City of Franklin

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

Meeting Agenda

Beer Board

Tuesday, March 10, 2020 | **4:30 PM** | **Board Room**

Call To Order

1. 20-0255 Consideration of Approval of Minutes from the February 11, 2020 Beer Board Meeting.

2. 20-0246 Consideration of Application of Hard Bargain Association, d/b/a Hard Bargain Celebration Dinner, 110 Everbright Ave, Franklin, TN 37064, Derrick L. Solomon, Managing Agent, for Special Event. Event Date and Hours: March 31, 2020 6:00PM - 10:00PM.

Attachments: Hard Bargain Association .pdf

3. 20-0247 Consideration of Application of Heritage Foundation of Williamson County, d/b/a Main Street Festival, Main Street, Franklin, TN 37064, Miriam Wiggins, Managing Agent, for Special Event. Event Date and Hours: April 25-26, 2020 10:00AM - 6:00PM.

Attachments: Main Street Festival .pdf

4. 20-0248 Consideration of Application of Summit Stores MM LLC, d/b/a Market Master, 1814 Columbia Ave, Franklin, TN 37064, Carroll A Burns, Managing Agent, for Off Premises Consumption.

Attachments: Market Master .pdf

5. 20-0249 Consider application of Downtown Franklin Rotary Charitable Foundation, d/b/a Jockey and Juleps Kentucky Derby Party, 239 Franklin Rd, Franklin, TN 37064, Donald Beatty, Managing Agent, for Special Event. Event Date and Hours: May 2, 2020 4:00PM - 8:00PM.

Attachments: Jockeys & Juleps Kentucky Der.pdf

Other Business

Adjournment

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

APPLICATION FOR BEER PERMIT
STATE OF TENNESSEE
CITY OF FRANKLIN

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

____ **ON PREMISES PERMIT**
____ **OFF PREMISES PERMIT**
____ **ON AND OFF PREMISES PERMIT**
____ **MANUFACTURER'S OR DISTRIBUTOR'S PERMIT**
X **SPECIAL EVENTS PERMIT** **DATE OF EVENT** 3/31/2020
HOURS OF EVENT 6-10pm

DATE PERMIT NEEDED 3/31/2020

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

1. **Owner (Applicant)** Hard Bargain Association

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.**

n/A Non-profit Corporation

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?**

Hard Bargain Mt. Hope Redevelopment, Inc dba Hard Bargain Association

City of Franklin business account number n/a

Europe Modena-Dooley
931-774-6060

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

Williamson Co. Parks & Rec Enrichment Center

Phone number of the business 615-786-0186

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 Derrick L. Solomon

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 Derrick L. Solomon **Title** Executive Director

Mailing Address P.O. Box 545

City, State, Zip Franklin TN 37065-0545

Daytime contact phone number 615-970-2369

Email derrickSolomon85@gmail.com

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

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

Williamson County Parks & Recreation Enrichment Center, 110 Everbright Avenue, Franklin TN 37064

10. **Has any person having at least 5% ownership interest, managers or employees of the business been convicted of any violation of beer or alcoholic beverage laws or any crime (other than minor traffic violations) within last ten (10) years? _____ If so, give particulars of each charge, court and date convicted.**

no / 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.**

no

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

n/a

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

n/a

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

n/a

15. **What is the exact nature of the business in which you are applying for a beer permit? (Restaurant, tavern, motel, etc.)** Annual Special Event - Fundraising 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?** 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: Per Tabitha - Not required for Special Event
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.**

Application Signature Page

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

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

I hereby certify that no person having at least a 5% ownership interest, nor any person to be employed in the distribution or sale of beer in my establishment has been convicted of any violation of the beer or alcoholic beverage laws or any crime involving moral turpitude within the past 10 years.

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

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

Derrick L. Solomon

Signature of Applicant/Owner (or Authorized Corporate Officer)

On behalf of: Hard Bargain Association

Name of Business Entity

Sworn to and subscribed before me this 30 **day of** Jan **, 20** 20

Europe A. Modena - Dooley
STATE OF TENNESSEE NOTARY PUBLIC
Williamson County

Europe A. Modena-Dooley

Notary Public

My Commission Expires: 9-13-2023

Official Use Only

Application Fee $ _____ **Date Paid** _____

Privilege Tax $ _____ **Date Paid** _____

Board Meeting Date _____/_____/_____

CITY OF FRANKLIN
TENNESSEE

ACKNOWLEDGEMENT OF BEER BOARD MEETING

This is to acknowledge that I, Europe Dooley, representing
Printed name of representative
Hard Bargain Association have been notified that the meeting of the
Name of business
Beer Board will be held at City Hall in the Board Room on Tuesday, _____
at 4:30 PM. The purpose of the meeting is to consider the application for a beer permit for the above stated business. Presence of a representative is imperative in order to receive a permit.

Europe Dooley
Signature

1/29/2020
Date

APPLICATION FOR BEER PERMIT
STATE OF TENNESSEE
CITY OF FRANKLIN

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

____ **ON PREMISES PERMIT**
____ **OFF PREMISES PERMIT**
____ **ON AND OFF PREMISES PERMIT**
____ **MANUFACTURER'S OR DISTRIBUTOR'S PERMIT**
X **SPECIAL EVENTS PERMIT** **DATE OF EVENT** 4/25 - 4/26/2020
HOURS OF EVENT 10am - 6pm

DATE PERMIT NEEDED _____

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

1. **Owner (Applicant)** Heritage Foundation of Williamson County

   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.**

   McCreary's 414 Main St., Franklin, 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?** Main Street Festival

   ~~Heritage Foundation of Williamson County~~

   City of Franklin business account number _____

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

231 Public Square, Franklin, TN 37064

Phone number of the business 615-591-8500 x123

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 Miriam Wiggins

x123

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 Miriam Wiggins **Title** Asst. Dir. of Events

Mailing Address POBOX 732

City, State, Zip Franklin, TN 37064

Daytime contact phone number 615-591-8500 x 123

Email mwiggins@williamsonheritage.org

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 X No ____.**

If so, specify number 1**. List the names of the restaurants or other businesses and describe their location (use additional sheet if necessary)**

McCreary's Pub 414 Main St., Franklin, TN 37064

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.**

Hannah Johnson, 112 Bridge St., Franklin

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

Event planner

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

Heritage Foundation 2018 - current
Collier Engineering 2012 - 2018

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

nonprofit, festivals

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.**

Application Signature Page

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

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

I hereby certify that no person having at least a 5% ownership interest, nor any person to be employed in the distribution or sale of beer in my establishment has been convicted of any violation of the beer or alcoholic beverage laws or any crime involving moral turpitude within the past 10 years.

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

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

_____

Signature of Applicant/Owner (or Authorized Corporate Officer)

On behalf of: Heritage Foundation of Williamson County

Name of Business Entity

Sworn to and subscribed before me this 18 **day of** Feb. **, 20** 20

W. GERALD ODOM
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

W Gerald Odom

Notary Public

My Commission Expires: 1-7-21

Official Use Only

Application Fee $ _____ **Date Paid** _____

Privilege Tax $ _____ **Date Paid** _____

Board Meeting Date _____/_____/_____

APPLICATION FOR BEER PERMIT
STATE OF TENNESSEE
CITY OF FRANKLIN

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

____ ON PREMISES PERMIT
__X__ OFF PREMISES PERMIT
____ ON AND OFF PREMISES PERMIT
____ MANUFACTURER'S OR DISTRIBUTOR'S PERMIT
____ SPECIAL EVENTS PERMIT DATE OF EVENT_____
HOURS OF EVENT _____

DATE PERMIT NEEDED 3/15/2020

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

1. **Owner (Applicant)** Summit Stores MM LLC DBA Market Master

   Person___Firm___Corp___LLC x Joint-stock co.___Syndicate___Association ___

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

   Surajit Chaudhury

   Carroll Burns

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?**

   Market Master

   City of Franklin business account number Applied For

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

1814 Columbia Ave Franklin, Tn 37064

Phone number of the business (615) 948-3719

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 Carroll A. Burns

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 Surajit Chaudhury Title Owner

Mailing Address 319 Hickerson Drive Ste A

City, State, Zip Murfreesboro, TN 37129

Daytime contact phone number (615) 948-3719

Email chadchaudhury@gmail.com

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

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

N/A

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

Century Plaza LLC

P. O. Box 22149, Nashville, TN 37202

10. **Has any person having at least 5% ownership interest, managers or employees of the business been convicted of any violation of beer or alcoholic beverage laws or any crime (other than minor traffic violations) within last ten (10) years? If so, give particulars of each charge, court and date convicted.**

No

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

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

Market Master LLC, 1814 Columbia Ave, Franklin, Tn 37064

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

Previous owner of convenient stores

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

Surajit Chaudhury has been an owner of convenience stores and a construction company

Carroll Burns has been employed by Coca Cola for the past 24 years

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

Convenience store – Gas Station

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

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

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

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" ofbeer.

(m) You will comply with all requirements of section 2-201 through2-229 of the municipal code of the City ofFranklin.

APPLICATION FEE AND BUSINESS PRIVILEGE TAX:

For <u>BOTH Special Event and Business Applications</u>, a non-refundable fee of $250.00 must accompany this application. Checks are payable to:

City of Franklin
Attn: Beer Board
PO Box 705
Franklin, TN 37065-0705

For <u>Business Applications Only</u>, a prorated share of the Annual Beer 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. (Please see meeting schedule below.)

APPLICATION DEADLINES:

Please see the Meeting Schedule and Application Deadlines and complete and return the "Acknowledgement of Beer Board Meeting" below. Your application must be submitted at least fifteen (15) days prior to the Beer Board meeting at which it is to be considered.

Meeting Schedule, Application Deadlines and Fees

Application Due Date	Beer Board Meeting Date	Special Event and Business Application Fee	Prorated Annual Privilege Tax (for Businesses)	Business Total Amount Due
12/31/2019	01/14/2020	$250.00	$100.00	$350.00
01/28/2020	02/11/2020	$250.00	$92.00	$342.00
02/25/2020	03/10/2020	$250.00	$83.00	$333.00
03/31/2020	04/14/2020	$250.00	$75.00	$325.00
04/28/2020	05/12/2020	$250.00	$67.00	$317.00
05/26/2020	06/09/2020	$250.00	$58.00	$308.00
06/30/2020	07/14/2020	$250.00	$50.00	$300.00
07/28/2020	08/11/2020	$250.00	$42.00	$292.00
08/25/2020	09/08/2020	$250.00	$33.00	$283.00
09/29/2020	10/13/2020	$250.00	$25.00	$275.00
10/27/2020	11/10/2020	$250.00	$17.00	$267.00
11/24/2020	12/08/2020	$250.00	$8.00	$258.00
12/29/2020	01/12/2021	$250.00	$100.00	$350.00

CITY OF FRANKLIN
TENNESSEE

ACKNOWLEDGEMENT OF BEER BOARD MEETING

This is to acknowledge that I, Carroll A Burns, representing
(Printed name of representative)
Summit Stores MM LLC have been notified that the meeting of the
(Name of business)
Beer Board will be held at City Hall in the Board Room on Tuesday, March 10th
at 4:30 PM. The purpose of the meeting is to consider the application for a beer permit for the above stated business. Presence of a representative is imperative in order to receive a permit.

Signature

2/25/20
Date

Application Signature Page

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

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

I hereby certify that no person having at least a 5% ownership interest, nor any person to be employed in the distribution or sale of beer in my establishment has been convicted of any violation of the beer or alcoholic beverage laws or any crime involving moral turpitude within the past 10 years.

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

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

_____

Signature of Applicant/Owner (or Authorized Corporate Officer)

On behalf of: Summit Stores MM LLC

Name of Business Entity

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

_____

Notary Public

My Commission Expires: 10/23/2023

GAYLE DEITERICK
STATE OF TENNESSEE NOTARY PUBLIC
Exp. Oct. 23, 2023
WILLIAMSON COUNTY

Official Use Only

Application Fee $ _____ **Date Paid** _____

Privilege Tax $ _____ **Date Paid** _____

Board Meeting Date ____/____/____

Application Signature Page

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

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

I hereby certify that no person having at least a 5% ownership interest, nor any person to be employed in the distribution or sale of beer in my establishment has been convicted of any violation of the beer or alcoholic beverage laws or any crime involving moral turpitude within the past 10 years.

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

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

S Landry

Signature of Applicant/Owner (or Authorized Corporate Officer)

On behalf of: SUMMIT STOKES MM LLC

Name of Business Entity

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

Gayle Deiterick

Notary Public

My Commission Expires: 10/23/2023

GAYLE DEITERICK
STATE OF TENNESSEE NOTARY PUBLIC
Exp. Oct. 23, 2023
WILLIAMSON COUNTY

Official Use Only

Application Fee $ _____ **Date Paid** _____

Privilege Tax $ _____ **Date Paid** _____

Board Meeting Date ____/____/____

STATE OF TENNESSEE
CITY OF FRANKLIN

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

__x__ ON PREMISES PERMIT
____ OFF PREMISES PERMIT
____ ON AND OFF PREMISES PERMIT
____ MANUFACTURER'S OR DISTRIBUTOR'S PERMIT
____ SPECIAL EVENTS PERMIT DATE OF EVENT__Saturday May 2, 2020 ___
HOURS OF EVENT _____4:00pm to 8:00 pm___

DATE PERMIT NEEDED _____5-2-2020_____

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

1. **Owner (Applicant)____Downtown Franklin Rotary Charitable Foundation__**

   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.**

   _____none_____

   _____

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

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

   __Jockeys and Juleps Kentucky Derby Party_____

   City of Franklin business account number ___na_____

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

__Park at Harlinsdale Farm, 239 Franklin Rd

Phone number of the business
615-591-6747_____

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 Donald Beatty_____

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 _____NA_____Title _____

Mailing Address _____

City, State, Zip _____

Daytime contact phone number _____

Email _____

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

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

_____

_____

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

__City of Franklin, 109 3rd Av S, Franklin, TN_____

_____

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.**

___NA_____

_____

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

____Rotary Club Events_____

_____

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

___NA_____

_____

_____

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

__501 c 3 Fund Raiser_____

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.**

Application Signature Page

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

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

I hereby certify that no person having at least a 5% ownership interest, nor any person to be employed in the distribution or sale of beer in my establishment has been convicted of any violation of the beer or alcoholic beverage laws or any crime involving moral turpitude within the past 10 years.

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

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

Donald E Batts

Signature of Applicant/Owner (or Authorized Corporate Officer)

On behalf of: Downtown Franklin Rotary Charitable Foundation

Name of Business Entity

Sworn to and subscribed before me this 27 **day of** February, **20** 20

Vicki L Parr

Notary Public

VICKI L. PARR
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

My Commission Expires: 1/16/24

Official Use Only

Application Fee $ _____ **Date Paid** _____

Privilege Tax $ _____ **Date Paid** _____

Board Meeting Date _____/_____/_____

CITY OF FRANKLIN
TENNESSEE

ACKNOWLEDGEMENT OF BEER BOARD MEETING

This is to acknowledge that I, DON BEATTY, representing
Printed name of representative
SFRCF
Name of business
have been notified that the meeting of the Beer Board will be held at City Hall in the Board Room on Tuesday, MARCH 10TH at 4:30 PM. The purpose of the meeting is to consider the application for a beer permit for the above stated business. Presence of a representative is imperative in order to receive a permit.

Donald E Beatty
Signature

2/27/2020
Date