109 3rd Ave S
Franklin, TN 37064
(615) 791-3217

City of Franklin

Meeting Agenda

Beer Board

Tuesday, February 8, 2022 | **4:00 PM** | **Board Room**

CALL TO ORDER

APPROVAL OF MINUTES

1. Consideration Of Approval Of Minutes Of The January 11, 2022 Beer Board Meeting.

NEW BUSINESS

2. Consideration Of Application Of Autism Foundation Of TN, D/B/A Autism Career Training, 230 Franklin Rd, Franklin, TN 37064, Matthew Powell, Managing Agent, For Special Event. Event Date And Hours: February 26, 2022 6PM-10PM.

   Sponsors: Revenue Management

3. Consideration Of Application Of Franklin Pride TN, D/B/A Franklin Pride TN, 239 Franklin Rd, Franklin, TN 37064, Robert McNamara, Managing Agent, For Special Event. Event Date And Hours: June 4, 2022 10AM - 9PM.

   Sponsors: Revenue Management

4. Consideration Of Application Of Zachary Graham And Pamela Graham, D/B/A Sticks And Stones Axe Company, 615 Bakers Bridge Ave, Ste 160, Franklin, TN 37067, Zachary Graham, Managing Agent, For On Premises Consumption.

   Sponsors: Revenue Management

5. Consideration Of Application Of Tri Star Energy LLC, D/B/A Sudden Service #8816, 1500 Columbia Ave, Franklin, TN 37064, Cody Pennington, Managing Agent, For Off Premise Consumption.

   Sponsors: Revenue Management

OTHER BUSINESS

ADJOURN

Anyone needing accommodations due to disabilities please contact the ADA Coordinator at 615-791-3277 at least 24 hours prior to the meeting.

City of Franklin
Beer Board Cover Page

Beer Board Meeting Date: 2/8/2022 Permit #: 22-02

Owner/Applicant: Autism Foundation of TN

On Prem	Off Prem	On & Off	Special Event X

Name of Business/Event: **Autism Career Training**

Special Event Date(s)/Hours: 02/26/2022 at 6:00 PM -10:00 PM

Location of Business/Event: The Factory at Franklin
230 Franklin Rd

Mailing Address: 6515 Holt Rd
Nashville, TN 37221

Phone: 615-866-4477

Email: MPOWELL@AUTISMCAREERTRAINING.ORG

Primary Contact: Matthew Powell

Phone: 615-866-4477

Email: MPOWELL@AUTISMCAREERTRAINING.ORG

Managing Agent: Matthew Powell

Review Sign Off:

Police Y Fire Y BNS Y

COMMENTS

Serving beer at Liberty Hall inside The Factory

Permit #: 22-02

INFORMATION SHEET
for
SPECIAL EVENT BEER PERMIT APPLICATION

HISTORIC FRANKLIN TENNESSEE

APPLICATION FOR SPECIAL EVENT BEER PERMIT
STATE OF TENNESSEE
CITY OF FRANKLIN

PURSUANT TO SECTION 8 CHAPTER 2 OF THE CODE OF THE CITY OF FRANKLIN, TENNESSEE, AND THE REQUIREMENTS OF TENNESSEE CODE ANNOTATED § 57-5-101 ET. SEQ., I HEREBY MAKE APPLICATION FOR:

X **SPECIAL EVENT PERMIT** **EVENT DATE(S):** 2/26/2022

EVENT HOURS: 6:00 PM - 10:00 PM

1. **Applicant:** Autism Foundation of TN DBA Autism Career Training

2. **Please indicate under which of the following categories you are applying and include supporting documentation of your eligibility status:**

   Charitable _____ **Nonprofit** X **Political Organization** _____

3. **Location of the event:** Factory at Franklin

4. **If the event location encompasses multiple addresses or streets, please specify where beer will be served *(this location will be listed on the beer permit)*:**
   Liberty Hall

5. **Applicant Phone number:** 615-866-4477

INFORMATION SHEET
for
SPECIAL EVENT BEER PERMIT APPLICATION

HISTORIC FRANKLIN TENNESSEE

6. Please give the following information on the person who will be managing the special event.

Name Matthew Powell

Driver's license [redacted] State [redacted]

Date of birth [redacted] Soc. Sec. # [redacted]

Home phone # [redacted] Daytime phone # [redacted]

Email [redacted]

7. Do you own the premises on which you will operate? No

If no, please give the name and address of the property owner.

Factory Porters LLC.

230 Franklin Road, Franklin TN. 37064

8. Has any person having at least 5% ownership interest, managers, or employees of the organization been convicted of any violation of beer or alcoholic beverage laws or any crime (other than minor traffic violations) within last ten (10) years? No If so, give particulars of each charge, court, and date convicted.

9. Has this owner or the owner's organization had a beer permit revoked, suspended, or denied in the State of Tennessee? Yes ___ No X If so, please give date, place, and cause of said revocation.

INFORMATION SHEET
for
SPECIAL EVENT BEER PERMIT APPLICATION

HISTORIC FRANKLIN TENNESSEE

10. **Give applicant's history of involvement with special events where beer has been served, if any.**

This is the applicant's first event managing. Applicant has been involved in other nonprofit events.

11. **Give applicant's employment record for the past 10 years.**

2021 - present - Autism Foundation of TN - Executive Director
2019 - 2021 - Maury County public Schools - District Office
2013 - 2019 - WCS Schools
2007 - 2013 - High Hopes Development Center

INFORMATION SHEET
for
SPECIAL EVENT BEER PERMIT APPLICATION

HISTORIC FRANKLIN TENNESSEE

Please read the following and upon signature of this application acknowledge your understanding of, and agreement to comply if you are granted a permit.

(a) You will not sell beer or similar beverages except at the place or places for which the beer board has issued your permit.

(b) You will not sell beer or any like beverage except in accordance with the terms of said permit.

(c) If this application is made for permit to sell and not for consumption on the premises, you will not sell for consumption on the premises and not allow consumption on the premises.

(d) You will rigidly enforce the law against sales to minors.

(e) You will prohibit gambling at your establishment and understand that the conduct of such activities on the premises will result in revocation of your permit.

(f) You will secure a certificate or statement from the health department or health officer that the premises covered by the application meet the requirements of the ordinances of the City of Franklin and the laws of the State of Tennessee.

(g) You will not attempt to transfer this permit to anyone else.

(h) You will display this permit in a prominent place during your event.

(i) You will not sell or distribute beer between the hours of 3:00 AM and 6:00 AM (8:00 AM for on premises consumption) during the week and between the hours of 3:00 AM Sunday and 12:00 Noon Sunday (10:00 AM for on premises consumption).

(j) You will prohibit the congregation at your event of those who reasonably appear to be intoxicated, lawless, rowdy, or prostitutes.

(k) You will not allow any beer with alcoholic content of eight percent (8%) or greater to be consumed on the premises at your event.

(l) You will not allow any sale or delivery of beer for consumption on the premises outside of the building, it being the intention to prohibit the sale of beer by what is commonly known as "curb service" or "curb sales" of beer.

(m) You will comply with all requirements of section 2-201 et. seq. of the municipal code of the City of Franklin.

INFORMATION SHEET
for
SPECIAL EVENT BEER PERMIT APPLICATION

HISTORIC FRANKLIN TENNESSEE

CITY OF FRANKLIN
TENNESSEE

ACKNOWLEDGEMENT OF BEER BOARD MEETING

This is to acknowledge that I, Matthew Powell (Printed name of representative), representing Autism Foundation of TN (Name of organization and event) have been notified that the meeting of the Beer Board will be held at City Hall in the Board Room on Tuesday, 2/8/2022 at 4:30 PM. The purpose of the meeting is to consider the application for a special event beer permit for the above stated organization and event. Presence of a representative is imperative to receive a permit.

M-P

Signature

1/10/2022

Date

INFORMATION SHEET
for
SPECIAL EVENT BEER PERMIT APPLICATION

HISTORIC FRANKLIN TENNESSEE

Application Signature Page

I hereby make application to the City of Franklin Beer Board for a special event beer permit.

The signing of this application acknowledges that I am aware of the laws prohibiting the sale of beer to minors.

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 organization has been convicted of any violation of the beer or alcoholic beverage laws or any crime involving moral turpitude within the past 10 years.

I understand that making false statement in this application shall precipitate forfeiture of permit and holder shall not be eligible to receive any permit for a period of ten years.

I am also aware that I shall not be issued a permit or my permit shall be revoked if my event causes traffic congestion or interferes with schools, churches, or other public places of public gathering, or otherwise interferes with public health, safety and morals.

_____

Signature of Applicant/Owner (or Authorized Officer)

On behalf of: Autism Foundation of TN

Name of Charitable, Nonprofit, or Political Organization

Sworn to and subscribed before me this 10 **day of** Jan, **20** 22

Hallie W. Mitchell

Notary Public

My Commission Expires: June 19, 2022

HALLIE W. MITCHELL
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF WILLIAMSON
My Comm. Expires June 19, 2022

INFORMATION SHEET
for
SPECIAL EVENT BEER PERMIT APPLICATION

HISTORIC FRANKLIN TENNESSEE

BEER APPLICATION CHECKLIST

X Completed Beer Application with Signature Notarized

X Documentation showing evidence of status as a charitable, nonprofit, or political organization

X Application Fee

Official Use Only

Application Fee $ _____ **Date Paid** _____

Board Meeting Date _____/_____/_____

City of Franklin
Beer Board Cover Page

Beer Board Meeting Date: 2/8/2022 Permit # 21-40

Owner/Applicant: Franklin Pride TN

On Prem	Off Prem	On & Off	Special Event X

Name of Business/Event: **Franklin Pride TN**

Special Event Date(s)/Hours: June 04, 2022 10AM - 9PM

Location of Business/Event: 239 Franklin Rd
Franklin, TN 37064

Mailing Address: P.O. Box 832
Franklin, TN 37065

Phone: 615-414-5531

Email: FRANKLINPRIDETN@YAHOO.COM

Primary Contact: Tracy Hallran

Phone: 615-478-9837

Email: tmh6257@gmail.com

Managing Agent: Robert McNamara

Review Sign Off:

Police Y Fire Y BNS Y

COMMENTS

Permit # 21-40

APPLICATION FOR BEER PERMIT
STATE OF TENNESSEE
CITY OF FRANKLIN

PURSUANT TO SECTION 8 CHAPTER 2 OF THE CODE OF THE CITY OF FRANKLIN, TENNESSEE, AND THE REQUIREMENTS OF 57-5-101 ET. SEQ. OF THE TENNESSEE CODE ANNOTATED, I HEREBY MAKE APPLICATION FOR:

____ **ON PREMISES PERMIT**
____ **OFF PREMISES PERMIT**
____ **ON AND OFF PREMISES PERMIT**
____ **MANUFACTURER'S OR DISTRIBUTOR'S PERMIT**
_✓_ **SPECIAL EVENTS PERMIT** **DATE OF EVENT** June 4, 2022
HOURS OF EVENT 10 AM - 9PM

DATE PERMIT NEEDED 6/4/22

PERMITS SHALL BE ISSUED TO THE <u>OWNER</u> OF THE BUSINESS, WHETHER A PERSON, FIRM, CORPORATION, JOINT-STOCK COMPANY, SYNDICATE, OR ASSOCIATION.

1. **Owner (Applicant)** Franklin Pride TN

   Person __ Firm __ Corp ✓ LLC ___Joint-stock co.__ Syndicate __ Association __

2. **List all persons, firm, joint-stock companies, syndicates, or associations having at least a 5% ownership interest in the business (attach additional sheet, if needed). Please give name and address.**

   None

3. **If the applicant is a corporation, are they authorized to do business in the State of Tennessee?** Yes

4. **Under what trade name will this business operate?**

   Franklin Pride TN

   City of Franklin business account number _____

5. Location of the business by street address. For special event, list location of the event.

239 Franklin Rd, Franklin TN, 37064

Phone number of the business 615-414-5531

6. Please give the following information on the person who will be managing the business. This person is an owner ____ or a managing agent ✓.

Name Robert McNamara

Drivers license # [redacted] State [redacted]

Date of birth [redacted] Soc. Sec. # [redacted]

Home phone [redacted] Daytime phone # [redacted]

Email [redacted]

7. Specify the identity, address and daytime contact phone number of the person to receive annual privilege tax notices and any other communication from the City.

Name Tracy Halloran Title Treasurer

Mailing Address P.O. Box 832

City, State, Zip Franklin, TN. 37065

Daytime contact phone number 615-478-9837

Email tmh6257@gmail.com

8. Will the permit be used to operate two or more restaurants or other businesses under the same permit as permitted by T.C.A. Section 57-5-103(a)(4) within the same building? Yes ____ No ✓.

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

None

9. **Do you own the premises on which you will operate?** No
If no, please give the name and address of the property owner.

City of Franklin TN.

109 Third Ave. South.

10. **Has any person having at least 5% ownership interest, managers or employees of the business been convicted of any violation of beer or alcoholic beverage laws or any crime (other than minor traffic violations) within last ten (10) years?** NO **If so, give particulars of each charge, court and date convicted.**

None

11. **Has this owner or the owners organization had a beer permit revoked, suspended, or denied in the State of Tennessee? Yes** ___ **No** ✓ **If so, please give date, place and cause of said revocation.**

None

12. **Give the name and address of the former beer permittee at this establishment.**

None

13. **Give applicant's history of involvement in the beer business, if any.**

None

14. **Give applicant's employment record for the past 10 years.**

Retired 6 years

GM Spring Hill 35 years

President, Franklin Pride TN 1 year

15. **What is the exact nature of the business in which you are applying for a beer permit? (Restaurant, tavern, motel, etc.)**

Festival

16. **Will a full course menu be served?** No

17. **Will separate and sanitary facilities be maintained for men and for women?** Yes

18. **Will dancing be allowed on your premises?** Yes
If yes, do you acknowledge that section 9-102 of the Franklin Municipal Code prohibits the operation of establishments allowing dancing between 1:30 AM and 8:00 AM? Yes

TRAINING POLICY:

All beer applications must have a training policy submitted with application. This policy must include training regarding the sale of beer to minors.

19. **Please read the following and upon signature of this application, you do understand and agree to comply if you are granted a permit.**

(a) **You will not sell beer or similar beverages except at the place or places for which the beer board has issued your permit.**

(b) **You will not sell beer or any like beverage except in accordance with the terms of said permit.**

(c) **If this application is made for permit to sell and not for consumption on the premises, you will not sell for consumption on the premises and not allow consumption on the premises.**

(d) **You will rigidly enforce the law against sales to minors.**

(e) **You will prohibit gambling at your establishment and understand that the conduct of such activities on the premises will result in revocation of your permit.**

(f) **You will secure a certificate or statement from the health department or health officer that the premises covered by the application meet the requirements of the ordinances of the City of Franklin and the laws of the State of Tennessee.**

(g) **You will not attempt to transfer this permit to anyone else.**

(h) **You will display this permit in a prominent place in your establishment.**

(i) **You will not sell or distribute beer between the hours of 3:00 AM and 6:00 AM (8:00 AM for on premises consumption) during the week and between the hours of 3:00 AM Sunday and 12:00 Noon Sunday (10:00 AM for on premises consumption).**

(j) **You will prohibit the congregation at your establishment of those who reasonably appear to be intoxicated, lawless, rowdy, or prostitutes.**

(k) **You will not allow any liquor with alcoholic content of greater than five percent (5%) to be consumed on the premises.**

CITY OF FRANKLIN
TENNESSEE

ACKNOWLEDGEMENT OF BEER BOARD MEETING

This is to acknowledge that I, Robert McNamara (Printed name of representative), representing Franklin Pride TN (Name of business) have been notified that the meeting of the Beer Board will be held at City Hall in the Board Room on Tuesday, Feb 8, 22 at 4:30 PM. The purpose of the meeting is to consider the application for a beer permit for the above stated business. Presence of a representative is imperative in order to receive a permit.

Robert McNam
Signature

12/27/21
Date

Application Signature Page

I hereby make application to the City of Franklin Beer Board for a beer permit.

The signing of this application acknowledges that I am aware of the laws prohibiting the sale of beer to minors.

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 or any crime involving moral turpitude within the past 10 years.

I understand that making false statement in this application shall precipitate forfeiture of permit and holder shall not be eligible to receive any permit for a period of ten years.

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 public places of public gathering, or otherwise interferes with public health, safety and morals.

Robert McNamara

Signature of Applicant/Owner (or Authorized Corporate Officer)

On behalf of: Franklin Pride TN

Name of Business Entity

Sworn to and subscribed before me this 29 **day of** December, **20** 21

Tony Maluggi

Notary Public

My Commission Expires: 11/16/24

Official Use Only

Application Fee $ _____ **Date Paid** _____

Privilege Tax $ _____ **Date Paid** _____

Board Meeting Date ____/____/____

City of Franklin
Beer Board Cover Page

Beer Board Meeting Date: 2/8/2022 Permit # 22-01

Owner/Applicant: Zachary Graham & Pamela Graham

On Prem X	Off Prem	On & Off	Special Event

Name of Business/Event: **Sticks and Stones Axe Company**

Special Event Date(s)/Hours:

Location of Business/Event: 615 Bakers Bridge Ave
Ste 160

Mailing Address: 4014 Kelly Farris Rd
Columbia, TN 38401

Phone: 650-644-8609

Email: zacg94043@gmail.com

Primary Contact: Pameal Graham

Phone: 650-644-6601

Email: sticksandstonesaxeco@gmail.com

Managing Agent: Zachary Graham

Review Sign Off:

Police Y Fire Y BNS Y

COMMENTS

Change of Ownership

Other Location

Occupancy

Permit # 22-01

HISTORIC
FRANKLIN
TENNESSEE

APPLICATION FOR BEER PERMIT
STATE OF TENNESSEE
CITY OF FRANKLIN

PURSUANT TO SECTION 8 CHAPTER 2 OF THE CODE OF THE CITY OF FRANKLIN, TENNESSEE, AND THE REQUIREMENTS OF 57-5-101 ET. SEQ. OF THE TENNESSEE CODE ANNOTATED, I HEREBY MAKE APPLICATION FOR:

_X_ **ON PREMISES PERMIT**

____ **OFF PREMISES PERMIT**

____ **ON AND OFF PREMISES PERMIT**

____ **MANUFACTURER'S OR DISTRIBUTOR'S PERMIT**

____ **SPECIAL EVENTS PERMIT** **DATE OF EVENT**_____

HOURS OF EVENT _____

DATE PERMIT NEEDED 1/15/22

PERMITS SHALL BE ISSUED TO THE OWNER OF THE BUSINESS, WHETHER A PERSON, FIRM, CORPORATION, JOINT-STOCK COMPANY, SYNDICATE, OR ASSOCIATION.

1. **Owner (Applicant)** Zachary Graham + Pamela Graham

   Person X **Firm** __ **Corp**___ **LLC** ___**Joint-stock co.**__ **Syndicate** __ **Association** __

2. **List all persons, firm, joint-stock companies, syndicates, or associations having at least a 5% ownership interest in the business (attach additional sheet, if needed). Please give name and address.**

   Zachary Graham + Pamela Graham

   4014 Kelley Farris Rd, Columbia TN 38401

3. **If the applicant is a corporation, are they authorized to do business in the State of Tennessee?** _____

HISTORIC
FRANKLIN
TENNESSEE

4. **Under what trade name will this business operate?**

Sticks and Stones Axe Company

City of Franklin business account number _____

5. **Location of the business by street address. For special event, list location of the event.**

615 Bakers Bridge Ave, Suite #160

Phone number of the business (931) 284-6998

6. **Please give the following information on the person who will be managing the business. This person is an owner** X **or a managing agent** ____.

Name Zachary Graham

Driver's license # [redacted] **State** [redacted]

Date of birth [redacted] **Soc. Sec. #** [redacted]

Home phone # [redacted] **Daytime phone #** [redacted]

Email [redacted]

7. **Specify the identity, address and daytime contact phone number of the person to receive annual privilege tax notices and any other communication from the City.**

Name Pamela Graham **Title** Mrs.

Mailing Address 4014 Kelley Farris Rd

City, State, Zip ~~Franklin~~ Columbia, TN 38401

Daytime contact phone number (650) 644-6601

Email sticksandstonesaxeco@gmail.com

8. **Will the permit be used to operate two or more restaurants or other businesses under the same permit as permitted by T.C.A. Section 57-5-103(a)(4) within the same building? Yes** ____ **No** X.

If so, specify number ____. **List the names of the restaurants or other businesses and**

HISTORIC
FRANKLIN
TENNESSEE

describe their location (use additional sheet if necessary)

9. **Do you own the premises on which you will operate?** No

If no, please give the name and address of the property owner.

Bostelman Realty Group
600 N. Garden St #300 Columbia, TN 38401

10. **Has any person having at least 5% ownership interest, managers or employees of the business been convicted of any violation of beer or alcoholic beverage laws or any crime (other than minor traffic violations) within last ten (10) years?** No **If so, give particulars of each charge, court and date convicted.**

11. **Has this owner or the owner's organization had a beer permit revoked, suspended, or denied in the State of Tennessee? Yes** ___ **No** X **If so, please give date, place and cause of said revocation.**

12. **Give the name and address of the former beer permittee at this establishment.**

N/A

13. **Give applicant's history of involvement in the beer business, if any.**

N/A

HISTORIC
FRANKLIN
TENNESSEE

14. **Give applicant's employment record for the past 10 years.**

Zachary - Santa Clara County Fire Department (2014-2020), Unemployed (2012-2014), U.S. Coast Guard (2005-2012).

Pamela - San Mateo Police Department (2014-2020), Brea Police Department (2012-2014), Jacksonville Sheriff Office (2011-2012)

15. **What is the exact nature of the business in which you are applying for a beer permit? (Restaurant, tavern, motel, etc.)**

Indoor recreational axe throwing

16. **Will a full course menu be served?** No

17. **Will separate and sanitary facilities be maintained for men and for women?** Yes

18. **Will dancing be allowed on your premises?** No

If yes, do you acknowledge that section 9-102 of the Franklin Municipal Code prohibits the operation of establishments allowing dancing between 1:30 AM and 8:00 AM? ___

19. **TRAINING POLICY: All beer applications must have a training policy submitted with application. This policy must include training regarding the sale of beer to minors.**

HISTORIC
FRANKLIN
TENNESSEE

Application Signature Page

I hereby make application to the City of Franklin Beer Board for a beer permit.

The signing of this application acknowledges that I am aware of the laws prohibiting the sale of beer to minors.

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 or any crime involving moral turpitude within the past 10 years.

I understand that making false statement in this application shall precipitate forfeiture of permit and holder shall not be eligible to receive any permit for a period of ten years.

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 public places of public gathering, or otherwise interferes with public health, safety and morals.

_____
Signature of Applicant/Owner (or Authorized Corporate Officer)

On behalf of: Sticks and Stones Axe Company
Name of Business Entity

Sworn to and subscribed before me this 20 **day of** July **, 20** 25

BARBARA FLEMING
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

_____
Notary Public

My Commission Expires: April 13, 2025

Official Use Only

Application Fee $ _____ **Date Paid** _____

Privilege Tax $ _____ **Date Paid** _____

Board Meeting Date _____/_____/_____

HISTORIC
FRANKLIN
TENNESSEE

BEER APPLICATION CHECKLIST

✓	Completed Beer Application with Signature Notarized
✓	Training Policy Regarding Alcohol Sales
✓	Copy of Tennessee Sales Tax Certificate
	Copy of Certificate of Occupancy
✓	City of Franklin Business License
✓	Williamson County Business License

City of Franklin
Beer Board Cover Page

Beer Board Meeting Date: 2/8/2022 Permit # 22-03

Owner/Applicant: Tri Star Energy LLC

On Prem	Off Prem x	On & Off	Special Event

Name of Business/Event: **Sudden Service #8816**

Special Event Date(s)/Hours:

Location of Business/Event: 1500 Columbia Ave
Franklin, TN 37064

Mailing Address: 1740 Ed Temple Blvd
Nasvhille, TN 37208

Phone: (615)790-3621

Email: tbrinkley@tristarenergy.com

Primary Contact: Tiffany Brinkley

Phone: (615)313-2440

Email: TSC8816TN@TRISTARENERGY.COM

Managing Agent: Cody Pennington

Review Sign Off:

Police Y Fire Y BNS Y

COMMENTS

Name Change

Permit # 22-03

INFORMATION SHEET
for
BEER PERMIT APPLICATION

HISTORIC
FRANKLIN
TENNESSEE

APPLICATION FOR BEER PERMIT
STATE OF TENNESSEE
CITY OF FRANKLIN

PURSUANT TO SECTION 8 CHAPTER 2 OF THE CODE OF THE CITY OF FRANKLIN, TENNESSEE, AND THE REQUIREMENTS OF TENNESSEE CODE ANNOTATED § 57-5-101 ET. SEQ., I HEREBY MAKE APPLICATION FOR:

____ **ON PREMISES PERMIT**

__X__ **OFF PREMISES PERMIT**

____ **ON AND OFF PREMISES PERMIT**

____ **MANUFACTURER'S OR DISTRIBUTOR'S PERMIT**

DATE PERMIT NEEDED ___/___/2022___

PERMITS SHALL BE ISSUED TO THE OWNER OF THE BUSINESS, WHETHER A PERSON, FIRM, CORPORATION, JOINT-STOCK COMPANY, SYNDICATE, OR ASSOCIATION.

1. **Owner (Applicant)** Tri Star Energy, LLC

   Person __ **Firm** __ **Corp**___ **LLC** __X__ **Joint-stock co.**___ **Syndicate** __ **Association** __

2. **List all persons, firm, joint-stock companies, syndicates, or associations having at least a 5% ownership interest in the business (attach additional sheet, if needed). Please give name and address.**
   see attached

3. **If the applicant is a corporation, are they authorized to do business in the State of Tennessee?** yes

INFORMATION SHEET
for
BEER PERMIT APPLICATION

HISTORIC
FRANKLIN
TENNESSEE

4. **Under what trade name will this business operate?**

Sudden Service #8816

City of Franklin business account number: 103488666

5. **Location of the business by street address:**
1500 Columbia Avenue, Franklin, TN 37064

Phone number of the business: (615) 790-3621

6. **Please give the following information on the person who will be managing the business. This person is an owner _____ or a managing agent X.**

Name Cody Pennington

Driver's license # [redacted] **State** [redacted]

Date of birth [redacted] **Soc. Sec. #** [redacted]

Home phone # [redacted] **Daytime phone #** [redacted]

Email [redacted]

7. **Specify the identity, address, and daytime contact phone number of the person to receive annual privilege tax notices and any other communication from the City.**

Name Tiffany Brinkley **Title** Paralegal

Mailing Address 1740 Ed Temple Blvd.

City, State, Zip Nashville, TN 37208

Daytime contact phone number (615) 313-2440

Email tbrinkley@tristarenergy.com

INFORMATION SHEET
for
BEER PERMIT APPLICATION

HISTORIC
FRANKLIN
TENNESSEE

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

Yes ____ No X

If so, specify number n/a**. List the names of the restaurants or other businesses and describe their location (use additional sheet if necessary)**

9. **Do you own the premises on which you will operate?** no

If no, please give the name and address of the property owner.

Welton Investments, LLC

1740 Ed Temple Blvd., Nashville, TN 37208

10. **Has any person having at least 5% ownership interest, managers, or employees of the business been convicted of any violation of beer or alcoholic beverage laws or any crime (other than minor traffic violations) within last ten (10) years?** no **If so, give particulars of each charge, court, and date convicted.**

n/a

11. **Has this owner or the owner's organization had a beer permit revoked, suspended, or denied in the State of Tennessee? Yes** X **No ___ If so, please give date, place and cause of said revocation.**

see attached list

INFORMATION SHEET
for
BEER PERMIT APPLICATION

HISTORIC
FRANKLIN
TENNESSEE

12. **Give the name and address of the former beer permittee at this establishment.**

Tri Star Energy, LLC d/b/a Daily's #8816. This is only a name change.

13. **Give applicant's history of involvement in the beer business, if any.**

n/a

14. **Give applicant's employment record for the past 10 years.**

n/a

15. **What is the exact nature of the business in which you are applying for a beer permit? (Restaurant, tavern, motel, etc.)**

Convenience market and gas station

16. **Will a full course menu be served?** no

17. **Will separate and sanitary facilities be maintained for men and for women?** yes

18. **Will dancing be allowed on your premises?** no

If yes, do you acknowledge that section 9-102 of the Franklin Municipal Code prohibits the operation of establishments allowing dancing between 1:30 AM and 8:00 AM? n/a

INFORMATION SHEET
for
BEER PERMIT APPLICATION

HISTORIC
FRANKLIN
TENNESSEE

Please read the following and upon signature of this application acknowledge your understanding of, and agreement to comply if you are granted a permit.

(a) You will not sell beer or similar beverages except at the place or places for which the beer board has issued your permit.

(b) You will not sell beer or any like beverage except in accordance with the terms of said permit.

(c) If this application is made for permit to sell and not for consumption on the premises, you will not sell for consumption on the premises and not allow consumption on the premises.

(d) You will rigidly enforce the law against sales to minors.

(e) You will prohibit gambling at your establishment and understand that the conduct of such activities on the premises will result in revocation of your permit.

(f) You will secure a certificate or statement from the health department or health officer that the premises covered by the application meet the requirements of the ordinances of the City of Franklin and the laws of the State of Tennessee.

(g) You will not attempt to transfer this permit to anyone else.

(h) You will display this permit in a prominent place in your establishment.

(i) You will not sell or distribute beer between the hours of 3:00 AM and 6:00 AM (8:00 AM for on premises consumption) during the week and between the hours of 3:00 AM Sunday and 12:00 Noon Sunday (10:00 AM for on premises consumption).

(j) You will prohibit the congregation at your establishment of those who reasonably appear to be intoxicated, lawless, rowdy, or prostitutes.

(k) You will not allow any beer with alcoholic content of eight percent (8%) or greater to be consumed on the premises.

(l) You will not allow any sale or delivery of beer for consumption on the premises outside of the building, it being the intention to prohibit the sale of beer by what is commonly known as "curb service" or "curb sales" of beer.

(m) You will comply with all requirements of section 2-201 et. seq. of the municipal code of the City of Franklin.

INFORMATION SHEET
for
BEER PERMIT APPLICATION

HISTORIC
FRANKLIN
TENNESSEE

CITY OF FRANKLIN
TENNESSEE

ACKNOWLEDGEMENT OF BEER BOARD MEETING

This is to acknowledge that I, _____, representing
Printed name of representative
Tri Star Energy, LLC d/b/a Sudden Service #8816 have been notified that the meeting of the
Name of business
Beer Board will be held at City Hall in the Board Room on Tuesday, _____
at 4:30 PM. The purpose of the meeting is to consider the application for a beer permit for the above stated business. Presence of a representative is imperative to receive a permit.

_____
Signature

/ / 2022
Date

INFORMATION SHEET
for
BEER PERMIT APPLICATION

HISTORIC
FRANKLIN
TENNESSEE

Application Signature Page

I hereby make application to the City of Franklin Beer Board for a beer permit.

The signing of this application acknowledges that I am aware of the laws prohibiting the sale of beer to minors.

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 or any crime involving moral turpitude within the past 10 years.

I understand that making false statement in this application shall precipitate forfeiture of permit and holder shall not be eligible to receive any permit for a period of ten years.

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 public places of public gathering, or otherwise interferes with public health, safety, and morals.

TRI STAR ENERGY, LLC

By: Steven R. Hostetter

Signature of Applicant/Owner (or Authorized Corporate Officer) Steven R. Hostetter, CEO/COO

On behalf of: Tri Star Energy, LLC d/b/a Sudden Service #8816
Name of Business Entity

Sworn to and subscribed before me this 19th day of January, 20 22

Bridget B. Ross
Notary Public

My Commission Expires: March 3, 2025

BRIDGET B. ROSS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY