City of Franklin

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

Meeting Agenda

Beer Board

Tuesday, September 8, 2015 | **4:30 PM** | **Board Room**

Call To Order

Approval of Minutes

1. 15-0812 Approval of Minutes from August 11, 2015.

2. 15-0805 Consider application of Franklin Tomorrow d/b/a Franklin Tomorrow Chili Cook off, Third Ave N. between Square and Bridge Street, McCreary's Pub 414 Main Street, Grays on Main, 332 Main Street, Mindy Tate, Managing agent for on premises consumption. Event date & hours: October 24, 2015, 10:30 AM until 5:00 PM.

Attachments: Franklin Tomorrow Chili Cook Off.pdf

3. 15-0808 Consider application of Pilgrimage Foundation LLC d/b/a Pilgrimage Music and Cultural Festival, 239 Franklin Road (Harlinsdale) Christine Elizabeth Anguiano, Managing Agent, for special event beer permit, on premises consumption, Event date & hours: September 26-27, 2015, 10:00 AM until 7:30 PM.

Attachments: Pilgrimage Music & Cultural Festival.pdf

4. 15-0809 Consider application of Waves d/b/a "Light the Way" for team Elliott, 1368 Eastern Flank Circle, Brandy Blanton, Managing Agent, for special event beer permit, on premises consumption, Event date & hours: October 11, 2015, 4:30 PM until 8:00 PM.

Attachments: Light the Way.pdf

5. 15-0807 Consider application of Losers Bar & Grill d/b/a Loser Bar & Grill for Vanderbilt Children's Hospital, 1000 Meridian Blvd, Suite 100 (Parking Lot) Chuck Johnson, Managing Agent, for special event beer permit, on premises consumption. Event date & hours: September 12, 2015, 2:00 PM until 11:00 PM.

Attachments: Losers for Vanderbilt Children's Hospital.pdf

6. 15-0806 Consider application of The Westhaven Foundation d/b/a Front Street Craft Beer Celebration, 118 Front Street, Suite 116, (Westhaven Lake), Mark McCutcheon, Managing Agent, for special event beer permit, on premises, Event date & hours: October 3, 2015, 2:00 PM until 9:00 PM.

Attachments: Front Street Craft Beer Celebration.pdf

7. 15-0804 Consider application of Kroger Limited Partnership I d/b/a Kroger #568, 411 Whitman Road, Arthur Golson, Managing Agent, for off premises consumption.

Attachments: Krogers.pdf

8. 15-0600 Consider Application Of Cool Springs HB LLC D/B/A L & L Hawaiian Grill, 2000 Meridian Blvd, Suite 100, Frederick Amano, For On Premises Consumption.

Attachments: L & L Hawaiian Grill.pdf

9. 15-0802 Consider application of Kara Inc. d/b/a Guac Mexican Restaurant, 1311 Murfreesboro Road, Suite 100, Rakesh Bery, Managing Agent, for on premises consumption.

Attachments: Guac.pdf

10. 15-0803 Consider application of Cool Springs HB LLC d/b/a L & L Hawaiian Grill, 2000 Meridian Blvd, Suite 100, Frederick Amano, Managing Agent, for on premises consumption.

Attachments: L & L Hawaiian Grill.pdf

Other Business

Adjournment

ANYONE REQUESTING ACCOMMODATIONS DUE TO DISABILITIES SHOULD CONTACT A.D.A. COORDINATOR, AT 791-3277 AT LEAST 10 DAYS PRIOR TO THE MEETING, IF POSSIBLE.

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** 10/24/15
  HOURS OF EVENT 10:30a.m. - 5p.m.

DATE PERMIT NEEDED 10/22/15

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

1. **Owner (Applicant)** Franklin Tomorrow Chili Cookoff

   Person __ **Firm** __ **Corp** ✓ **LLC** __ **Joint-stock co.** __ **Syndicate** __ **Association** __
   ✓ Nonprofit

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 for Board of Directors

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 Tomorrow Chili Cookoff

City of Franklin business account number _____

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

Third Avenue North between Square + Bridge;
McCreary's Pub, 414 Main St.; Grayson Main, 332 Main St.

Phone number of the business (615) 794-8998

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

[redacted]

7. [redacted] Receive annual privilege tax notices and any other communication from the City.

Name N/A Title _____

Mailing Address _____

City, State, Zip _____

Daytime contact phone number _____

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)

_____

_____

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

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 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.**

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

13. **Give applicant's history of involvement in the beer business, if any.**
Held special event permits numerous times

14. **Give applicant's employment record for the past 10 years.**
2011-present: Franklin Tomorrow
2005-2011: Williamson Herald

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

Special event fundraiser

16. Will a full course menu be served? Chili tasting

17. Will separate and sanitary facilities be maintained for men and for women? NO

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? _____

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.

(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 through 2-229 of the municipal code of the City of Franklin.

A non-refundable $250 fee must accompany this application and the application shall be submitted at least fifteen (15) days prior to the Beer Board meeting at which it is to be considered. If the application is approved you are required to provide documentation of sales tax registration to the city within ten days of approval. 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.

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 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: Franklin Tomorrow Inc.
Name of Business Entity

Sworn to and subscribed before me this 18 day of August, 20 15

Estelle Denton
Notary Public

ESTELLE DENTON
STATE OF TENNESSEE
NOTARY PUBLIC
WILLIAMSON COUNTY, TENN.

My Commission Expires: 8-27-2017

Official Use Only

Application Fee $ 250.00 Date Paid 8/18/15

Privilege Tax $ _____ Date Paid _____

Board Meeting Date 9/8/15

Franklin Tomorrow
2015 Board of Directors

Amanda Murray Williamson, Inc VP of Economic Development	[redacted]
Brandy Blanton Alderman, at Large Ex-officio	
Brian Beathard Williamson County Commissioner, 11th District Ex-officio	
Cecilia Melo-Romie Statewide Spanish Outreach Coordinator Vanderbilt Kennedy Center	
Chris Cummins Director of Sales/Health Language Wolters Kluwer Health	
Chris Vernon Assistant District Attorney 21st Judicial District	
Clyde Ingalls BancorpSouth	
David Snowden Franklin Special School District SG Co-Chair: Education Ex-officio	
Diane Thorne The TMA Group	
Dolores Greenwald Williamson County Library System Director	

Elizabeth Mefferd
Regional Vice President
Better Business Bureau

Evan Freeze
Operations Manager
Franklin Theatre

J. Bryan Echols
Attorney
Waller Landsen Dortch & Davis

J. Edward Campbell
Synergy Realty Network, LLC
Real Estate Broker

Jim Roberts
Waddey & Patterson, P.C.
Board Treasurer

Kathie Moore
Crye-Leike Realtors
President, 2012-2015

Ken Moore
City of Franklin, Mayor
Ex-officio

Lori Orme
Chief Nursing officer
Williamson Medical Center

Mary Lankford Benson
VP / Financial Center Manager
FirstBank

Matt Taylor
Architect, Studio 8 Design

Mike Alexander
Owner
Signs First

Miles Mennell Ameresco	[redacted]
Miranda Christy Stites & Harbison, PLLC Attorney	
Monique McCullough City of Franklin, Public Outreach Specialist	
Dr. Monty McInturff Tennessee Equine Hospital Ex-officio	
Nancy Conway Williamson County Chamber of Commerce Ex-officio, Franklin Tomorrow Board	
Patty Bearden Williamson Herald/Southern Exposure Harpeth TrueValue Home Center	
Paula Harris Barge, Waggoner, Sumner & Cannon Chief Marketing Officer-Executive Vice President	
Preston Elliott RPM Transportation Consultants Senior Transportation Planner	
Robert Blair B.Media Communications	
Rogers Anderson Williamson County Mayor Ex-officio	
Scott Black Harpeth Associates Executive Vice President	

Shanna Jackson Columbia State Community College Board Secretary, 2013-14
Susan Minor Franklin Housing Authority
Tim Murphy CapWealth Advisors Board Treasurer, 2013-14
Travis Anderson President TBH Global Asset
Vernon Gerth City of Franklin, Asst. City Administrator, Community & Economic Development Ex-officio
Vickie Manning Senior Vice President Pinnacle Financial Partners FT Board VP, Marketing & Events, 2014
Will Powell Franklin Synergy Bank Bank Officer

[redacted]

Franklin Tomorrow Staff

Mindy Tate Executive Director
Donna Thompson Community Engagement Director

[redacted]

POLICE DEPARTMENT

Deborah Y. Faulkner, EdD
Chief of Police

Dr. Ken Moore
Mayor

Eric S. Stuckey
City Administrator

August 19, 2015

TO: Chief Deborah Y. Faulkner

FROM: Mary E. Casteel
Mary E. Casteel, Communications Support Coordinator

THRU: Lieutenant Eric Anderson

SUBJECT: Beer Board Background Checks

A check of Franklin Police Department records was completed on Mindy Tate, Managing Agent for Franklin Tomorros Chili Cook Off and revealed a minor traffic violation in 1991.

A check was completed through LexisNexis/Accurint and found to be clear.

Requested by: Delisa Pugh

City of Franklin

P O Box 705
Franklin, TN 37065
(615) 791-3225

DATE: 8/19/15

TO: POLICE CHIEF

FROM: CHRISTY MCCANDLESS, ACCOUNT MGMT SUPERVISOR

RE: RECORDS CHECK FOR APPLICATION FOR BEER PERMIT

BEER BOARD MEETING DATE 9/8/15

☐ Applicant is requesting a temporary permit. Please return ASAP.

☒ Please return by 8/28/15 to provide information for Beer Board meeting agenda.

Name of Business Franklin Tomorrow Chili Cookoff

Location of Business Third Ave. North between Square & Bridge; McCrary's Pub, 414 Main St; Gray's On Main, 332 Main St.

Name of applicant Franklin Tomorrow Chili Cookoff

[redacted]

☐ Recommend. Based on information available to date, the applicant has no record requiring denial of the permit under the provisions of Title 8 of the Franklin Municipal Code.

☐ Not recommending. Based on information available to date, the Police Dept. is not recommending approval of a permit.

CENTRAL RECORDS DIVISION
FRANKLIN POLICE DEPT

By _____

Date _____

Approved _____
Signature

City of Franklin

P O Box 705
Franklin, TN 37065
(615) 791-3225

DATE: 8/19/15

TO: CODES DEPT
FIRE DEPT

FROM: CHRISTY MCCANDLESS, ACCOUNT MGMT SUPERVISOR

RE: BUILDING INSPECTIONS FOR APPLICATION FOR BEER PERMIT

- ✓ ON PREMISES PERMIT
- ___ OFF PREMISES PERMIT
- ___ ON AND OFF PREMISES PERMIT
- ___ MANUFACTURER'S OR DISTRIBUTOR'S PERMIT
- ✓ SPECIAL EVENTS PERMIT

ف Applicant is requesting a temporary permit. Please return ASAP.

~~X~~ Please return by 8/28/15 to provide information for Beer Board meeting agenda.

Beer Board Meeting Date 9/8/2015

Name of Business Franklin Tomorrow Chili Cookoff

Location of Business Third Ave. North between Square & Bridge; McCreary's Pub, 414 Main St; Craig's on Main, 332 Main St.

CODES DEPT

KM Hannan
Building Inspector

8-20-15
Date

FIRE DEPT

Fire Inspector

Date

City of Franklin

P O Box 705
Franklin, TN 37065
(615) 791-3225

DATE: 8/19/15

TO: CODES DEPT
FIRE DEPT

FROM: CHRISTY MCCANDLESS, ACCOUNT MGMT SUPERVISOR

RE: BUILDING INSPECTIONS FOR APPLICATION FOR BEER PERMIT

- ✓ ON PREMISES PERMIT
- ___ OFF PREMISES PERMIT
- ___ ON AND OFF PREMISES PERMIT
- ___ MANUFACTURER'S OR DISTRIBUTOR'S PERMIT
- ✓ SPECIAL EVENTS PERMIT

ف Applicant is requesting a temporary permit. Please return ASAP.

✗ Please return by 8/28/15 to provide information for Beer Board meeting agenda.

Beer Board Meeting Date 9/8/2015

Name of Business Franklin Tomorrow Chili Cookoff

Location of Business Third Ave. North between Square & Bridge; McCreary's Pub, 414 Main St; Gray's on Main, 332 Main St.

CODES DEPT

Jonathan D
Building Inspector _____ **Date** _____

FIRE DEPT

Jonathan B Dye
Fire Inspector _____ **Date** 8-25-15

15-49

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
_X_ SPECIAL EVENTS PERMIT HOURS OF EVENT 10:00 a.m. to 7:30 p.m.

DATE PERMIT NEEDED Event: September 26-27, 2015

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

1. Applicant (Owner) Pilgrimage Foundation, LLC
(non-profit)
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 Board of Directors of non-profit (attach copy of 501(c)(3)

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?

Pilgrimage Music & Cultural Festival

5. Location of the business by street address.

The Park at Harlinsdale, 239 Franklin Road, Franklin, TN 37064

Phone number of the business (760) 887-3296

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 .

[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 Christine Elizabeth Anguiano Title National Event Salesperson

Mailing Address Best Beverage Catering, 923 Fatherland Street

City, State, Zip Nashville, TN 37206

Daytime contact phone number (760) 887-3296

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 n/a. List the names of the restaurants or other businesses and describe their location (use additional sheet if necessary)

n/a

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, Tennessee, 109 Third Avenue South, Franklin, TN 37064

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 owners 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.

n/a

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 - non-profit special event; catering partner has extensive event

service with alcohol

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

Non-profit established 05/05/14

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

2-day special event

16. Will a full course menu be served? yes

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

Unisex Port-O-Lets, other than the comfort stations which are separate for men and women.

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

19. Does your company have a training policy for employees regarding the sale of beer to minors? Yes X No _____

If yes, explain the procedure in detail or you may provide a separate attachment.

Per the State of TN approved program.

If no, do you plan to implement a training policy in the future? yes

20. 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.
(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 through 2-229 of the municipal code of the City of Franklin.

A non-refundable $250 fee must accompany this application and the application shall be submitted at least fifteen (15) days prior to the Beer Board meeting at which it is to be considered. If the application is approved you are required to provide documentation of sales tax registration to the city within ten days of approval. 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.

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 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.

PILGRIMAGE FOUNDATION, LLC

By: _____

Signature of Applicant/Owner (or Authorized Corporate Officer) W. Brandt Wood, manager

On behalf of: Pilgrimage Music & Cultural Festival
Name of Business Entity

Sworn to and subscribed before me this ____ **day of** August, **20** 15

_____
Notary Public

My Commission Expires: 2-14-16

AMANDA L. BROWN NOTARY PUBLIC STATE OF TENNESSEE WILLIAMSON COUNTY

Official Use Only

Application Fee $ 250.00 **Date Paid** 8/26/15

Privilege Tax $ _____ **Date Paid** _____

Board Meeting Date 9/8/15

Owner List
Of Pilgrimage Foundation, LLC
d/b/a Pilgrimage Music & Cultural Festival
for Franklin Beer Permit Application

The Better than Ezra Foundation – 100% owner of Pilgrimage Foundation, LLC. Corporate address of 1053 West Tunnel Boulevard, Houma, LA 70360.

Pilgrimage Foundation, LLC is managed by the following Managers:

William Brandt Wood - 0% owner and board member of Pilgrimage Foundation, LLC. Resides at 5411 Merrimac Avenue, Dallas, TX 75206.

Michael Whalen – 0% owner and board member of Pilgrimage Foundation, LLC. Resides at 5338 Coliseum Street, New Orleans, LA 70115.

City of Franklin

P O Box 705
Franklin, TN 37065
(615) 791-3225

DATE: 8-26-15

TO: POLICE CHIEF

FROM: CHRISTY MCCANDLESS, ACCOUNT MGMT SUPERVISOR

RE: RECORDS CHECK FOR APPLICATION FOR BEER PERMIT

BEER BOARD MEETING DATE 9-8-15

☐ Applicant is requesting a temporary permit. Please return ASAP.

☑ Please return by 8-31-15 to provide information for Beer Board meeting agenda.

Name of Business Pilgrimage Music & Culture Festival

Location of Business 239 Franklin Rd / Harlinsdale Park

Name of applicant Pilgrimage Foundation LLC

Managing [redacted]

Drivers L

Date of Bi

☐ Recommend. Based on information available to date, the applicant has no record requiring denial of the permit under the provisions of Title 8 of the Franklin Municipal Code.

☐ Not recommending. Based on information available to date, the Police Dept. is not recommending approval of a permit.

CENTRAL RECORDS DIVISION
FRANKLIN POLICE DEPT

By _____

Date _____

Approved _____
Signature

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: MAR 21 2007

BETTER THAN EZRA FOUNDATION
326 LAFAYETTE ST
HOUMA, LA 70360

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed Information for Exempt Organizations Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

BETTER THAN EZRA FOUNDATION

Sincerely,

Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Enclosures: Information for Organizations Exempt Under Section 501(c)(3)
Statute Extension

BETTER THAN EZRA FOUNDATION

INFORMATION FOR ORGANIZATIONS EXEMPT UNDER SECTION 501(c)(3)

WHERE TO GET FORMS AND HELP

You can obtain forms and instructions by calling toll free 1-800-829-3676, through the Internet Web Site at www.irs.gov, and at local tax assistance centers.

You can obtain additional information about most topics discussed below through our customer service function by calling toll free 1-877-829-5500, or on our Web Site at www.irs.gov/eo. In addition, you should sign up for Exempt Organization's EO Update, a regular e-mail newsletter that highlights new information posted on the charities pages of irs.gov. To subscribe, go to www.irs.gov/eo and click on "EO Newsletter."

NOTIFY US ON THESE MATTERS

If you change your name, address, purposes, operations or sources of financial support, please inform our TE/GE EO Determinations Office at the following address: Internal Revenue Service, P.O. Box 2508, Cincinnati, Ohio 45201. If you amend your organizational document or by-laws, or dissolve, provide the EO Determinations Office with a copy of the amended documents. Please use your employer identification number on all returns you file and in all correspondence with the Internal Revenue Service.

FILING REQUIREMENTS

In your exemption letter, we indicated whether you must file Form 990, Return of Organization Exempt From Income Tax. If your exemption letter states that you are not required to file Form 990, you are exempt from these requirements. Otherwise, if your gross receipts are normally more than $25,000, you must file Form 990 or Form 990-EZ with the Ogden Submission Processing Center, Ogden, UT 84201-0027.

You are eligible to file Form 990-EZ if your gross receipts are normally between $25,000 and $100,000, and your total assets are less than $250,000. You must file the complete Form 990 if your gross receipts are over $100,000, or your total assets are over $250,000. The Form 990 instructions show how to compute your "normal" receipts.

Form 990 Schedule A is required for both Form 990 and Form 990-EZ.

Organizations With Gross Receipts of $25,000 or Less

For tax periods beginning after December 31, 2006, you must file an annual electronic notice if your gross receipts are normally $25,000 or less. Alternatively, you may file a complete Form 990 Package if we send one to you.

Exception: Section 509(a)(3) supporting organizations must file Form 990 or

Form 990-EZ even if gross receipts are normally $25,000 or less. However, supporting organizations of religious groups with gross receipts that are normally $5,000 or less may file an annual electronic notice instead of Form 990 or Form 990-EZ.

Due Date of Return or Annual Electronic Notice

Your return or annual electronic notice is due by the 15th day of the fifth month after the end of your annual accounting period. There are penalties for failing to file a complete return timely. For additional information on penalties, see the Form 990 instructions or call our toll free number.

Revocation of Tax-Exempt Status

For tax periods beginning after December 31, 2006, your tax-exempt status will be revoked as of the filing due date of the third year if you fail to file for three consecutive years Form 990, Form 990-EZ, or the annual electronic notice.

If your tax-exempt status is revoked because you failed to file for three consecutive years, you must reapply for exemption and pay the appropriate user fee.

UNRELATED BUSINESS INCOME TAX RETURN

If you receive more than $1,000 annually in gross receipts from a regular trade or business, you may be subject to Unrelated Business Income Tax and required to file Form 990-T, Exempt Organization Business Income Tax Return. There are several exceptions to this tax:

1. Income you receive from the performance of your exempt activity,
2. Income from fundraisers conducted by volunteer workers, or where donated merchandise is sold, and
3. Income from routine investments such as certificates of deposit, savings accounts, or stock dividends.

There are special rules for income derived from real estate or other investments purchased with borrowed funds. This income is called "debt financed" income. For additional information regarding unrelated business income tax, see Publication 598, Tax on Unrelated Business Income of Exempt Organizations, or call our toll free number shown above.

PUBLIC INSPECTION OF APPLICATION AND INFORMATION RETURN

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return, or the date the return is filed. This rule also applies to any Form 990-T filed after August 17, 2006. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. You must also provide copies

of these documents to any individual, upon written or in person request, without charge other than reasonable fees for copying and postage.

You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or call our toll free number shown above.

FUNDRAISING

Contributions to you are deductible only to the extent that they are gifts and no consideration is received in return. Depending on the circumstances, ticket purchases and similar payments in conjunction with fundraising events may not qualify as fully deductible contributions.

CONTRIBUTIONS OF $250 OR MORE

Donors must have written substantiation from the charity for any charitable contribution of $250 or more. Although it is the donor's responsibility to obtain written substantiation from the charity, you can assist donors by providing a written statement listing any cash contribution or describing any donated property.

This written statement must be provided at the time of the contribution. There is no prescribed format for the written statement. Letters, postcards and electronic (e-mail) or computer-generated forms are acceptable.

The donor is responsible for the valuation of donated property. However, your written statement must provide a sufficient description to support the donor's contribution.

For contributions of cash, a check or other monetary gift made on or after January 1, 2007, a donor cannot claim a tax deduction unless the donor maintains a record of the contribution in the form of either a bank record (such as a cancelled check) or a written communication from the charity (such as a receipt or letter) showing the name of the charity, the date of the contribution, and the amount of the contribution.

For additional information regarding donor substantiation, see Publication 1771, Charitable Contributions - Substantiation and Disclosure Requirements. For information about the valuation of donated property, see Publication 561, Determining the Value of Donated Property.

CONTRIBUTIONS OF MORE THAN $75 AND CHARITY PROVIDES GOODS OR SERVICES

You must provide a written disclosure statement to donors who receive goods or services from you in exchange for contributions in excess of $75.

Contribution deductions are allowable to donors only to the extent their contributions exceed the value of the goods or services received in exchange.

BETTER THAN EZRA FOUNDATION

Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as fully deductible contributions, depending on the circumstances. If you conduct fundraising events such as benefit dinners, shows, membership drives, etc., where something of value is received, you are required to provide a written statement informing donors of the fair market value of the specific items or services you provided in exchange for contributions of more than $75.

You should provide the written disclosure statement in advance of any event, determine the fair market value of any benefit received, determine the amount of the contribution that is deductible, and state this information in your fundraising materials such as solicitations, tickets, and receipts. The amount of the contribution that is deductible is limited to the excess of any money (and the value of any property other than money) contributed by the donor less the value of goods or services provided by the charity. Your disclosure statement should be made, no later than, at the time payment is received. Subject to certain exceptions, your disclosure responsibility applies to any fundraising circumstances where each complete payment, including the contribution portion, exceeds $75. For additional information, see Publication 1771 and Publication 526, Charitable Contributions.

EXCESS BENEFIT TRANSACTIONS

Excess benefit transactions are governed by section 4958 of the Code. Excess benefit transactions involve situations where a section 501(c)(3) organization provides an unreasonable benefit to a person who is in a position to exercise substantial influence over the organization's affairs. If you believe there may be an excess benefit transaction in which you are involved, you should report the transaction on Form 990 or 990-EZ. For information on how to correct and report this transaction, see the instructions for Form 990 and Form 990-EZ, or call our toll free number shown above.

EMPLOYMENT TAXES

If you have employees, you are subject to income tax withholding and the social security taxes imposed under the Federal Insurance Contribution Act (FICA). You are required to withhold Federal income tax from your employee's wages and you are required to pay FICA on each employee who is paid more than $100 in wages during a calendar year. To know how much income tax to withhold, you should have a Form W-4, Employee's Withholding Allowance Certificate, on file for each employee. Organizations described in section 501(c)(3) of the Code are not required to pay Federal Unemployment Tax Act (FUTA) tax.

Employment taxes are reported on Form 941, Employer's Quarterly Federal Tax Return. The requirements for withholding, depositing, reporting and paying employment taxes are explained in Circular E, Employer's Tax Guide, (Publication 15), and Employer's Supplemental Tax Guide, (Publication 15-A). These publications explain your tax responsibilities as an employer.

CHURCHES

Churches may employ both ministers and church workers. Employees of churches or church-controlled organizations are subject to income tax withholding, but may be exempt from FICA taxes. Churches are not required to pay FUTA tax. In addition, although ministers are generally common law employees, they are not treated as employees for employment tax purposes. These special employment tax rules for members of the clergy and religious workers are explained in Publication 517, Social Security and Other Information for Members of the Clergy and Religious Workers. Churches should also consult Publications 15 and 15-A. Publication 1828, Tax Guide for Churches and Religious Organizations, also discusses the various benefits and responsibilities of these organizations under Federal tax law.

PUBLIC CHARITY STATUS

Every organization that qualifies for tax-exemption as an organization described in section 501(c)(3) is a private foundation unless it falls into one of the categories specifically excluded from the definition of that term [referred to in section 509(a)(1), (2), (3), or (4)]. In effect, the definition divides these organizations into two classes, namely private foundations and public charities.

The Code section under which you are classified as a public charity is shown in the heading of your exemption letter. This determination is based on the information you provided and the request you made on your Form 1023 application. Please refer to Publication 557 for additional information about public charity status.

GRANTS TO INDIVIDUALS

The following information is provided for organizations that make grants to individuals. If you begin an individual grant program that was not described in your exemption application, please inform us about the program.

Funds you distribute to an individual as a grant must be made on a true charitable basis in furtherance of the purposes for which you are organized. Therefore, you should keep adequate records and case histories that demonstrate that grants to individuals serve your charitable purposes. For example, you should be in a position to substantiate the basis for grants awarded to individuals to relieve poverty or under a scholarship or education loan program. Case histories regarding grants to individuals should show names, addresses, purposes of grants, manner of selection, and relationship (if any) to members, officers, trustees, or donors of funds to you.

For more information on the exclusion of scholarships from income by an individual recipient, see Publication 970, Tax Benefits for Education.

Part X Public Charity Status *(Continued)*

e 509(a)(4) - an organization organized and operated exclusively for testing for public safety. ☐

f 509(a)(1) and 170(b)(1)(A)(iv) - an organization operated for the benefit of a college or university that is owned or operated by a governmental unit. ☐

g 509(a)(1) and 170(b)(1)(A)(vi) - an organization that receives a substantial part of its financial support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public. ☒

h 509(a)(2) - an organization that normally receives not more than one-third of its financial support from gross **investment income** and receives more than one-third of its financial support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions). ☐

i A publicly supported organization, but unsure if it is described in 5g or 5h. The organization would like the IRS to decide the correct status. ☐

6 If you checked box g, h, or i in question 5 above, you must request either an **advance** or a **definitive ruling** by selecting one of the boxes below. Refer to the instructions to determine which type of ruling you are eligible to receive.

a **Request for Advance Ruling:** By checking this box and signing the consent, pursuant to section 6501(c)(4) of the Code you request an advance ruling and agree to extend the statute of limitations on the assessment of excise tax under section 4940 of the Code. The tax will apply only if you do not establish public support status at the end of the 5-year advance ruling period. The assessment period will be extended for the 5 advance ruling years to 8 years, 4 months, and 15 days beyond the end of the first year. You have the right to refuse or limit the extension to a mutually agreed-upon period of time or issue(s). Publication 1035, *Extending the Tax Assessment Period*, provides a more detailed explanation of your rights and the consequences of the choices you make. You may obtain Publication 1035 free of charge from the IRS web site at *www.irs.gov* or by calling toll-free 1-800-829-3676. Signing this consent will not deprive you of any appeal rights to which you would otherwise be entitled. If you decide not to extend the statute of limitations, you are not eligible for an advance ruling. ☒

Consent Fixing Period of Limitations Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code

For Organization:

(Signature of officer, Director, Trustee, or other authorized official) — MICHAEL D. BERGERON (Type or print name of signer) — MARCH 2, 2007 (Date)

TREASURER (Type or print title or authority of signer)

For IRS Use Only

IRS Director, Exempt Organizations — MAR 21 2007 (Date)

b **Request for Definitive Ruling:** Check this box if you have completed one tax year of at least 8 full months and you are requesting a definitive ruling. To confirm your public support status, answer line 6b(i) if you checked box g in line 5 above. Answer line 6b(ii) if you checked box h in line 5 above. If you checked box i in line 5 above, answer both lines 6(b)(i) and (ii). ☐

(i) (a) Enter 2% of line 8, column (e) on Part IX-A, Statement of Revenues and Expenses.

(b) Attach a list showing the name and amount contributed by each person, company, or organization whose gifts totaled more than the 2% amount. If the answer is "None," check this box. ☐

(ii) (a) For each year amounts are included on lines 1, 2, and 9 of Part IX-A, Statement of Revenues and Expenses, attach a list showing the name of and amount received from each **disqualified person**. If the answer is "None," check this box. ☐

(b) For each year amounts are included on line 9 of Part IX-A, Statement of Revenues and Expenses, attach a list showing the name of and amount received from each payer, other than a disqualified person, whose payments were more than the larger of (1) 1% of line 10, Part IX-A, Statement of Revenues and Expenses, or (2) $5,000. If the answer is "None," check this box. ☐

7 Did you receive any unusual grants during any of the years shown on Part IX-A, Statement of Revenues and Expenses? If "Yes," attach a list including the name of the contributor, the date and amount of the grant, a brief description of the grant, and explain why it is unusual. ☐ Yes ☐ No

City of Franklin

P O Box 705
Franklin, TN 37065
(615) 791-3225

DATE: 8-26-15

TO: CODES DEPT
FIRE DEPT

FROM: CHRISTY MCCANDLESS, ACCOUNT MGMT SUPERVISOR

RE: BUILDING INSPECTIONS FOR APPLICATION FOR BEER PERMIT

- ✓ ON PREMISES PERMIT
- ___ OFF PREMISES PERMIT
- ___ ON AND OFF PREMISES PERMIT
- ___ MANUFACTURER'S OR DISTRIBUTOR'S PERMIT
- ___ SPECIAL EVENTS PERMIT

ف Applicant is requesting a temporary permit. Please return ASAP.

ق Please return by 8-31-15 to provide information for Beer Board meeting agenda.

Beer Board Meeting Date 9-8-15

Name of Business Pilgrimage Music & Culture Festival

Location of Business 239 Franklin Rd/ Harlinsdale Farm

CODES DEPT

R. Allen Lewis
Building Inspector

8-27-2015
Date

FIRE DEPT

Fire Inspector

Date

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
- X SPECIAL EVENTS PERMIT DATE OF EVENT Oct. 11, 2015
  HOURS OF EVENT 4:30 - 8:00 p.m.

DATE PERMIT NEEDED Oct. 9, 2015

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

1. Owner (Applicant) WAVES, Inc

   Person __ Firm __ Corp___ LLC ___Joint-stock co.__ Syndicate __ Association X

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.

   N/A - See attached for Board of Directors

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

4. Under what trade name will this business operate?

   "LIGHT THE WAY" for TEAM ELLIOTT

   City of Franklin business account number N/A

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

145 SOUTHEAST PKWY, STE 100 / 1368 EASTERN FLANK CIRCLE
FRANKLIN, TN 37064 / FRANKLIN, TN 37064

Phone number of the business 615.794.7955

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.

[redacted]

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

Name BRANDY BLANTON Title ____

Mailing Address 406 VIENNA CT

City, State, Zip FRANKLIN, TN 37067

Daytime contact phone number 615.300.5251

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 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.

CITY OF FRANKLIN

109 3rd AVE S., FRANKLIN, TN 37064

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? ____ If so, give particulars of each charge, court and date convicted.

NO

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.

NO

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

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.)

FUNDRAISER FOR TEAM ELLIOTT & RHIZOICIDS

16. Will a full course menu be served? YES - SEVERAL FOOD VENDORS ON SITE

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

18. Will dancing be allowed on your premises? SURE
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.

UNDERSTAND, AGREE & COMPLY BBB

(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 through 2-229 of the municipal code of the City of Franklin.

A non-refundable $250 fee must accompany this application and the application shall be submitted at least fifteen (15) days prior to the Beer Board meeting at which it is to be considered. If the application is approved you are required to provide documentation of sales tax registration to the city within ten days of approval. 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.

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 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.

Brandy B. Blanton

Signature of Applicant/Owner (or Authorized Corporate Officer)

On behalf of: _____

Name of Business Entity

Sworn to and subscribed before me this 26th day of August, 2015

Jennifer Russell

Notary Public

My Commission Expires: 5·19·2018

JENNIFER RUSSELL
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

Official Use Only

Application Fee $ 250.00 Date Paid 8/27/15

Privilege Tax $ _____ Date Paid _____

Board Meeting Date 9/8/15

WAVES
FINDING ABILITIES. FOSTERING COMMUNITY

Board of Directors
2015–2016

Doug Nall—President

[redacted]

Diane Giddens—Immediate Past President

[redacted]

Robert Blair—Vice President

[redacted]

Tom Stearns, FACMPE—Honorary Board Chair

[redacted]

Betsy Hester

[redacted]

W. Fred Reynolds—Secretary

[redacted]

Shauna Billingsley

[redacted]

Brad Smith, CPA, ABV, CVA—Treasurer

[redacted]

Teree Caruthers

[redacted]

Frank DuVall

[redacted]

M.T. "Tom" Taylor

[redacted]

Dan Horacka

[redacted]

Mike Terrell

[redacted]

Shari Lyle

[redacted]

Ashley Perkins

[redacted]

Josh Pittman

[redacted]

City of Franklin

P O Box 705
Franklin, TN 37065
(615) 791-3225

DATE: 8.26.15

TO: POLICE CHIEF

FROM: CHRISTY MCCANDLESS, ACCOUNT MGMT SUPERVISOR

RE: RECORDS CHECK FOR APPLICATION FOR BEER PERMIT

BEER BOARD MEETING DATE 9-8-16

☐ Applicant is requesting a temporary permit. Please return ASAP.

☑ Please return by 8.31.15 to provide information for Beer Board meeting agenda.

Name of Business Light the way for team Elliott

Location of Business 1368 Eastern Flank Clubhouse

Name of applicant Waves Inc.

Managing [redacted]

Drivers Li

Date of Bi

☐ Recommend. Based on information available to date, the applicant has no record requiring denial of the permit under the provisions of Title 8 of the Franklin Municipal Code.

☐ Not recommending. Based on information available to date, the Police Dept. is not recommending approval of a permit.

CENTRAL RECORDS DIVISION
FRANKLIN POLICE DEPT

By _____

Date _____

Approved _____
Signature

1548

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** 9/12/15
  HOURS OF EVENT 2pm - 11pm

DATE PERMIT NEEDED Pick up 9/11/15 friday to use sat. 9/12.

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

1. **Owner (Applicant)** Charles "Chuck" Johnson (Losers II, LLC)

   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.**

   Chuck Johnson 10 Colonel Winstead Dr. Brentwood, TN 3702
   Erv Woolsey ~~Forever Enterprises~~ 1000 18th Ave nashville, TN 37203
   Jane Ford ~~Forever Enterprises~~ 144 Alton nashville, TN 37203

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?** Hosp. to

   Losers Bar & Grill Vanderbilt Childrens

   City of Franklin business account number beer permit # 10-10

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

1000 Meridian Blvd Suite 100

Phone number of the business 615-778-1999

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

[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 Christi Johnson **Title** Bookkeeper

Mailing Address 1409 Beech Hollow Ct

City, State, Zip Nashville, TN 37211

Daytime contact phone number 813-391-4996

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)

_____

_____

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

Boyle Investment Company
2000 Meridian Blvd Suite 250
Franklin, TN 37067

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 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.**

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

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

Bonefish Grill - franchise

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

Special Events permit for bar throwing a concert for Vanderbilt Children's Hospital in our parking lot.

16. **Will a full course menu be served?** ~~Yes~~ inside building

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.**

(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 through 2-229 of the municipal code of the City of Franklin.

A non-refundable $250 fee must accompany this application and the application shall be submitted at least fifteen (15) days prior to the Beer Board meeting at which it is to be considered. If the application is approved you are required to provide documentation of sales tax registration to the city within ten days of approval. 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.

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 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: Loseks II, LLC
Name of Business Entity

Sworn to and subscribed before me this 25 day of August, 2015

Notary Public

My Commission Expires: 3/14/2016

RANDALL D. JOHNSTON
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

Official Use Only

Application Fee $ 250.00 Date Paid 8-25-15

Privilege Tax $ _____ Date Paid ~~8-25-15~~

Board Meeting Date 9/8/15

2014-2015 Children's Hospital Board

Formed in 1975, the Monroe Carell Jr. Children's Hospital at Vanderbilt Board is an advocacy, fundraising, and advising organization. Members are actively involved in educating and connecting with important constituents in the community and securing investments and financial resources required to fund the priorities of the hospital.

Chairman
Steve Hostetler

Secretary
Fran Hardcastle

Chief Executive Officer
Luke Gregory, FACHE

Monroe Carell Jr. Chair and Surgeon-in-Chief
John W. Brock, III, M.D.

James C. Overall Professor and Chair, Department of Pediatrics
Pediatrician-in-Chief, Monroe Carell Jr. Children's Hospital at Vanderbilt
Steven A. Webber, M.B.Ch.B., MRCP

Chief of Staff, Monroe Carell Jr. Children's Hospital at Vanderbilt
Margaret G. Rush, M.D.

Members

Lee A. Beaman
Nashville, TN

Bob Bedell
Nashville, TN

Earl Bentz
Nashville, TN

Kix Brooks
Nashville, TN

Cathy Stewart Brown
Nashville, TN

Kathryn Carell Brown
Nashville, TN

Laura Chadwick
Nashville, TN

Laura Creekmore
Nashville, TN

Jim Daniel, M.D.
Murfreesboro, TN

Tiffany Davis
Nashville, TN

Allison DeMarcus
Nashville, TN

Shana DeSmit
Nashville, TN

John M. Hooper III
Nashville, TN

Rachel Hornsby
Nashville, TN
President, Friends of Monroe Carell Jr. Children's Hospital at Vanderbilt

Steve Hostetler (Chair)
Nashville, TN

Jane Mabry Jackson
Brentwood, TN

Joey Jacobs
Brentwood, TN

Carroll Kimball
Nashville, TN

Barbara Lamberson
Lebanon, TN

Kitty Murfree
Murfreesboro, TN
Chair of the Monroe Carell Jr. Children's Hospital at Vanderbilt Board 2002-2004

Michael Nettles, Ph.D.
Nashville, TN

Robert S. Patterson
Nashville, TN
Chair of the Monroe Carell Jr. Children's Hospital at Vanderbilt Board 2006-2008

Rick Dreiling
Nashville, TN
Chair of the Monroe Carell Jr. Children's Hospital at Vanderbilt Board 2011-2013

Pam DuBois
Nashville, TN

Eric Ericson
Nashville, TN

Rod Essig
Nashville, TN

Martha Ezell
Nashville, TN

Larisa Featherstone
Franklin, TN

Paul Frankenberg, IV
Nashville, TN

Heidi Garber
Nashville, TN
President-Elect, Friends of Monroe Carell Jr. Children's Hospital at Vanderbilt

Lynn Ghertner
Nashville, TN
Past-President, Friends of Monroe Carell Jr. Children's Hospital at Vanderbilt

Julie Gordon
Nashville, TN

Rose Grindstaff
Brentwood, TN

Brenda Hale
Franklin, TN

Scott Hamilton
Franklin, TN

Fran Hardcastle
Nashville, TN
President of Friends 1989-1990
Chair of the Monroe Carell Jr. Children's Hospital at Vanderbilt Board 1992-1994

Jennifer Hill
Nashville, TN

Chris Patton, M.D.
Franklin, TN

Beth Poe
Nashville, TN

Terrie Purser
Brentwood, TN

Robin Puryear
Nashville, TN

Sharon Ramsey
Franklin, TN

Mike Reinfeldt
Franklin, TN

Bobby Rolfe
Nashville, TN

Lauren Rowe
Nashville, TN

Patti Hart Smallwood
Brentwood, TN

Jeff Smith
Nashville, TN

Julie C. Stadler
Nashville, TN

John Stein
Nashville, TN
Chair of the Monroe Carell Jr. Children's Hospital at Vanderbilt Board 2009-2011

Michael Stevison
Gallatin, TN

Don Taylor
Nashville, TN

Sarah Trahern
Nashville, TN

Phil Wenk, D.D.S.
Brentwood, TN

Karey Witty
Franklin, TN

Monroe Carell Jr.
Children's Hospital
at Vanderbilt

Last Edited: October 17, 2014

City of Franklin

P O Box 705
Franklin, TN 37065
(615) 791-3225

DATE: 8-26-15

TO: POLICE CHIEF

FROM: CHRISTY MCCANDLESS, ACCOUNT MGMT SUPERVISOR

RE: RECORDS CHECK FOR APPLICATION FOR BEER PERMIT

BEER BOARD MEETING DATE 9-8-15

☐ Applicant is requesting a temporary permit. Please return ASAP.

☑ Please return by 8-31-15 to provide information for Beer Board meeting agenda.

Name of Business Losers Bar + Grill / Vanderbilt Children's Hospital

Location of Business 1000 Meridian Blvd # 100

Name of applicant Losers Bar + Grill

[redacted]

Managing Ager

Drivers License

Date of Birth

☐ Recomme
denial of t

☐ Not recommending. Based on information available to date, the Police Dept. is not recommending approval of a permit.

CENTRAL RECORDS DIVISION
FRANKLIN POLICE DEPT

By _____

Date _____

Approved _____
Signature

City of Franklin

P O Box 705
Franklin, TN 37065
(615) 791-3225

DATE: 8-26-15

TO: CODES DEPT
FIRE DEPT

FROM: CHRISTY MCCANDLESS, ACCOUNT MGMT SUPERVISOR

RE: BUILDING INSPECTIONS FOR APPLICATION FOR BEER PERMIT

- ✓ ON PREMISES PERMIT
- ___ OFF PREMISES PERMIT
- ___ ON AND OFF PREMISES PERMIT
- ___ MANUFACTURER'S OR DISTRIBUTOR'S PERMIT
- ✓ SPECIAL EVENTS PERMIT

ف Applicant is requesting a temporary permit. Please return ASAP.

ك ✓ Please return by 8-31-15 to provide information for Beer Board meeting agenda.

Beer Board Meeting Date 9-8-15

Name of Business Rosers Bar + Grill / Vanderbilt Children's Hosp.

Location of Business 1000 Meridian Blvd A 100

CODES DEPT

L. Allen Lee
Building Inspector

8-27-2015
Date

FIRE DEPT

Fire Inspector

Date

Front Street Craft Beer Celebration

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
X SPECIAL EVENTS PERMIT DATE OF EVENT 10/3/2015
HOURS OF EVENT 2-9pm

DATE PERMIT NEEDED 10/1

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

1. Owner (Applicant) The Westhaven Foundation

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.

N/A - we are a 501c3

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?

The Westhaven Foundation

City of Franklin business account number n/a

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

Westhaven Lake, 188 Front Street

Phone number of the business 615 394-7782

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.

[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 Mark McCutcheon Title President

Mailing Address 188 Front St. Ste 116

City, State, Zip Franklin, TN 37064

Daytime contact phone number 615 394-7782

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 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.

Westhaven Partners

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? _____ If so, give particulars of each charge, court and date convicted.

No

11. Has this owner or the owners 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.

Prior events ~~held~~ by same name held Aug 2014

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

Quad/Graphics

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

Special Event

16. Will a full course menu be served? No- Food Trucks

17. Will separate and sanitary facilities be maintained for men and for women? Yes- porta potti

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? _____

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.

(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 through 2-229 of the municipal code of the City of Franklin.

A non-refundable $250 fee must accompany this application and the application shall be submitted at least fifteen (15) days prior to the Beer Board meeting at which it is to be considered. If the application is approved you are required to provide documentation of sales tax registration to the city within ten days of approval. 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.

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 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: THE WESTHAVEN FOUNDATION
Name of Business Entity

Sworn to and subscribed before me this 18th day of AUGUST, 20 15

Notary Public

My Commission Expires: MAR. 26th, 2017

SONNY TOPIWALA
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

Official Use Only

Application Fee $ 250.00 Date Paid 8/19/15

Privilege Tax $ _____ Date Paid _____

Board Meeting Date 9/8/15

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

[redacted]

Date:
OCT 3 2008

THE WESTHAVEN FOUNDATION INC
401 CHELTENHAM AVE
FRANKLIN, TN 37064-8664

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

THE WESTHAVEN FOUNDATION INC

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosures: Publication 4221-PC

The Westhaven Foundation Board Members

Mark McCutcheon- President

[redacted]

Charlie Grimes- Vice President

[redacted]

Matt Magallanes- Vice President

[redacted]

Vic White- Secretary

[redacted]

Amy Law- Treasurer

[redacted]

Other Board Members

Daniel Klatt
Scott Jones
Louise Scott
Anne Waters
John Fraser
Doug Stacey

City of Franklin

P O Box 705
Franklin, TN 37065
(615) 791-3225

DATE: 8/19/15

TO: CODES DEPT
FIRE DEPT

FROM: CHRISTY MCCANDLESS, ACCOUNT MGMT SUPERVISOR

RE: BUILDING INSPECTIONS FOR APPLICATION FOR BEER PERMIT

- ✓ ON PREMISES PERMIT
- ___ OFF PREMISES PERMIT
- ___ ON AND OFF PREMISES PERMIT
- ___ MANUFACTURER'S OR DISTRIBUTOR'S PERMIT
- ✓ SPECIAL EVENTS PERMIT

ف Applicant is requesting a temporary permit. Please return ASAP.

ف Please return by 8/28/15 to provide information for Beer Board meeting agenda.

Beer Board Meeting Date 9/8/15

Name of Business Front Street Craft Beer Celebration

Location of Business Westhaven Lake, 188 Front St.

CODES DEPT

[signature]
Building Inspector

8-20-15
Date

FIRE DEPT

Fire Inspector

Date

City of Franklin

P O Box 705
Franklin, TN 37065
(615) 791-3225

DATE: 8/19/15

TO: CODES DEPT
FIRE DEPT

FROM: CHRISTY MCCANDLESS, ACCOUNT MGMT SUPERVISOR

RE: BUILDING INSPECTIONS FOR APPLICATION FOR BEER PERMIT

✓
___ ON PREMISES PERMIT
___ OFF PREMISES PERMIT
___ ON AND OFF PREMISES PERMIT
___ MANUFACTURER'S OR DISTRIBUTOR'S PERMIT
✓ SPECIAL EVENTS PERMIT

ف Applicant is requesting a temporary permit. Please return ASAP.

✗ Please return by 8/28/15 to provide information for Beer Board meeting agenda.

Beer Board Meeting Date 9/8/15

Name of Business Front Street CoaSt Beer Celebration

Location of Business Westhaven Lake, 188 Front St.

CODES DEPT

_____ _____
Building Inspector Date

FIRE DEPT

Jonathan B Dye 8-25-15
Fire Inspector Date

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**
__X__ **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 BEFORE OPENING 10/28/2015

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

1. **Owner (Applicant)** KROGER LIMITED PARTNERSHIP I

Person __ **Firm** __ **Corp** __ **LLC** __ **Joint-stock co.** __ **Syndicate** __ **Association** __
LIMITED PARTNERSHIP

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.**

KROGER LIMITED PARTNERSHIP I

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?**

KROGER #568

City of Franklin business account number 19590

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

411 WHITMAN ROAD, FRANKLIN TN 37064

Phone number of the business 615-599-6665

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_.**

[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 KROGER BUSINESS LICENSE **Title** _____

Mailing Address PO BOX 305103

City, State, Zip NASHVILLE TN 37230

Daytime contact phone number 615-232-9557 OR 615-232-9767

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** NO.

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

N/A

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

WESTHAVEN PARTNERS LLC

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 owners organization had a beer permit revoked, suspended, or denied in the State of Tennessee? Yes** ___ **No** NO **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.**

HARRIS TEETER #333

411 WHITMAN ROAD, FRANKLIN TN 37064

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.)**

RETAIL GROCERY STORE

16. **Will a full course menu be served?** N/A

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

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.**

(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 through 2-229 of the municipal code of the City of Franklin.

A non-refundable $250 fee must accompany this application and the application shall be submitted at least fifteen (15) days prior to the Beer Board meeting at which it is to be considered. If the application is approved you are required to provide documentation of sales tax registration to the city within ten days of approval. 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.

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 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.

Mike Guyn

Signature of Applicant/Owner (or Authorized Corporate Officer)

On behalf of: KROGER LIMITED PARTNERSHIP I

Name of Business Entity

Sworn to and subscribed before me this 20 day of Aug, 20 15

Kevin Schemm

Notary Public

My Commission Expires: 10-18-16

KEVIN SCHEMM
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

MY COMMISSION EXPIRES:
October 18, 2016

Official Use Only

Application Fee $ 250.00 Date Paid 8/21/15

Privilege Tax $ 33.00 Date Paid 8/21/15

Board Meeting Date 9/8/15

How to Handle the Selling of Restricted Sale Items

What is a Restricted Sale Item?

A restricted sale item is an item that requires the customer's Date of Birth (DOB) be entered into the register. Our policy is to physically verify the customer's ID when prompted for DOB. The cashier must enter into the register the DOB from the ID they verified. It is against company policy to enter a generic DOB into the register.

Restricted Sale Items and the Age Requirements to Purchase the Item

- **Alcoholic Beverages** – a person must be 21 years of age
- **Tobacco/Tobacco Related Products** - a person must be 18 years of age in GA, SC, & TN and a person must be 19 years of age in AL. **The only exception is for selling tobacco/tobacco related products. Any customer that appears to be under the age of 27, we must request the customer's ID.**
- **Fireworks** – a person must be 18 years of age
- **Adult Vitamins such as Metabolife** – a person must be 18 years of age
- **R Rated Videos** – a person must be 17 years of age
- **Spray Paint** – a person must be 16 years of age
- **Dry Ice** – a person must be 18 years of age
- **Dextromethorphan such as cough medicines which normally have either DXM or DM in the name** – a person must be 18 years of age

Cashiers

ALL PERSONS (REGARDLESS OF AGE) must be asked to show proper identification when purchasing restricted sale items. It shall be the duty of the person selling the restricted sale item TO REQUEST AN ID, AND TO BE FURNISHED WITH PROPER IDENTIFICATION in order to verify the age of the customer.

Some local ordinances require Cashiers to be a certain age in order to scan restricted sale items (for example alcoholic beverages). Each store is responsible for knowing their local ordinances and following those ordinances. If the Cashier is not old enough to scan the restricted sale item then it shall be the responsibility of the Associate (that is of age) scanning the restricted sale item to request PROPER IDENTIFICATION and enter the DOB into the register.

If an associate does not comply with the local laws and the company's rules the associates may be subject to fines, arrested by law enforcement and disciplinary action taken up to and including discharge by The Kroger Co.

Proper Identification Requirements:

1. A picture to compare with the person making the purchase
2. A date of birth to determine the age of the person making the purchase
3. A name printed on the license
4. A physical description of the person (height, weight, sex, eye color, and hair)

Identification that we accept:

Any Government issued ID such as Driver's License - State Issued ID - Military ID – Passport

Identification that we cannot accept:

Any non-government issued ID such as College/University IDs – Expired IDs – Social Security – Government Work ID

Entering the Date of Birth into the Register:

- Once the proper identification has been verified, the cashier MUST enter the actual date of birth listed on the proper identification they verified. It is against company policy to enter a generic DOB into the register.
- We cannot enter a DOB that is generic or just given to us by the customer.
- If the cashier enters an invalid date of birth (ie: not old enough, DOB entered incorrectly) that causes the register to display"**B027 Not for Sale**", then a supervisor must be called for further assistance. The Cashier will need to clear the message and continue scanning other items in the transaction until the supervisor arrives.

Supervisor/Customer Care Associates

The ***supervisor*** will need to:

- Rescan the restricted sale item being purchased
- The register will display **"B791 Override Req – Multiple DOB Entered"**
- Request PROPER IDENTIFICATION from the Customer
  - (See above for Proper Identification Requirements)
- Once the proper identification has been verified, the Supervisor/Customer Care Associate MUST enter the actual date of birth listed on the proper identification they verified. It is against company policy to enter a generic DOB into the register.
- A manager override is required

Transaction Monitoring

All transactions are monitored by our Risk Management Department.

Alcohol and Tobacco Sales Policy

Beer and Wine Sales Policy

A. A person must be 21 years of age to buy Beer or Wine.

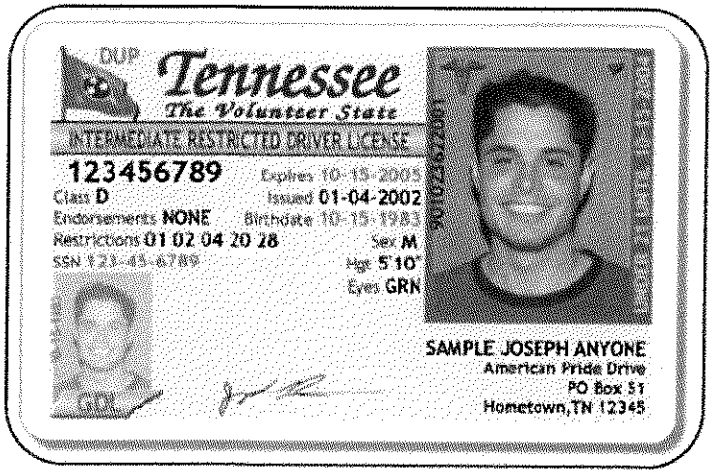
B. The following policy will apply to all cashiers/clerks selling beer or wine:

ALL PERSONS (REGARDLESS OF AGE) must be asked to show proper identification when purchasing alcoholic beverages. IT SHALL BE THE DUTY OF THE PERSON SELLING OR OTHERWISE FURNISHING such alcoholic beverage to REQUEST TO SEE AND TO BE FURNISHED WITH PROPER IDENTIFICATION in order to verify the age of the person.

The key to the above is: **IT SHALL BE THE DUTY OF THE SELLER (ASSOCIATE) - to request PROPER IDENTIFICATION.** Proper identification is a driver's license or state issued ID that meets the following four requirements:

1. A picture to compare with the person making the purchase.
2. A date of birth to determine the age of the person making the purchase.
3. A name printed on the license.
4. A physical description of the person (height, weight, sex, eye color, and hair).

If you are presented with a Driver's License that has the Red, indicating that the person was under the age of 21 at the time the license was issued (See BELOW) **STOP!!! DO NOT ENTER THE DATE OF BIRTH. You must call a member of management and they will enter in the customer's DOB to complete the transaction. **If a manager is not available, you must refuse the sale. An MOD cannot approve the sale.**



RED means STOP!!!

C. No beer or wine is to be sold to any person who is apparently already intoxicated. If at any time there is a question, you are to alert a member of management.

D. There will be no refunds on beer or wine.

E. Food Stamps cannot be used to purchase beer or wine.

F. No beer or wine will be sold on Sunday, unless allowed by law.

G. If scanned incorrectly; the customer does not receive the product free.

H. Cashier age requirements are based on your local ordinance for selling beer and wine. Know the age requirement applicable for your store.

I. In addition to the policies outlined above, each county has different regulations governing the times that alcoholic beverages can be sold. See your store manager for local time regulation for your area.

Violation of these rules will be cause for disciplinary action up to, and including discharge, and are a violation of state law that may subject associates to legal fines and imprisonment.

Tobacco Sales Policy

A. A person must be eighteen (18) years of age, to buy tobacco products, cigarettes, or tobacco related objects.

B. The following policy will apply to all cashiers/clerks selling cigarettes and smokeless tobacco products.

When a reasonable or prudent person could reasonably be in doubt as to whether or not the person to whom a tobacco product is to be sold or otherwise furnished is actually **26 years of age or younger**, IT SHALL BE THE DUTY OF THE PERSON SELLING OR OTHERWISE FURNISHING such tobacco products TO REQUEST TO SEE AND TO BE FURNISHED WITH PROPER IDENTIFICATION in order to verify the age of the person.

IT SHALL BE THE DUTY OF THE SELLER (ASSOCIATE)-TO REQUEST PROPER IDENTIFICATION.

Proper identification is a driver's license or state issued ID that meets the following four requirements:

1. A picture to compare with the person making the purchase.
2. A date of birth to determine the age of the person making the purchase.
3. A name printed on the license.
4. A physical description of the person (height, weight, sex, color of eyes and hair)

C. Food stamps cannot be used to purchase cigarettes or tobacco related products.

D. If scanned incorrectly the customer does not receive the product free.

Violation of these rules will be cause for disciplinary action up to, and including discharge, and are a violation of state law that may subject associates to legal fines and imprisonment.

Associate Name: _____ EUID #: _____

Associate Signature: _____ Date: _____

City of Franklin

P O Box 705
Franklin, TN 37065
(615) 791-3225

DATE: 8/21/15

TO: POLICE CHIEF

FROM: CHRISTY MCCANDLESS, ACCOUNT MGMT SUPERVISOR

RE: RECORDS CHECK FOR APPLICATION FOR BEER PERMIT

BEER BOARD MEETING DATE 9/8/15

☐ Applicant is requesting a temporary permit. Please return ASAP.

☒ Please return by 8/28/15 to provide information for Beer Board meeting agenda.

Name of Business Kroger #568

Location of Business 411 Whitman Road

Name of applicant Kroger Limited Partnership I

Managing A [redacted]

Drivers Lice

Date of Birth

☐ Recom
denial
☐ Not rec
recommending approval of a permit.

CENTRAL RECORDS DIVISION
FRANKLIN POLICE DEPT

By _____

Date _____

Approved _____
Signature

City of Franklin

P O Box 705
Franklin, TN 37065
(615) 791-3225

DATE: 8/21/15

TO: CODES DEPT
FIRE DEPT

FROM: CHRISTY MCCANDLESS, ACCOUNT MGMT SUPERVISOR

RE: BUILDING INSPECTIONS FOR APPLICATION FOR BEER PERMIT

___ ON PREMISES PERMIT
X OFF PREMISES PERMIT
___ ON AND OFF PREMISES PERMIT
___ MANUFACTURER'S OR DISTRIBUTOR'S PERMIT
___ SPECIAL EVENTS PERMIT

ف Applicant is requesting a temporary permit. Please return ASAP.

X Please return by 8/28/15 to provide information for Beer Board meeting agenda.

Beer Board Meeting Date 9/8/15

Name of Business Kroger # 528

Location of Business 411 Whitson Road

CODES DEPT

[signature]
Building Inspector

8-25-15
Date

FIRE DEPT

Fire Inspector

Date

15-30

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** _____
  HOURS OF EVENT _____

DATE PERMIT NEEDED July 14

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

1. **Owner (Applicant)** EUGENE AMANO / Red Springs HB LLC

   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.**

   FREDERICK AMANO

   4915 JONES PKWY BRENTWOOD TN 37027

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?**

   L & L HAWAIIAN GRILL

City of Franklin business account number _____

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

2000 MERIDIAN BLVD STE 100 FRANKLIN TN 37067

Phone number of the business _____

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 [redacted]

Drivers [redacted]

Date of [redacted]

Home p [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 EUGENE AMANO **Title** OWNER

Mailing Address 495 JONES PKWY

City, State, Zip BRENTWOOD TN 37027

Daytime contact phone number (573) 587-9880

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 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.

BOYLE

2000 MERIDIAN BLVD FRANKLIN TN 37067

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? _____ If so, give particulars of each charge, court and date convicted.**

NO

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.**

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

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

TENNESSEE TITANS

2004 - 2012

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

RESTAURANT

16. Will a full course menu be served? YES

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? _____

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.

(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 through 2-229 of the municipal code of the City of Franklin.

A non-refundable $250 fee must accompany this application and the application shall be submitted at least fifteen (15) days prior to the Beer Board meeting at which it is to be considered. If the application is approved you are required to provide documentation of sales tax registration to the city within ten days of approval. 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.

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 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: COOL SPRINGS HB, LLC
Name of Business Entity

Sworn to and subscribed before me this 18 day of JUNE, 2015

Notary Public

LONNIE A. FENTRESS
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY
My Commission Expires June 10, 2017

My Commission Expires: _____

Official Use Only

Application Fee $ 250.00 Date Paid 6/19/15

Privilege Tax $ 50.00 Date Paid 6/19/15

Board Meeting Date 7, 14, 15

Responsible Alcohol Service

Some states require a picture ID for any persons drinking alcohol regardless of age. L&L Hawaiian Grill recommends that all guests be asked to show proper ID. Beer is consumed on premise and not to be sold as a To–Go item.

Acceptable Forms of Identification (ID)

Divers License with picture

State Issued Personal Information

Passport

An Active Military ID

Policies Concerning Responsible Alcohol Service

- The sale of alcohol to minors is prohibited.
- The legal age to purchase alcohol beverages in 21.
- No persons under 21 will be served alcoholic beverages.
- Employees MUST ID ANYONE and EVERYONE attempting to purchase alcohol.
- The sale and service of alcohol to intoxicated customers is prohibited.
- Managers will visit any customer who has been served two drinks within an hour prior to another drink being served so the manager can evaluate the customer's level of intoxication.
- All employees must report incidents to a manager and document them in an incident log within an hour.
- Employees will offer to call a taxi service for the intoxicated at the customer's expense.
- Employees will not physically restrain intoxicated customers from leaving the establishment.
- Employees will immediately notify a manager and will call the police to report any intoxicated customer who leaves the establishment and gets behind the wheel of a motor vehicle.
- It is Against the Law to serve alcohol to any person who is visibly intoxicated.

POLICE DEPARTMENT

Deborah Y. Faulkner, EdD
Chief of Police

Dr. Ken Moore
Mayor

Eric S. Stuckey
City Administrator

June 21, 2015

TO: Chief Deborah Y. Faulkner

FROM: Mary E. Casteel
Mary E. Casteel, Communications Support Coordinator

THRU: Lieutenant Eric Anderson

SUBJECT: Beer Board Background Checks

A check of Franklin Police Department records was completed on Frederick Amano, Managing Agent for L&L Hawaiian Grill and found to be clear.

A check was completed through LexisNexis/Accurint and found to be clear.

Requested by: Christy McCandless

City of Franklin

P O Box 705
Franklin, TN 37065
(615) 791-3225

DATE: 6-19-15

TO: POLICE CHIEF

FROM: CHRISTY MCCANDLESS, ACCOUNT MGMT SUPERVISOR

RE: RECORDS CHECK FOR APPLICATION FOR BEER PERMIT

BEER BOARD MEETING DATE 7-14-15

☐ Applicant is requesting a temporary permit. Please return ASAP.

☑ Please return by 6-25-15 to provide information for Beer Board meeting agenda.

Name of Business L & L Hawaiian Grill

Location of Business 2000 Meridian Blvd #100

Name of applicant Pool Springs HB LLC

Managing Agen [redacted]

Drivers License

Date of Birth

☐ Recommend
denial of the [redacted] provisions of Title 8 of the Franklin Municipal Code.

☐ Not recommending. Based on information available to date, the Police Dept. is not recommending approval of a permit.

CENTRAL RECORDS DIVISION
FRANKLIN POLICE DEPT

By Records check completed

Date 6/21/15

Approved _____
Signature

CM

City of Franklin

P O Box 705
Franklin, TN 37065
(615) 791-3225

DATE: 6-19-15

TO: CODES DEPT
FIRE DEPT

FROM: CHRISTY MCCANDLESS, ACCOUNT MGMT SUPERVISOR

RE: BUILDING INSPECTIONS FOR APPLICATION FOR BEER PERMIT

✓ ON PREMISES PERMIT
___ OFF PREMISES PERMIT
___ ON AND OFF PREMISES PERMIT
___ MANUFACTURER'S OR DISTRIBUTOR'S PERMIT
___ SPECIAL EVENTS PERMIT

ف Applicant is requesting a temporary permit. Please return ASAP.

ف Please return by 6-25-15 to provide information for Beer Board meeting agenda.

Beer Board Meeting Date 7-14-15

Name of Business L & L Hawaiian Grill

Location of Business 2000 Meridian Blvd #100

CODES DEPT

[signature] 6-23-15
Building Inspector Date

FIRE DEPT

Fire Inspector Date

Cant

City of Franklin

P O Box 705
Franklin, TN 37065
(615) 791-3225

DATE: 6-19-15

TO: CODES DEPT
FIRE DEPT

FROM: CHRISTY MCCANDLESS, ACCOUNT MGMT SUPERVISOR

RE: BUILDING INSPECTIONS FOR APPLICATION FOR BEER PERMIT

✓ ON PREMISES PERMIT
___ OFF PREMISES PERMIT
___ ON AND OFF PREMISES PERMIT
___ MANUFACTURER'S OR DISTRIBUTOR'S PERMIT
___ SPECIAL EVENTS PERMIT

ف Applicant is requesting a temporary permit. Please return ASAP.

ف Please return by 6-25-15 to provide information for Beer Board meeting agenda.

Beer Board Meeting Date 7-14-15

Name of Business L & L Hawaiian Grill

Location of Business 2000 Meridian Blvd #100

CODES DEPT

_____ _____
Building Inspector Date

FIRE DEPT

_____ July 10, 2015
Fire Inspector Date

15.39

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_____
  HOURS OF EVENT _____

DATE PERMIT NEEDED _____

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

1. **Owner (Applicant)** Kara Inc. (Rakesh Bey)

   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.**

   Rakesh Bey 117 Vaughns Gap Nashville, Tn 37205

   Kaveh Gharaei 720 Kaeden Point Ct. Antioch, Tn 37013

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?**

   Guac Mexican Restaurant

   City of Franklin business account number applied for

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

1311 Murfreesboro Rd. Ste A Franklin, Tn 37064

Phone number of the business _____

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

N

D

D

H

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 Rakesh Beay **Title** President

Mailing Address 3921 Apache Trail

City, State, Zip Antioch, Tn 37013

Daytime contact phone number 615-331-9722

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)**

_____

_____

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

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 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.**

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.**

Beer permit for other restaurant located in Davidson County

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

Self employed

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

Restaurant

16. Will a full course menu be served? yes

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? _____

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.

(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 through 2-229 of the municipal code of the City of Franklin.

A non-refundable $250 fee must accompany this application and the application shall be submitted at least fifteen (15) days prior to the Beer Board meeting at which it is to be considered. If the application is approved you are required to provide documentation of sales tax registration to the city within ten days of approval. 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.

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 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: KARA INC
Name of Business Entity

Sworn to and subscribed before me this 23rd day of July, 2015

Notary Public

My Commission Expires: 3/8/18

KYMBERLY P. DRIVER
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY

Official Use Only

Application Fee $ 250.00 Date Paid 7-27-15

Privilege Tax $ 42.00 Date Paid 7-27-15

Board Meeting Date 8, 11, 15

Kara Inc.
1311 Murfreesboro Rd. Ste A
Franklin, TN 37064

Training Policy for serving alcohol and beer

1 We will not sell beer or any similar beverages except inside the establishment.

2 We will only sell beer and similar beverages in accordance with the terms of said permit

3 We will enforce the law against sales to minors.

4 Gambling will not be permitted at Guac Mexican Grill and the owners and staff understand that such activities will result in the revocation of the permit to sell beer and alcohol.

5 We will secure a certificate from the health department 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.

6 We will not attempt to transfer this permit to anyone else.

7 We will display this permit in a prominent place in the premises.

8 We will not sell beer or any similar beverage between the hours of 3:00 AM and 8:00 AM during the week and between the hours of 3:00 AM 12:00 noon on Sunday.

8 We will prohibit the congregation of those who appear to be intoxicated, lawless, rowdy or prostitutes at our establishment.

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

11 We 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.

12 We will comply with all requirements of section 2-201 through 2-229 of the municipal code of the City of Franklin.

City of Franklin

P O Box 705
Franklin, TN 37065
(615) 791-3225

DATE: 1-27-15

TO: POLICE CHIEF

FROM: CHRISTY MCCANDLESS, ACCOUNT MGMT SUPERVISOR

RE: RECORDS CHECK FOR APPLICATION FOR BEER PERMIT

BEER BOARD MEETING DATE 2-17-15

☐ Applicant is requesting a temporary permit. Please return ASAP.

☑ Please return by 1-30-15 to provide information for Beer Board meeting agenda.

Name of Business Cuac Mexican Restaurant

Location of Business 1311 Murfreesboro Rd Ste A

Name of applicant Kaca, Inc

Managing Ag[redacted]

Drivers Licens[redacted]

Date of Birth [redacted]

☐ Recommend. Based on information available to date, the applicant has no record requiring denial of the permit under the provisions of Title 8 of the Franklin Municipal Code.

☐ Not recommending. Based on information available to date, the Police Dept. is not recommending approval of a permit.

CENTRAL RECORDS DIVISION
FRANKLIN POLICE DEPT

By _____

Date _____

Approved _____
Signature

City of Franklin

P O Box 705
Franklin, TN 37065
(615) 791-3225

DATE: 7-27-15

TO: CODES DEPT
FIRE DEPT

FROM: CHRISTY MCCANDLESS, ACCOUNT MGMT SUPERVISOR

RE: BUILDING INSPECTIONS FOR APPLICATION FOR BEER PERMIT

- ✓ ON PREMISES PERMIT
- ___ OFF PREMISES PERMIT
- ___ ON AND OFF PREMISES PERMIT
- ___ MANUFACTURER'S OR DISTRIBUTOR'S PERMIT
- ___ SPECIAL EVENTS PERMIT

ف Applicant is requesting a temporary permit. Please return ASAP.

ف Please return by 73115 to provide information for Beer Board meeting agenda.

Beer Board Meeting Date 81115

Name of Business Cruc Mexican Restaurant

Location of Business 311 Murfreesboro Rd ~~Ste A~~ Ste 100

CODES DEPT

[signature]
Building Inspector

7-28-15
Date

FIRE DEPT

Fire Inspector

Date

City of Franklin

P O Box 705
Franklin, TN 37065
(615) 791-3225

DATE: 7-27-15

TO: CODES DEPT
FIRE DEPT

FROM: CHRISTY MCCANDLESS, ACCOUNT MGMT SUPERVISOR

RE: BUILDING INSPECTIONS FOR APPLICATION FOR BEER PERMIT

- ✓ ON PREMISES PERMIT
- ___ OFF PREMISES PERMIT
- ___ ON AND OFF PREMISES PERMIT
- ___ MANUFACTURER'S OR DISTRIBUTOR'S PERMIT
- ___ SPECIAL EVENTS PERMIT

ف Applicant is requesting a temporary permit. Please return ASAP.

ف Please return by 7-31-15 to provide information for Beer Board meeting agenda.

Beer Board Meeting Date 8-11-15

Name of Business Guac Mexican Restaurant

Location of Business 1311 Murfreesboro Rd Ste A invalid #

CODES DEPT

_____ _____
Building Inspector Date

FIRE DEPT

Lieutenant Morley 7-29-15
Fire Inspector Date

15-30

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** _____
  HOURS OF EVENT _____

DATE PERMIT NEEDED July 14

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

1. **Owner (Applicant)** EUGENE AMANO / Red Springs HB LLC

   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.**

   FREDERICK AMANO

   4915 JONES PKWY BRENTWOOD TN 37027

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?**

   L & L HAWAIIAN GRILL

City of Franklin business account number _____

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

2000 MERIDIAN BLVD STE 100 FRANKLIN TN 37067

Phone number of the business _____

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 [redacted]

Drivers [redacted]

Date of [redacted]

Home p [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 EUGENE AMANO **Title** OWNER

Mailing Address 495 JONES PKWY

City, State, Zip BRENTWOOD TN 37027

Daytime contact phone number (573) 587-9880

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 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.

BOYLE

2000 MERIDIAN BLVD FRANKLIN TN 37067

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? _____ If so, give particulars of each charge, court and date convicted.**

NO

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.**

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

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

TENNESSEE TITANS

2004 - 2012

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

RESTAURANT

16. Will a full course menu be served? YES

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? _____

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.

(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 through 2-229 of the municipal code of the City of Franklin.

A non-refundable $250 fee must accompany this application and the application shall be submitted at least fifteen (15) days prior to the Beer Board meeting at which it is to be considered. If the application is approved you are required to provide documentation of sales tax registration to the city within ten days of approval. 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.

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 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: COOL SPRINGS HB, LLC
Name of Business Entity

Sworn to and subscribed before me this 18 day of JUNE, 2015

Notary Public

LONNIE A. FENTRESS
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY
My Commission Expires June 10, 2017

My Commission Expires: _____

Official Use Only

Application Fee $ 250.00 Date Paid 6/19/15

Privilege Tax $ 50.00 Date Paid 6/19/15

Board Meeting Date 7, 14, 15

Responsible Alcohol Service

Some states require a picture ID for any persons drinking alcohol regardless of age. L&L Hawaiian Grill recommends that all guests be asked to show proper ID. Beer is consumed on premise and not to be sold as a To–Go item.

Acceptable Forms of Identification (ID)

Divers License with picture

State Issued Personal Information

Passport

An Active Military ID

Policies Concerning Responsible Alcohol Service

- The sale of alcohol to minors is prohibited.
- The legal age to purchase alcohol beverages in 21.
- No persons under 21 will be served alcoholic beverages.
- Employees MUST ID ANYONE and EVERYONE attempting to purchase alcohol.
- The sale and service of alcohol to intoxicated customers is prohibited.
- Managers will visit any customer who has been served two drinks within an hour prior to another drink being served so the manager can evaluate the customer's level of intoxication.
- All employees must report incidents to a manager and document them in an incident log within an hour.
- Employees will offer to call a taxi service for the intoxicated at the customer's expense.
- Employees will not physically restrain intoxicated customers from leaving the establishment.
- Employees will immediately notify a manager and will call the police to report any intoxicated customer who leaves the establishment and gets behind the wheel of a motor vehicle.
- It is Against the Law to serve alcohol to any person who is visibly intoxicated.

POLICE DEPARTMENT

Deborah Y. Faulkner, EdD
Chief of Police

Dr. Ken Moore
Mayor

Eric S. Stuckey
City Administrator

June 21, 2015

TO: Chief Deborah Y. Faulkner

FROM: Mary E. Casteel
Mary E. Casteel, Communications Support Coordinator

THRU: Lieutenant Eric Anderson

SUBJECT: Beer Board Background Checks

A check of Franklin Police Department records was completed on Frederick Amano, Managing Agent for L&L Hawaiian Grill and found to be clear.

A check was completed through LexisNexis/Accurint and found to be clear.

Requested by: Christy McCandless

City of Franklin

P O Box 705
Franklin, TN 37065
(615) 791-3225

DATE: 6-19-15

TO: POLICE CHIEF

FROM: CHRISTY MCCANDLESS, ACCOUNT MGMT SUPERVISOR

RE: RECORDS CHECK FOR APPLICATION FOR BEER PERMIT

BEER BOARD MEETING DATE 7-14-15

☐ Applicant is requesting a temporary permit. Please return ASAP.

☑ Please return by 6-25-15 to provide information for Beer Board meeting agenda.

Name of Business L & L Hawaiian Grill

Location of Business 2000 Meridian Blvd #100

Name of applicant Pool Springs HB LLC

Managing Agen [redacted]

Drivers License

Date of Birth

☐ Recommend
denial of the [redacted] provisions of Title 8 of the Franklin Municipal Code.

☐ Not recommending. Based on information available to date, the Police Dept. is not recommending approval of a permit.

CENTRAL RECORDS DIVISION
FRANKLIN POLICE DEPT

By Records check completed

Date 6/21/15

Approved _____
Signature

CM

City of Franklin

P O Box 705
Franklin, TN 37065
(615) 791-3225

DATE: 6-19-15

TO: CODES DEPT
FIRE DEPT

FROM: CHRISTY MCCANDLESS, ACCOUNT MGMT SUPERVISOR

RE: BUILDING INSPECTIONS FOR APPLICATION FOR BEER PERMIT

✓ ON PREMISES PERMIT
___ OFF PREMISES PERMIT
___ ON AND OFF PREMISES PERMIT
___ MANUFACTURER'S OR DISTRIBUTOR'S PERMIT
___ SPECIAL EVENTS PERMIT

ف Applicant is requesting a temporary permit. Please return ASAP.

ف Please return by 6-25-15 to provide information for Beer Board meeting agenda.

Beer Board Meeting Date 7-14-15

Name of Business L & L Hawaiian Grill

Location of Business 2000 Meridian Blvd #100

CODES DEPT

[signature] 6-23-15
Building Inspector Date

FIRE DEPT

Fire Inspector Date

Cant

City of Franklin

P O Box 705
Franklin, TN 37065
(615) 791-3225

DATE: 6-19-15

TO: CODES DEPT
FIRE DEPT

FROM: CHRISTY MCCANDLESS, ACCOUNT MGMT SUPERVISOR

RE: BUILDING INSPECTIONS FOR APPLICATION FOR BEER PERMIT

✓ ON PREMISES PERMIT
___ OFF PREMISES PERMIT
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___ SPECIAL EVENTS PERMIT

ف Applicant is requesting a temporary permit. Please return ASAP.

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Beer Board Meeting Date 7-14-15

Name of Business L & L Hawaiian Grill

Location of Business 2000 Meridian Blvd #100

CODES DEPT

_____ _____
Building Inspector Date

FIRE DEPT

_____ July 10, 2015
Fire Inspector Date