of Tennessee? Yes _____ No. _____ If so, attach a list of who, where, when and why.
15. List the name of the previous beer permit holder at this location and any relationship, if applicable. _____.

16. List the name, address and distance of the church (or other place of worship), school, day care or nursery, or public park nearest to your business. (The City of Fairview prohibits the sale, storage, and manufacturing of beer and like beverages within 100 feet of schools, churches, day care center, nurseries, or public parks (for off premises sales) and prohibits the sale, storage, and manufacturing of beer and like beverages within 500 feet of schools, churches, day care center, nurseries, or public parks (for on site sales). Any application for either type of sales that are closer than the prescribed distances must be accompanied by a duly executed waiver by the owner of the business that is too close to the business submitting the application. Distances shall be measured using the straight-line method from building to building).*

Name: _____

Address: _____

Distance: _____

***A certified statement from a licensed surveyor of the distance must accompany this application.**

17. Will you operate a dance hall in connection with or adjacent to your business?

Yes _____, No _____, If Yes, what is the floor space _____.

(Note: If the answer to Item 16 is "Yes" then an additional fee of \$100.00 must accompany this application.)

18. Please provide your sales tax number for this business: _____

19. No permit will be issued unless the person(s) named on the application is present when the application is considered.

20. The Beer Board may require the applicant to secure a certificate or a statement from the Tennessee State Department of Conservation, Division of Hotel and Restaurant Inspections for the premises.

21. I agree to provide proof of ownership or applicable business interest of or in the business at the time the Beer Permit is delivered. I understand that no Beer Permit will be delivered without the required proof. Examples of documents that are acceptable include but are not limited to (Warranty Deed for business property in the name of the Beer Permit Applicant. Bill of sale for the business in the name of the Beer Permit Applicant).

22. I agree that I will sell no Beer at the business for which the Beer Permit application is made unless and until such time as the Beer Permit is delivered to me (Applicant).

23. I understand that in the event any Beer is sold by me prior to receiving the Beer Permit that is the subject of this application. I may be engaging in the unlawful sale of Beer without a Beer Permit and my actions may result in a hearing before the Beer Board for the City of Fairview, Tennessee. I understand that the Said Beer Board for the City of Fairview, Tennessee may assess penalties for any such violation including but not limited to fines and or suspension of my Beer Permit.

24. I hereby state that I am knowledgeable of the laws prohibiting the sale of beer to minors. I 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 alcohol beverage laws or any crime involving moral turpitude, within the past ten (10) years. I am also aware that I shall not be issued a permit or my permit shall be revoked if my business location causes congestion or interferes with schools, churches, or public parks, or otherwise interferes with public health, safety or morals. I also understand that the application fee is not refundable whether the permit is granted or denied.

Signature of Applicant

**STATE OF TENNESSEE
COUNTY OF WILLIAMSON
CITY OF FAIRVIEW**

Applicant hereby solemnly swears that each and every statement in the application is true and agrees that if any statement therein is false, the permit may be revoked by Beer Board upon notice and hearing in which event the burden shall be on the permit holder to prove the correctness of all statements in this application.

Signature of Applicant/Owner

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

Notary Public

My Commission Expires: _____

NOTICE

A non-refundable \$250 fee (\$350 fee if dancing is permitted on the premises) must accompany this application.

You are required to provide documentation of sales tax registration to the City.

Any applicant making false statements in this application shall forfeit his permit and shall not be eligible to receive another permit for a period of ten (10) years.

A certified statement from a licensed surveyor of the distance requirement must accompany this application.

A Criminal Background Check from the Tennessee Bureau of Investigation shall accompany this application. It is the sole and exclusive responsibility of the Applicant to obtain the said Criminal Background Check at applicant's expense and submit the report with this application. No application will be processed without the Criminal Background Check required by this section.

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

-----**FOR BEER BOARD USE ONLY**-----

The foregoing application is approved: _____

The foregoing application is disapproved: _____

The reason for disapproval: _____

This the _____ day of _____, 20____.

BEER BOARD PRESENT:

City Attorney



Tennessee Bureau of Investigation
Tennessee Criminal History Information Request
901 R.S. Gass Blvd, Nashville, TN, 37216
TELEPHONE: (615) 744-4057 FAX: (615) 744-4651



Before submitting this request review the **Memorandum** related to requesting criminal history information. Please print this form and mail it along with the required \$29.00 processing fee (Please see memo for payment methods) to: Tennessee Bureau of Investigation, 901 R. S. Gass Blvd., Nashville, Tennessee, 37216 or **FAX** to 615-744-4651

Date: _____ Criminal history information requested by: _____

Email Address: _____ (not required)

Fax Number: _____

Please supply a complete return address:

Print full name: _____

Street: _____ City: _____ State: _____ Zip: _____

Special Instructions: _____

Please select preferred method for return of Background Check Results: Mail: ☐ FAX: ☐ Email: ☐

I am requesting a Tennessee criminal history record check on the following individual:

- Complete Name, Race, Sex and Date of Birth are all **(Required Information)**
- Social Security Number and Current Address are **(Optional)**. By providing a social security number and current address you will increase the accuracy of the name-based search.

Name: _____

(Last, First, Middle) (Required Information)

Other Names Used: _____

Race: _____ **Sex:** _____ **Date of Birth:** _____ **State of Birth:** _____

Social Security Number: _____

Current Address (If Available): (Optional Information)

Street: _____

City: _____ **State:** _____ **Zip:** _____

To Pay by Credit Card/Cashier's Check or Money Order:

Please be sure to include the three (3) digit authorization code located on the back of your credit card.

Card Type: VISA ☐ Master Card ☐ Discover ☐ Cashier's Check ☐ Money Order ☐

Complete Name (as it appears on the card):

Credit Card Number: _____ **Code:** _____

Expiration Date: _____

Current Address of card holder:

Street: _____

City: _____

State: _____ **Zip** _____

Total Amount to be Billed: \$ _____ **Authorized Signature:** _____