City of Franklin

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

Meeting Agenda

Beer Board

Tuesday, May 8, 2018 | **4:30 PM** | **Board Room**

Call To Order

1. 18-0461 Consideration of Minutes from April 10, 2018 Beer Board

2. 18-0426 Consider application of Vision Nashville Cool Springs LLC d/b/a Home2Suites, 107 International Drive, Stephanie Colleen Atkins, Managing Agent, for on and off premises consumption.

Attachments: Home2Suites

3. 18-0428 Consider application of Boys and Girls Club of Middle TN d/b/a Wine Down Main Street, Historic Main Street, Denise Carothers, Managing Agent, for special event, on premises consumption. Event Date & Hours: November 3, 2018, 6:00 PM until 10:00 PM.

Attachments: Boys & Girls Club

4. 18-0429 Consider application of Herban Market LLC, 3078 Maddux Way, Suite 300, Ashlea Hogancamp, Managing Agent, for on and off premises consumption.

Attachments: Herban Market

5. 18-0430 Consider application of Habitat for Humanity Williamson-Maury d/b/a Hammers & High Heels, 230 Franklin Road, (The Factory), Jennifer Galland, Managing Agent, for special event, on premises consumption. Event Date & Hours: June 2, 2018, 6:00 PM until 11:30 PM.

Attachments: Hammers & High Heels

6. 18-0432 Consider application Health Sushi LLC, 600-B Frazier Drive, Joseph Thawng Go Khup, Managing Agent, for on premises consumption.

Attachments: Health Sushi

7. 18-0433 Consider application of Friends of Franklin Parks, 239 Franklin Road, (The Park at Harlinsdale), Torrey Barnhill, Managing Agent, for special event, on premises consumption. Event Date & Hours: June 2, 2018, 4:00 PM until 8:00 PM.

Attachments: Freinds of Franklin Parks June 2

8. 18-0434 Consider application of Friends of Franklin Parks, 239 Franklin Road, (The Park at Harlinsdale), Torrey Barnhill, Managing Agent, for special event, on premises consumption. Event Date & Hours: June 30, 2018, 4:00 PM until 8:00 PM.

Attachments: Freinds of Franklin Parks June 30

9. 18-0441 Consider application of Agape Animal Ball, 230 Franklin Road, (The Factory), Tanya Willis, Managing Agent, for special event, on premises consumption. Event Date & Hours: August 8, 2018, 5:00 PM until 11:00 PM.

Attachments: Agape Animal Ball

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.

18-11

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 4/1/18

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

1. **Owner (Applicant)** VISION NASHVILLE COOL SPRINGS 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.**

SEE ATTACHED

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?**

HOME2SUITES NASHVILLE/FRANKLIN COOL SPRINGS

City of Franklin business account number 201892582

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

107 INTERNATIONAL DRIVE, FRANKLIN, TN 37067

Phone number of the business 615-771-8032

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]

Drive [redacted]

Date o [redacted]

Home [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 ARLENE MCCULLOUGH **Title** VP ACCTG

Mailing Address 411 BROAD ST, SUITE 401

City, State, Zip CHATTANOOGA, TN 37402

Daytime contact phone number 423-664-4454

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.**

SAME AS APPLICANT

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

SAME AS APPLICANT

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.)

HOTEL

16. Will a full course menu be served? NO

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

18. Will dancing be allowed on your premises? NO
If yes, do you acknowledge that section 9-102 of the Franklin Municipal Code prohibits the operation of establishments allowing dancing between 1:30 AM and 8:00 AM? _____

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.

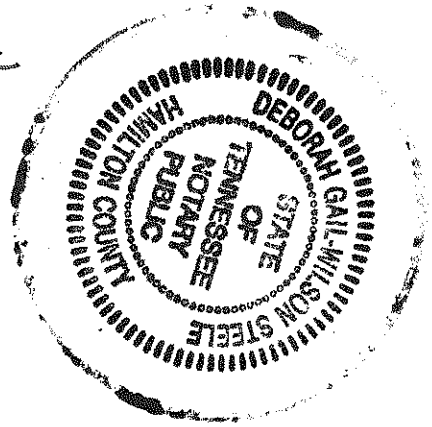
Signature of Applicant/Owner (or Authorized Corporate Officer)

On behalf of: VISION NASHVILLE COOL SPRINGS II LLC
Name of Business Entity

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

Deborah Gail-Wilson Steele
Notary Public

My Commission Expires: 9/10/18



Official Use Only

Application Fee $ 250.00 Date Paid 4-4-18

Privilege Tax $ _____ Date Paid _____

Board Meeting Date 5, 8, 18

Applicant: Vision Nashville Cool Springs II, LLC
(a Tennessee limited liability company)

Name			Nature of Ownership Interest	% Interest
Vision Cool Springs Partners II, LLC (a Tennessee limited liability company)			**Member and Manager**	**20%**
Members:				
Mitul I. Patel, managing member			Managing Member	90%
Andrew N. Hibbard, member			Member	10%
Sojourn Nashville, LLC (an Ohio limited liability company)			**Member**	**20%**
Manager(s)/Member(s):				
Richard D Altman, LLC (sole member, R. Altman)			Managing Member	29.625%
Louis M Altman, LLC (sole member, L. Altman)			Member	29.625%
Ventureast Williamsburg Corp			Member	40.75%
George Harwin, member (50%)				
Alec Harwin, member (50%)				
Mitul I. Patel Trust u/a/d _____			**Member**	**2%**
Ishwarlal B. Patel, Trustee				
Ishwarlal B. Patel			**Member**	**3%**
Ishwar B. Desai			**Member**	**5%**
Tucker Duncan			**Member**	**5%**
Sarma R. Kunda			**Member**	**5%**
Harish B. Soni			**Member**	**5%**
John W. Holden, Jr.			**Member**	**5%**
Kenneth Rayburn			**Member**	**5%**
Praveen Patel			**Member**	**5%**
Paresh Patel			**Member**	**5%**
Deep C. Govan			**Member**	**5%**
Sagar H. Patel			**Member**	**5%**
Pravin N. Patel			**Member**	**5%**

SERVING ALCOHOL RESPONSIBLY

Foremost among the many duties of a server or host is meeting the need of guests by providing quality and hospitable service. Concern for guests' needs lends a personal touch to each guest's experience for which they are appreciative. This concern for the well-being of the guest must also extend to the service of alcoholic beverages.

In order to serve guests responsibly and to reduce the liquor liability exposure, Vision Hospitality Group Inc.'s policies are as follows:

1. Post policy notices regarding the serving of alcoholic beverages. It is our intent to prevent the consumption of alcohol by customers that will cause them to conduct themselves in a dangerous manner for themselves, vehicle passengers or others.

2. Make available to customers a Designated Driver Program where the person designated as the driver will not consume alcohol, and will be given non-alcoholic beverages free of charge.

3. Verify the age of all customers. At least one piece of identification is required, which should include a photograph ID.

4. Observe customers to detect signs of inebriation, including customers who may already be under the influence of drugs or alcohol when they arrive.

5. Refuse alcohol service to customers who show signs of intoxication upon arrival or after having consumed alcohol on the premises.

6. Discourage customers who show signs of intoxication from driving when they leave, but do not take any action to forcibly detain the customer. Offer to obtain alternative transportation in the form of a taxi, but do not drive customers home.

7. If a customer refuses alternative transportation, inform them you will notify the police if they leave the premise as the driver of the vehicle. Notify the police if an obviously intoxicated customer does leave the premises as the driver of the vehicle.

8. Document in writing on an Incident Report any actions taken as noted in the above items including date, time, number of drinks served, food consumed, customer's description, license plate number, type of car, etc.

9. All associates hired whose job requires serving alcohol must successfully complete the "Serving Alcohol with Care Program" within 14 days of hire.

10. Before employment starts, all associates are required to read this policy and acknowledge they have read and agree to abide by the rules. This includes all hotel associates.

All servers, hosts and any associates who handle alcohol must acquire all local and state certifications/licenses involved with serving or selling alcohol. This includes required training and alcohol serving permits, also known as pouring permits. These permits can be acquired at the local or state permit issuing office. All associates who are required to retain these permits must provide legal validation of the permit to the general manager. Associates who have not obtained or provided legal documentation to the general manager will not be permitted to work in the presence of alcoholic beverages. The general manager will be aware of associates' permit expiration dates, and will instruct renewal of all training and permits when required.

It is a violation of Vision Hospitality Group Inc. Policy the law, which also subjects the server to termination, to serve alcohol to any person who is either under the legal drinking age or intoxicated.

POLICE DEPARTMENT

Deborah Y. Faulkner, EdD
Chief of Police

Dr. Ken Moore
Mayor

Eric S. Stuckey
City Administrator

April 6, 2018

TO: Chief Deborah Y. Faulkner

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

SUBJECT: Beer Board Background Checks

A check of Franklin Police Department records was completed on Stephanie Colleen Atkins, Managing Agent for Vision Nashville Cool Springs II, LLC and found to be clear.

A check was completed through CLEAR and found to be clear.

Requested by: Christy McCandless

City of Franklin

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

DATE: 4-5-18

TO: POLICE CHIEF

FROM: CHRISTY MCCANDLESS, ACCOUNT MGMT SUPERVISOR

RE: RECORDS CHECK FOR APPLICATION FOR BEER PERMIT

BEER BOARD MEETING DATE 5-8-18

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

☐ Please return by _____ to provide information for Beer Board meeting agenda.

Name of Business Home 2 Suites

Location of Business 101 International Dr

Name of applicant Vision Nashville Cool Springs TN LLC

Managing Agent [redacted]

Drivers License # [redacted]

Date of Birth [redacted]

☐ Recommend. [redacted] 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: 4-5-18

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

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

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

Beer Board Meeting Date 5-8-18

Changing from on to on & off premises

Name of Business Home 2 Suites

Location of Business 107 International Dr

CODES DEPT

_____ 4/6/18
Building Inspector Date

FIRE DEPT

_____ _____
Fire Inspector Date

Wayne

City of Franklin

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

DATE: 4-5-18

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

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

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

Beer Board Meeting Date 5-8-18

Changing from on to on & off premises

Name of Business Home 2 Suites

Location of Business 107 International Dr

CODES DEPT

_____ _____
Building Inspector Date

FIRE DEPT

Wayne Mobley 4-9-18
Fire Inspector Date

18-12

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 Nov. 3 - 2018
  HOURS OF EVENT 6-10 PM

DATE PERMIT NEEDED 10-31-18

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

1. Owner (Applicant) Boys' & Girls Clubs of middle Tennessee

   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.

   See attached

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? Wine Down Main Street
   Boys' & Girls Clubs of middle Tennessee

   City of Franklin business account number N/A

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

Historic main Street Franklin, TN

Phone number of the business 615-628-8188

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 Denise Carothers Title Director of Resource Development

Mailing Address 129 West Fowlkes Street Suite 1000

City, State, Zip Franklin, TN. 37064

Daytime contact phone number 615-628-8188

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.

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 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.
prior event

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

14. Give applicant's employment record for the past 10 years.
See attached Board of Directors
prior event

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

_____

16. Will a full course menu be served? _____

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

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

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(m) You will comply with all requirements of section 2-201 through 2-229 of the municipal code of the City of Franklin.

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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: Boys & Girls Clubs of Middle Tennessee
Name of Business Entity

Sworn to and subscribed before me this 4 day of April, 20 18

Notary Public

JAMES M. DEAN
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

My Commission Expires: 5/19/18

Official Use Only

Application Fee $ 250.00 Date Paid 4-6-18

Privilege Tax $ _____ Date Paid _____

Board Meeting Date 5/8/18

BOYS & GIRLS CLUBS
OF MIDDLE TENNESSEE

Cathy Hardcastle
Community Volunteer

Derek Smith
Attorney at Law
Derek K. Smith

Jackie Moore
Community Volunteer

John Wilson
Executive Vice President
Reliant Bank

Lisa Carson
Partner, Attorney at Law
Buerger, Moseley & Carson

Michael Williams
Senior Vice President
Renasant Bank

Nick Shackell
Buisness Rental Sales Director
Enterprise Holdings

Peggy Smith
Community Volunteer

Philip Feemster
Vice President
Franklin Synergy Bank

POLICE DEPARTMENT

Deborah Y. Faulkner, EdD
Chief of Police

Dr. Ken Moore
Mayor

Eric S. Stuckey
City Administrator

April 6, 2018

TO: Chief Deborah Y. Faulkner

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

SUBJECT: Beer Board Background Checks

A check of Franklin Police Department records was completed on Denise Carothers, Managing Agent for Boys & Girls Club of Middle TN and found to be clear.

A check was completed through CLEAR and found to be clear.

Requested by: Christy McCandless

City of Franklin

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

DATE: 4-6-18

TO: POLICE CHIEF

FROM: CHRISTY MCCANDLESS, ACCOUNT MGMT SUPERVISOR

RE: RECORDS CHECK FOR APPLICATION FOR BEER PERMIT

BEER BOARD MEETING DATE 5-8-18

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

☑ Please return by 4-20-18 to provide information for Beer Board meeting agenda.

Name of Business Wine Down Main Street

Location of Business Historic Main Street

Name of applicant Boys + Girls Club of Middle TN

Managing Agent [redacted]

Drivers License # [redacted]

Date of Birth [redacted]

☐ Recommend. B[redacted] 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: 4-6-18

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 4-20-18 to provide information for Beer Board meeting agenda.

Contact Denise Carothers
615-628-8188

Beer Board Meeting Date 5-8-18

Name of Business Wine Down Main St / Boys + Girls Club

Location of Business Historic Main Street

CODES DEPT

Building Inspector

4/12/18
Date

FIRE DEPT

Fire Inspector

Date

City of Franklin

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

DATE: 4-6-18

TO: CODES DEPT
FIRE DEPT

FROM: CHRISTY MCCANDLESS, ACCOUNT MGMT SUPERVISOR

RE: BUILDING INSPECTIONS FOR APPLICATION FOR BEER PERMIT

- ✓ ON PREMISES PERMIT
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- ___ SPECIAL EVENTS PERMIT

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

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Contact Denise Carothers
615-628-8188

Beer Board Meeting Date 5-8-18

Name of Business Wine Down Main St / Boys + Girls Club

Location of Business Historic Main Street

CODES DEPT

_____ _____
Building Inspector Date

FIRE DEPT

_____ Apr 11/2018
Fire Inspector Date

18-13

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 01, 2018

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

1. **Owner (Applicant)** ASHLEA HOGANCAMP, Herban Market 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.**

   ASHLEA HOGANCAMP – 50%. 169 Hunters Chase, Franklin TN 37064
   MATTHEW HOGANCAMP – 50%. 169 Hunters Chase Franklin TN 37064

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

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

   HERBAN MARKET

   City of Franklin business account number 19815

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

3078 MADDUX WAY, STE 300, FRANKLIN, TN 37069

Phone number of the business 615-567-6240

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 ASHLEA HOGANCAMP

Drivers li

Date of bi

Home pho

[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 ASHLEA HOGANCAMP **Title** OWNER

Mailing Address 1169 HUNTERS CHASE DR.

City, State, Zip FRANKLIN, TN 37064

Daytime contact phone number 615-927-3241

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.

LYNN ELLSWORTH, 5042 THOROUGHBRED LANE, STE 200
BRENTWOOD, TN 37027

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.**

NO PRIOR EXPERIENCE IN THE BEER BUSINESS.

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

HERBAN MARKET = MAY 2015 → CURRENT
SHW GROUP PLC / STANTEC INC. = JUNE 2008 → MAY 2015
DCT DESIGN GROUP = JAN 2008 → MAY 2008
THOUGHTSPACE LLC = MAY 2005 → JAN 2008

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

RETAIL FOOD STORE // EXPANDED TO HAVE RESTAURANT FALL / SUMMER 2018

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. DEPT. OF AGR.?
(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: HERBAN MARKET LLC
Name of Business Entity

Sworn to and subscribed before me this 23 day of September 20 16

Notary Public

ELIZABETH GELDER
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

My Commission Expires May 6, 2019

My Commission Expires: 05/06/2019

Official Use Only

Application Fee $ 250.00 Date Paid 4-6-18

Privilege Tax $ 67.00 Date Paid 4-6-18

Board Meeting Date 5, 8, 18

Employee Training Policy Regarding Alcohol Sales

Effective Date: APRIL 01, 2018

The entire alcohol training program and policies implemented at Herban Market will be provided by a Responsible Vendor Training Program certified by the State of Tennessee.

The purpose of this training and policy is to further implement the policy and standards of the Tennessee Responsible Vendor Act of 2006 and support the responsible sales of alcohol at Herban Market. This policy will cover the basic laws and responsibilities required of staff selling alcohol.

Definitions:

- State of Tennessee Alcoholic Beverage Commission (a.k.a "TABC" or "ABC")
- City of Franklin (a.k.a. "CoF")
- Minor = If someone is under the age of 21, they are referred to as a "minor."

Responsibility:

Selling alcohol requires many skills and involves legal responsibilities - that is, the things you have to do as part of your job in order to comply with the laws. You also need to be aware of your social responsibilities - that is, the things you should do to have a positive impact on your community.

Alcohol is usually consumed responsibly but can cause harm if misused. It is therefore vitally important to sell it in a way that minimizes any potential harm. This means thinking about who you are selling to, how much you are selling, and the wellbeing of the customer.

Herban Market (as the Responsible Alcohol Vendor) shall maintain and have available for review by TABC Commission representatives', employment and training records for certified clerks allowed to sell alcohol under the permit granted by TABC. Such documentation shall include current duties, name, address, social security number, date of hire, date of training by certified responsible Alcohol vendor program, date of required annual training related to updated information, policies and procedures.

LICENSE & PERMITS TO SELL:

1. Alcohol will only be sold at the place for which sales have previously been approved and permitted by the City of Franklin Beer Board and TABC.
2. Alcohol will only be sold in accordance with the terms of said permit.
    a. *Attach copy of Beer Permit.*
3. Alcohol sales will be rigidly enforced by Herban Market with the law against sales to minors.
4. You are not allowed to attempt to transfer this permit to anyone else.
5. The Alcohol Permit will be displayed in a prominent place at Herban Market in accordance with the law.

PERMITTED HOURS:

1. Alcohol is allowed to be sold or distributed between the following hours as permitted by the City of Franklin and TABC:
    a. Monday – Saturday
        i. 8:00am - 2:59am
    b. Sunday
        i. 10:00am to 2:59am

CERTIFIED CLERK: THE BASIC LAWS & RULES

1. To sell alcohol in the state of Tennessee, you, the seller / certified clerk, must be at least 18 years of age.
2. In order to sell alcohol on these premises, you are required to take a Training Course, provided to you by Herban Market certified by the Responsible Alcohol Vendor program with the State of Tennessee. You will be tested and will received a certification as a "Certified Clerk" from the State of Tennessee.
3. You, as a certified clerk, are required to wear a name badge at all times, with your First Name, or "given name" clearly visible to the general public.
4. All staff are not allowed to make or allow any sale of beer to any intoxicated person or to feebleminded, insane, or otherwise mentally incapacitated person.
5. All staff are not to allow any loud, unusual or obnoxious noises to emanate from the premises.
6. Alcoholic beverages may not be sold to anyone under the 21 years of age.
7. Alcoholic beverages may not be sold to someone you suspect is buying for underage people.

CERTIFIED CLERK: CONTINUING EDUCATION / ANNUAL TRAINING

8. You, as a certified clerk, must annually attend a meeting regarding updated statutory information as required by the T.C.A. 57-5-601 et seq. If annual training is not attended, within twenty one (21) days, the certification for you, certified clerk, will become invalid. You will not be able to work in a capacity to sell beer directly to consumers for off-premise consumption until the training is updated.
    a. If you lose your certification, and continue to work at Herban Market, and sell alcohol to an under-aged individual, it will result in immediate termination of employment.

HERBAN MARKET TRAINING TO INCLUDE, AT A MINIMUM, THE FOLLOWING CURRICULUM

1. The effect of alcohol on the human body focusing on three elements:

a. The behavioral effects of alcohol, i.e. decrease in reaction and decision making ability;
b. Interaction and combined effects of mixing alcohol with legal and/or legal drugs; and
c. Identification of possible intoxicated customers.

2. Identifying situations in which clerk intervention is appropriate.
3. Handling situations and people in a non-confrontational manner and identifying when support from co-workers is necessary.
4. Suggested responses by clerks to situations involving intoxicated and/or underage persons.
5. Methods of recognizing and dealing with underage customers, and procedures for refusing to sell beer to underage customers and dealing with intoxicated customers.
6. A review of current Tennessee laws, rules, and regulations promulgated by the Commission relating to the sale of alcohol and the Tennessee Responsible Vendor Act of 2006.
7. A review of appropriate identification including acceptable driver's licenses, military identification, passports, and other government issued photo identification cards; and
8. A review of how to identify fake and/or altered identifications as described above.

ALCOHOL SALES & PROHIBITED ACTIVITIES:

1. Gambling is prohibited at this place of establishment and such activities will result in the revocation of beer permits, and the immediate termination of your employment with Herban Market.
2. You, the certified clerk, will prohibit the congregation on site of those individuals who reasonably appear to be intoxicated, lawless, rowdy, or prostitutes.
3. You, the certified clerk, will comply with all requirements of section 2-201 through 2-229 of the municipal code of the City of Franklin.
4. You, the certified clerk, must not have been criminally convicted of any violation of the laws against possession, sale, manufacture, or transportation of beer or other alcoholic beverages within the past ten (10) years.
5. You, the certified clerk, must not have been criminally convicted of any crime involving moral turpitude within the past ten (10) years.

AGES & THE SALE OF ALCOHOL

9. To sell alcohol in the state of Tennessee, you, the seller / certified clerk must be at least 18 years of age.
10. Any staff that are under the age of 18 are to immediately stop and ask for a manager's assistance with the sale of alcohol.
11. You, the certified clerk, are not to make or allow any sale of beer to a person under twenty-one (21) years of age. If someone is under the age of 21, they are referred to as a "minor." The burden of ascertaining the age of customers shall be upon you as a certified clerk.
12. You, the certified clerk, are not to allow any person under twenty-one (21) years of age to have in his or her possession beer for any purpose except in the course of his or her employment.
13. You, the certified clerk, will lose the clerk certification to sell alcohol if the beer board determines you sold alcohol to a minor. You shall lose your certification for a period of one (1) year beginning on the date of the beer board's determination.
14. You, the certified clerk, will lose certification to sell alcohol if you receive a criminal conviction of a charge involving the sale of alcoholic beverages to a minor. You shall

lose your certification beginning on the date of the conviction, and is further subject to the provisions of the T.C.A. 57-5-301(a)(1).

CHECKING IDENTIFICATION:

15. For all customers attempting to purchase alcohol, ask for, look at and read their identification. If there is ***any*** question about the age or the form of identification, do NOT sell alcoholic beverages to that person. Notify a Manager for assistance if needed.
16. Forms of identification that should be used are (1) valid driver's license, or (2) A state issued photo ID.
17. Check the identification to make sure there have not been any alterations of any kind, especially to the date of birth, such as any erasures, type style that does not match, or damaged paper surfaces. Also check for signs of altered signature. Compare the photo on the identification and the physical characteristics shown on the identification.
18. Check for counterfeit drivers licenses. They are completely different from the actual license; however they are designed to look like the valid state license.
19. If the ID proves the customers to be underage or there is a *doubt* about legally selling to this person, you must move the product out of reach and sight of the customer and explain why you cannot legally sell the product with something like "I'm sorry, but the law says I cannot sell you alcohol if you appear to be (underage), (intoxicated), (using fake ID), etc.
20. Stay in control. This will show the offender, as well as other customers, that you know what to do and you are in control.
21. Police may be needed in some cases. If the customer becomes violent and/or makes threats, call 911 for the police.

If there are any items listed above that you do not fully understand, it is your duty to ask the Responsible Vendor Trainer, Herban Market Owner, and/or Herban Market Manager for clarification on all items, and ensure that you understand your legal responsibilities with the sale of alcohol while employed at Herban Market.

I agree that the above Herban Market Alcohol Sales policy has been thoroughly explained and I understand the laws in the State of Tennessee and all rules enforced by Herban Market regarding my employment and responsibilities with the sale of alcohol.

I agree that I have received adequate training regarding the sale of alcohol, including physical handouts of material or contents made available online.

I agree that I have <u>not</u> been consuming alcohol prior (8+ hours) to this policy review & /or training program.

	Check if you are 18 years of age or older and eligible for Certified Clerk Training within the State of Tennessee for potential sale of alcohol.
	Check if you are <u>under 18 years of age and NOT eligible</u> for training to sale alcohol.

THIS AGREEMENT (the "Agreement") is made and entered into as of _____ _____, 20_____ by and between Herban Market of 3078 Maddux Way, Suite 300, Franklin, Tennessee 37069 ("Employer") and the following employee: _____

ALCOHOL POLICY RECEIPT & ACCEPTANCE:

Employee's Name Printed:			Hire Date:	
Employee's Signature:			Date of Policy Receipt:	
Manager's Signature:			Date:	

TRAINING:

Type of Training:			Date(s) of Training:	
Training Provided by:			Certified Y/N	
Trainer's Name:	Print: Signature:			
Employee's Signature:			Date of Certification:	
Manager's Name:	Print: Signature:		Date:	

POLICE DEPARTMENT

Deborah Y. Faulkner, EdD
Chief of Police

Dr. Ken Moore
Mayor

Eric S. Stuckey
City Administrator

April 9, 2018

TO: Chief Deborah Y. Faulkner

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

SUBJECT: Beer Board Background Checks

A check of Franklin Police Department records was completed on Ashlea Hogancamp, Managing Agent for Herban Market, LLC and found to be clear.

A check was completed through CLEAR and found to be clear.

Requested by: Christy McCandless

City of Franklin

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

DATE: 4-9-18

TO: POLICE CHIEF

FROM: CHRISTY MCCANDLESS, ACCOUNT MGMT SUPERVISOR

RE: RECORDS CHECK FOR APPLICATION FOR BEER PERMIT

BEER BOARD MEETING DATE 5-8-18

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

☑ Please return by 4-16-18 to provide information for Beer Board meeting agenda.

Name of Business Herban Market

Location of Business 3078 Maddux Way, Ste 300

Name of applicant Herban Market LLC

Managing Agent [redacted]

Drivers License # [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: 4-9-18

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

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

✓ Please return by 4-16-18 to provide information for Beer Board meeting agenda.

Beer Board Meeting Date 5-8-18

Contact
Ashlea Hagan Camp
615-927-3241

Name of Business Herban Market

Location of Business 3018 Maddux Way Ste 300

CODES DEPT

Building Inspector

4/12/18
Date

FIRE DEPT

Fire Inspector

Date

City of Franklin

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

DATE: 4-9-18

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 4-16-18 to provide information for Beer Board meeting agenda.

Beer Board Meeting Date 5-8-18

Contact
Ashlea Hogan Camp
615-927-3241

Name of Business Herban Market

Location of Business 3018 Maddux Way Ste 300

CODES DEPT

Building Inspector _____ Date _____

FIRE DEPT

Fire Inspector _____ Date 4/18/18

18-14

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** 06/02/18
  HOURS OF EVENT 6:00PM - 11:30PM

DATE PERMIT NEEDED 06/02/18

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

1. **Owner (Applicant)** Habitat for Humanity Williamson-Maury

   Person __ **Firm** __ **Corp** X **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.** No one has any interest ownership.

   see attached Board of Directors

   Jennee Galland, Director of Events

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?**

   Fundraiser called: Hammers & High Heels

   City of Franklin business account number N/A

5. **Location of the business by street address. For special event, list location of the event.**
event to be held @ Liberty Hall in The Factory at Franklin, 230 Franklin Rd, Franklin TN 37064

Phone number of the business 615.791.1777

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

Name [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 Christie Slaughter **Title** Director of Finance

Mailing Address 5H W Meade Blvd

City, State, Zip Franklin TN 37064

Daytime contact phone number 615.550.5213

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)

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.

The Factory @ Franklin, LLC
230 Franklin Rd, 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.**

in 2017 we asked for this same permit (special event)
HFHWM, Christie Slaughter, 511 W Meade Blvd, Franklin 37064

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

Hammers & High Heels fundraiser held in 2017
had beer for sale. This special event is our
only history.

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

HFHWM is a faith-based non-profit. We will
hire 2 TABC certified bartenders to serve
alcohol. Jennee Galland has worked @ HFHWM
for 5 years, before that as a graphic designer.

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 w/ auction a band, and a catered dinner

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?** 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.

Jennifer Gilland

Signature of Applicant/Owner (or Authorized Corporate Officer)

On behalf of: Habitat for Humanity Williamson-Maury

Name of Business Entity

Sworn to and subscribed before me this 6th **day of** April **20**18

Samantha Jo Rudloff

Notary Public

SAMANTHA JO RUDLOFF STATE OF TENNESSEE NOTARY PUBLIC WILLIAMSON COUNTY

My commission expires Sunday, February 21, 2021

My Commission Expires: _____

Official Use Only

Application Fee $ 250.00 **Date Paid** 4-9-18

Privilege Tax $ — **Date Paid** —

Board Meeting Date 5, 8, 18

FIRST	LAST
John	Collier
Brian	Cunningham
Brian	Delauter
Tom	Feeney
Mike	Hickman
Brent	Jean
Jim	Keffer
Bobby	Krimmel
April	Marbury
Debbie	Pillow
Justin	Reinke
Jennifer	Shepard
David	Ssebulime
Cheryl	Taylor

POLICE DEPARTMENT

Deborah Y. Faulkner, EdD
Chief of Police

Dr. Ken Moore
Mayor

Eric S. Stuckey
City Administrator

April 9, 2018

TO: Chief Deborah Y. Faulkner

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

SUBJECT: Beer Board Background Checks

A check of Franklin Police Department records was completed on Jennifer Galland, Managing Agent for Habitat for Humanity and found to be clear.

A check was completed through CLEAR and found to be clear.

Requested by: Christy McCandless

City of Franklin

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

DATE: 4-9-18

TO: POLICE CHIEF

FROM: CHRISTY MCCANDLESS, ACCOUNT MGMT SUPERVISOR

RE: RECORDS CHECK FOR APPLICATION FOR BEER PERMIT

BEER BOARD MEETING DATE 5-8-18

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

☑ Please return by 4/16/18 to provide information for Beer Board meeting agenda.

Name of Business Hammers & High Heels

Location of Business 230 Franklin Pkwy (The Factory)

Name of applicant Habitat for Humanity

Managing Agent [redacted]

Drivers License # [redacted]

Date of Birth [redacted]

☐ Recommend. [redacted] 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: 4-9-18

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 4-16-18 to provide information for Beer Board meeting agenda.

Beer Board Meeting Date 5-8-18

Contact
Jennifer Galland
615-550-5617

Name of Business Hammers & High Heels / Habitat for Humanity

Location of Business 230 Franklin Rd (The Factory)

CODES DEPT

Building Inspector

4/11/18
Date

FIRE DEPT

Fire Inspector

Date

Curt

City of Franklin

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

DATE: 4-9-18

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 4-16-18 to provide information for Beer Board meeting agenda.

Beer Board Meeting Date 5-8-18

Contact Jennifer Galland 615-550-5617

Name of Business Hammers & High Heels / Habitat for Humanity

Location of Business 230 Franklin Rd (The Factory)

CODES DEPT

Building Inspector _____ Date _____

FIRE DEPT

Fire Inspector _____ Date Apr 11 2018

18-15

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)** JOSEPH THAWNG GO KHUP Health Sushi 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.**

   N/A Health Sushi LLC
   3504 Paragon Dr, Nashville TN 37211

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?**

   HEALTH SUSHI

   City of Franklin business account number 0155925

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

600 B SUITE 100 FRAZIER DRIVE

Phone number of the business 615-472-1190

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

Name [redacted]

Drive [redacted]

Date o [redacted]

CELL

~~**Home**~~ [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 JOSEPH T.G. KHIP **Title** OWNER

Mailing Address 3604 PARAGON DRIVE

City, State, Zip NASHVILLE, TN., 37211

Daytime contact phone number 615-472-1190

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.

BROOKSIDE PROPERTIES, LOOK STRINGS LOT 19
FAITH NEWS INC. 2002 RICHARD JONES ROAD
STE. C200 NASHVILLE TN 37215

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.**

WHOLE FOODS - GENJI SUSHI - 5 YEARS
AFC SUSHI - 5 YEARS

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? YES WE UNDERSTAND

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: _____

Name of Business Entity

Sworn to and subscribed before me this 20th **day of** April **, 20** 18

_____

Notary Public

My Commission Expires: 02-21-2021

JOHN CLARK JACOBS
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

Official Use Only

Application Fee $ 250.00 **Date Paid** 4-23-18

Privilege Tax $ 67.00 **Date Paid** 4-23-18

Board Meeting Date 5/8/18

Health Sushi

RESPONSIBLE ALCOHOL SERVICE

Some states require a picture ID for any person drinking alcohol regardless of age. Health Sushi 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

Driver's 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 alcoholic beverages is 21
- No person under 21 will be served alcoholic beverages.
- Employees must ID anyone attempting to purchase alcohol.
- The sale or service of alcohol to intoxicated customer's is prohibited.
- Managers will visit any customer who has been served two (2) 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, document them in an incident log, within an hour.

- Employees will offer to call a taxi service for the intoxicated customer at the customer's expense.
- Employees will immediately notify a manager and will call the police, to report and 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!

City of Franklin

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

DATE: 4-23-18

TO: POLICE CHIEF

FROM: CHRISTY MCCANDLESS, ACCOUNT MGMT SUPERVISOR

RE: RECORDS CHECK FOR APPLICATION FOR BEER PERMIT

BEER BOARD MEETING DATE 5-8-18

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

☑ Please return by 4-27-18 to provide information for Beer Board meeting agenda.

Name of Business Health Sushi

Location of Business 600-B Frazier Dr # 100

Name of applicant Health Sushi

Managing Agent [redacted]

Drivers License # [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

18-17

APPLICATION FOR BEER PERMIT
STATE OF TENNESSEE
CITY OF FRANKLIN

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

- ✓ **ON PREMISES PERMIT**
- ___ **OFF PREMISES PERMIT**
- ___ **ON AND OFF PREMISES PERMIT**
- ___ **MANUFACTURER'S OR DISTRIBUTOR'S PERMIT**
- ✓ **SPECIAL EVENTS PERMIT** **DATE OF EVENT** June 2, 2018
  HOURS OF EVENT 4-8 pm

DATE PERMIT NEEDED June 2, 2018

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

1. **Owner (Applicant)** Friends of Franklin Parks
   (local non-profit)
   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~~ 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?**

   Friends of Franklin Parks, Inc.

   City of Franklin business account number N/A

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

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

Phone number of the business 615-674-5388

6. **Please give the following information on the person who will be managing the business. This person is an owner ____ or a managing agent ✓.** Torrey Barnhill, Executive Director

Nam

Driv

Date

Work

Hom

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 Torrey Barnhill **Title** Executive Director

Mailing Address P.O. Box 549

City, State, Zip Franklin, TN 37065

Daytime contact phone number 615-674-5388

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)

N/A

9. **Do you own the premises on which you will operate?** no - we lease from City of Franklin **If no, please give the name and address of the property owner.**

City of Franklin

109 3rd Ave. 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?** N/A **If so, give particulars of each charge, court and date convicted.**

no - 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** ✓ **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.**

N/A

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

none - N/A

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

Former Events Director for the Heritage Foundation

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

Special Event Polo Match Concessions at TSC Arena

16. **Will a full course menu be served?** yes - concession stand

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

18. **Will dancing be allowed on your premises?** N/A
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.

Jerry Barnhill

Signature of Applicant/Owner (or Authorized Corporate Officer)

On behalf of: Friends of Franklin Parks

Name of Business Entity

Sworn to and subscribed before me this 23 **day of** April **, 20** 18

Tony Malugin

Notary Public

My Commission Expires: 1/17/21

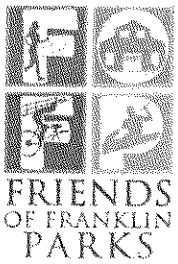
TONY MALUGIN
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

Official Use Only

Application Fee $ 250.00 **Date Paid** 4-23-18

Privilege Tax $ — **Date Paid** —

Board Meeting Date 5, 8, 18



FRIENDS OF FRANKLIN PARKS BOARD OF DIRECTORS

Adam Ballash, President
Boyle Investment Company

Michael Barker
FirstBank

Chad Dannenfelser
Avanir

Ashley Hill
Franklin Synergy Bank

David Landrum
Landrum Stables
Williamson Co. Commissioner

Braton Machleit
Buzz'd Fly Fishing &
Harpeth River Shuttle

Zane Martin
First Farmers & Merchants

Monty McInturff, DVM
Tennessee Equine Hospital

Shari Meghreblian, PhD
Commissioner of TDEC

Amy Cross Nance
Amy Cross, Attorney at Law

Jamey Parker
Parker McCoy Group, Morgan Stanley

Ashley Roberts
Tennessee Fine Wine & Spirits

Jay Sheridan
Sheridan Public Relations, LLC

Allen Sills, MD
Professor of Neurosurgery & Co -Director
of the Vanderbilt Sports Concussion Center
VUMC

Susan Smallwood
Susan Smallwood Interiors

Katie Spence
Jackson National Life

Kevin Thompson
Thompson Burton PLLC

Gary Vogrin
Kiser + Vogrin Design, LLC

Greg Young
Burr & Forman, LLP

Friends of Franklin Parks, Inc./ P. O. Box 549 / Franklin, TN 37065 /
615.674.5388
www.FriendsOfFranklinParks.org

City of Franklin

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

DATE: 4-23-18

TO: POLICE CHIEF

FROM: CHRISTY MCCANDLESS, ACCOUNT MGMT SUPERVISOR

RE: RECORDS CHECK FOR APPLICATION FOR BEER PERMIT

BEER BOARD MEETING DATE 5-8-18

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

☑ Please return by 4-27-18 to provide information for Beer Board meeting agenda.

Name of Business Friends of Franklin Parks

Location of Business 239 Franklin Rd (The Park @ Harlinsdale

Name of applicant Friends of Franklin Parks c/o Farm

[redacted]

Managing Agen

Drivers License

Date of Birth

☐ Recommend [redacted] 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

18-18

APPLICATION FOR BEER PERMIT
STATE OF TENNESSEE
CITY OF FRANKLIN

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

- ✓ **ON PREMISES PERMIT**
- ___ **OFF PREMISES PERMIT**
- ___ **ON AND OFF PREMISES PERMIT**
- ___ **MANUFACTURER'S OR DISTRIBUTOR'S PERMIT**
- ✓ **SPECIAL EVENTS PERMIT** **DATE OF EVENT** June 30, 2018
  HOURS OF EVENT 4-8 pm

DATE PERMIT NEEDED June 30, 2018

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

1. **Owner (Applicant)** Friends of Franklin Parks, Inc.
(local non-profit)
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~~ 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?**
Friends of Franklin Parks, Inc.

City of Franklin business account number N/A

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

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

Phone number of the business 615-674-5388

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

Name [redacted]

Driver

Date o

work

~~Home~~

7. **Specify** [redacted]

receive annual privilege tax notices and any other communication from the City.

Name Torrey Barnhill **Title** Executive Director

Mailing Address P.O. Box 549

City, State, Zip Franklin, TN 37065

Daytime contact phone number 615-674-5388

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)

N/A

9. **Do you own the premises on which you will operate?** no- we lease from City of Franklin **If no, please give the name and address of the property owner.**

City of Franklin

109 3rd Ave. 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?** N/A **If so, give particulars of each charge, court and date convicted.**

no- 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** ✓ **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.**

N/A

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

none N/A prior event held at the Park for Friends of Franklin Park LLC

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

Former Events Director for the Heritage Foundation

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

Special Event Polo match concessions at TSC Arena

16. **Will a full course menu be served?** yes - concession stand

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

18. **Will dancing be allowed on your premises?** N/A
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.

Jerry Barnhill

Signature of Applicant/Owner (or Authorized Corporate Officer)

On behalf of: Friends of Franklin Parks

Name of Business Entity

Sworn to and subscribed before me this 23 **day of** April, 2018

Tony Malugin

Notary Public

My Commission Expires: 1/17/21

TONY MALUGIN
STATE OF TENNESSEE
NOTARY PUBLIC
WILLIAMSON COUNTY

Official Use Only

Application Fee $ 250.00 **Date Paid** 4-23-18

Privilege Tax $ — **Date Paid** —

Board Meeting Date 5, 8, 18

FRIENDS
OF FRANKLIN
PARKS

FRIENDS OF FRANKLIN PARKS BOARD OF DIRECTORS

Adam Ballash, President
Boyle Investment Company

Michael Barker
FirstBank

Chad Dannenfelser
Avanir

Ashley Hill
Franklin Synergy Bank

David Landrum
Landrum Stables
Williamson Co. Commissioner

Braton Machleit
Buzz'd Fly Fishing &
Harpeth River Shuttle

Zane Martin
First Farmers & Merchants

Monty McInturff, DVM
Tennessee Equine Hospital

Shari Meghreblian, PhD
Commissioner of TDEC

Amy Cross Nance
Amy Cross, Attorney at Law

Jamey Parker
Parker McCoy Group, Morgan Stanley

Ashley Roberts
Tennessee Fine Wine & Spirits

Jay Sheridan
Sheridan Public Relations, LLC

Allen Sills, MD
Professor of Neurosurgery & Co -Director
of the Vanderbilt Sports Concussion Center
VUMC

Susan Smallwood
Susan Smallwood Interiors

Katie Spence
Jackson National Life

Kevin Thompson
Thompson Burton PLLC

Gary Vogrin
Kiser + Vogrin Design, LLC

Greg Young
Burr & Forman, LLP

Friends of Franklin Parks, Inc./ P. O. Box 549 / Franklin, TN 37065 /
615.674.5388
www.FriendsOfFranklinParks.org

City of Franklin

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

DATE: 4-23-18

TO: POLICE CHIEF

FROM: CHRISTY MCCANDLESS, ACCOUNT MGMT SUPERVISOR

RE: RECORDS CHECK FOR APPLICATION FOR BEER PERMIT

BEER BOARD MEETING DATE 5-8-18

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

☑ Please return by 4-27-18 to provide information for Beer Board meeting agenda.

Name of Business Friends of Franklin Parks

Location of Business 239 Franklin Rd (The Park @ Harlinsdale

Name of applicant Friends of Franklin Parks c/o Farm

Managing Agent [redacted]

Drivers License #

Date of Birth

☐ Recommend. denial of the p

☐ 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

APPLICATION FOR BEER PERMIT
STATE OF TENNESSEE
CITY OF FRANKLIN

18-14

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** 9/11/18
  HOURS OF EVENT 5pm-11pm

DATE PERMIT NEEDED by 9/11/18

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

1. **Owner (Applicant)** Agape Animal Rescue

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

   non profit - 501c3 attached

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

   ~~none~~ 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?**

   Agape Animal Rescue

   City of Franklin business account number none

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

The Factory at Franklin, 230 Franklin Rd, Franklin TN 37064
Attn: Tami Pryce

Phone number of the business 615-791-1777

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

Nam [redacted]

Driv

Date

Hom

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 Pam Carroll **Title** Board President

Mailing Address PO Box 292766

City, State, Zip Nashville TN 37229

Daytime contact phone number 615-708-0115

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.

The Factory of Franklin, 230 Franklin Rd.
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.**

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.**

none

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

none

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

N/A

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

fundraising event www.agapeanimalball.org

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?** 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: We have ABC bartenders. No sales.
All beer applications must have a training policy submitted with application. This policy must include training regarding the sale of beer to minors. N/A per Christy McCandless

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.** N/A per Christy McCandless

we received a special occasions license from 8/5/14
attached

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Signature of Applicant/Owner (or Authorized Corporate Officer)

On behalf of: Agape Animal Rescue
Name of Business Entity

Sworn to and subscribed before me this 12 day of April, 2018

Notary Public

My Commission Expires: August 18, 2018

DARRELL MOONEY STATE OF TENNESSEE NOTARY PUBLIC RUTHERFORD COUNTY

Official Use Only

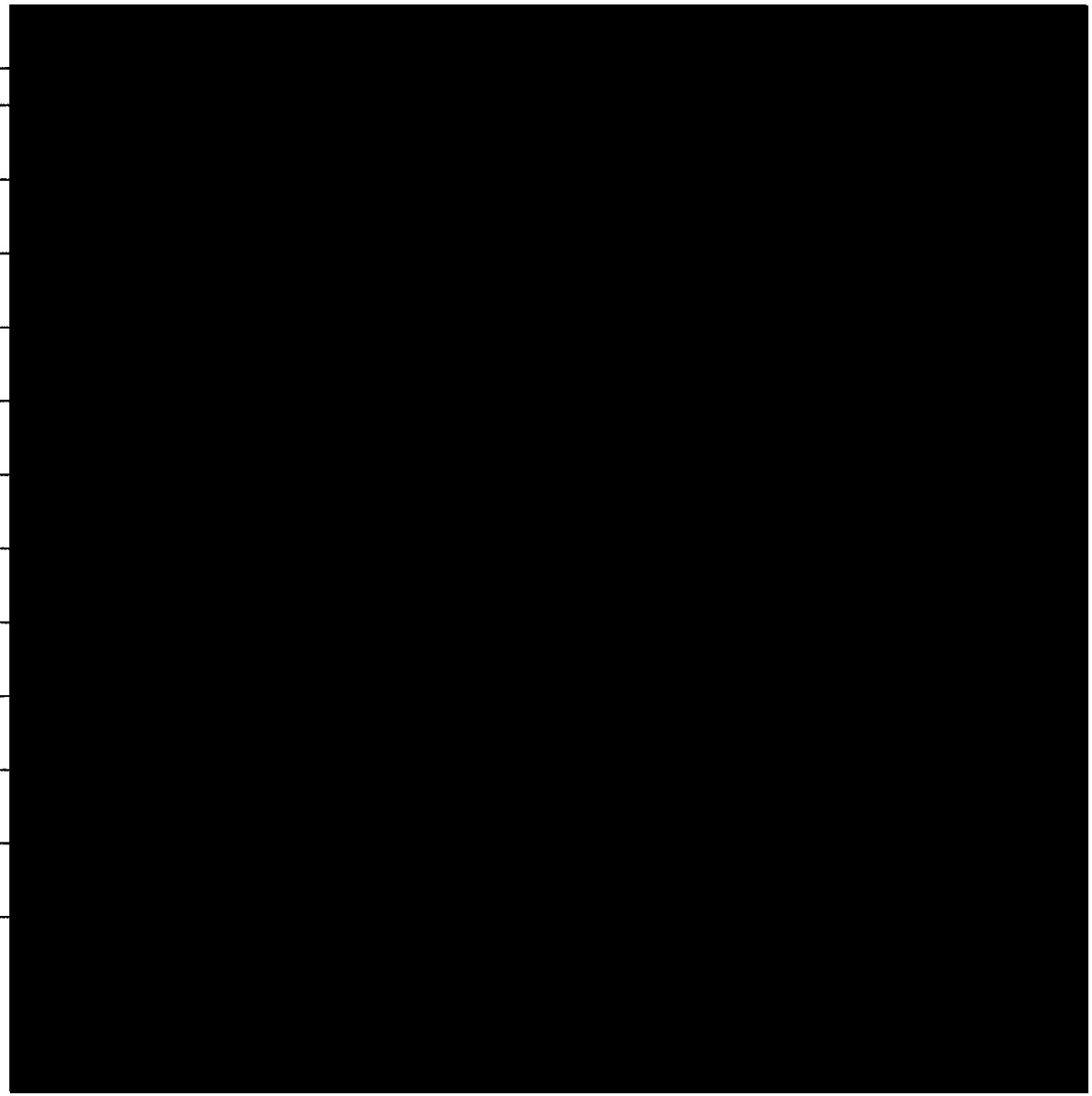
Application Fee $ 250.00 Date Paid 4-23-18

Privilege Tax $ — Date Paid —

Board Meeting Date 5, 8, 18

Agape Animal Rescue
Board of Directors

Name
Tanya Willis
Pam Carroll, President
Claire Hacker
Jason Dobbs, VP
Aileen McCormick, Treasurer
Kara Allen, Secretary
Jim Day
Kim Drake
Lindsey Farrar (Blades)
Caitlyn Page
Sunny Bray (Intern)



City of Franklin

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

DATE: 4-23-18

TO: POLICE CHIEF

FROM: CHRISTY MCCANDLESS, ACCOUNT MGMT SUPERVISOR

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BEER BOARD MEETING DATE 5-8-18

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☑ Please return by 4-27-18 to provide information for Beer Board meeting agenda.

Name of Business Agape Animal Rescue

Location of Business 230 Franklin Rd (The Factory)

Name of appli[redacted]

Managing Age[redacted]

Drivers License[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

TN Tennessee State Government

State of Tennessee
Alcoholic Beverage Commission

SPECIAL OCCASION LICENSE

License Number : LBDSOC-WIL-1805171

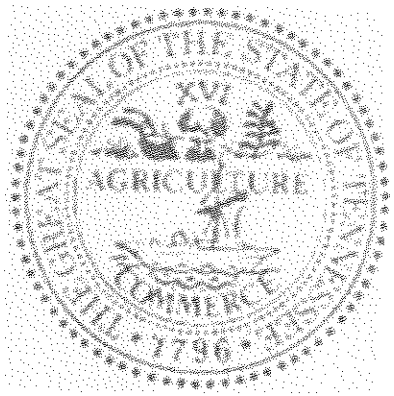
Application having been duly made in compliance with the Provisions of Chapter 211 of the Public Acts of 1967, a permit to sell Alcoholic Beverages is hereby issued to:

Name of Owner: **Agape Animal Rescue**

DBA:

Business Address: **230 FRANKLIN RD**
FRANKLIN, TN 37064

County Name: **WILLIAMSON**



Effective Date:**08/12/2017**

Issuance Date:**04/09/2018**

Expiration Date:**08/11/2018**