City of Franklin

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

Meeting Agenda

Beer Board

Tuesday, February 11, 2020 | **4:30 PM** | **Board Room**

Approval of Minutes

1. 20-0015 Consideration of application from Luckey Hospitality LLC, d/b/a Corner Pub Franklin, 1916 Columbia Ave, Franklin, TN 37064, Tabor Luckey, Managing Agent, for On Premises Consumption. (Beer Board 1/14/20)

Attachments: Corner Pub Franklin .pdf

Legislative History

1/14/20 Beer Board deferred

2. 20-0018 Consideration of application from Pradeep Agnihotri, d/b/a Holiday Inn Express & Suites, 7100 Berry Farms Crossing, Franklin, TN 37064, Teri Aunkst, Managing Agent, for On Premises Consumption. (Beer Board 1/14/20)

Attachments: Holiday Inn Express & Suites .pdf

Legislative History

1/14/20 Beer Board deferred

3. 20-0156 Consideration of application from Party Fowl Cool Springs LLC, d/b/a Party Fowl Cool Springs, 1914 Galleria Blvd, Franklin, TN 37067, David Schipper, Managing Agent, for On & Off Premises Consumption.

Attachments: Party Fowl Cool Springs LLC.pdf

4. 20-0155 Consideration of application from Oscar's Taco Shop #2 Inc, d/b/a Oscars Taco Shop, 4115 Mallory Ln Ste 210, Franklin, TN 37067, Luis J Ruiz, Managing Agent, for on Premises Consumption.

Attachments: Oscars Taco Shop .pdf

5. 20-0154 Consideration of application from Boys & Girls Clubs of Middle TN Inc, d/b/a Wine Down Main Street, Historic Main Street & Public Square, Franklin, TN 37064, Denise Carothers, Managing Agent, for Special Event. Event Date and Hours: November 7, 2020, 7:00PM - 10:00 PM.

Attachments: Wine Down Main Street .pdf

6. 20-0153 Consideration of application from The Westhaven Foundation, d/b/a Whiskey Warmer, 401 Cheltenham Ave, Franklin, TN 37064, Christy Bryan, Managing Agent, for Special Event. Event Date and Hours: March 28, 2020, 6:00PM - 9:00 PM.

Attachments: Whiskey Warmer.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:

- [X] **ON PREMISES PERMIT**
- [ ] **OFF PREMISES PERMIT**
- [ ] **ON AND OFF PREMISES PERMIT**
- [ ] **MANUFACTURER'S OR DISTRIBUTOR'S PERMIT**
- [ ] **SPECIAL EVENTS PERMIT** **DATE OF EVENT** _____
  HOURS OF EVENT _____

DATE PERMIT NEEDED Dec 18th

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)** Tabor Luckey

   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.**

   Tabor Luckey 8251 River Road Pike
   Nashville TN 37209

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?**

   Corner Pub Franklin

   City of Franklin business account number 48909

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

1916 Columbia Ave # 3922 Franklin TN 37064

Phone number of the business 615-595-7447

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

Name Tabor Luckey

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 Tabor Luckey **Title** Owner

Mailing Address 8251 River Rd Pike

City, State, Zip Nashville TN 37209

Daytime contact phone number 773-573-2398

Email tabor@luckeyhospitality.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)

_____

_____

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

Cameron Properties
1503 Columbia Ave 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** 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.**

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.**

Infinity Hospitality

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

Restaurant

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

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

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

TRAINING POLICY:

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

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

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

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

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

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

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

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

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

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

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

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

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

Application Signature Page

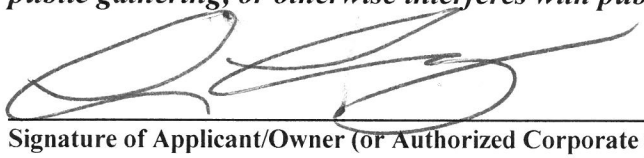
I hereby make application to the City of Franklin Beer Board for a beer permit.

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.

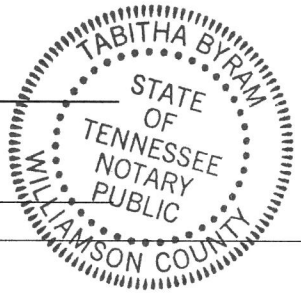


Signature of Applicant/Owner (or Authorized Corporate Officer)

On behalf of: Corner Pub Franklin
Name of Business Entity

Sworn to and subscribed before me this 12 **day of** Dec **, 20** 19

Tabitha Byram
Notary Public



My Commission Expires: 01-17-21

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, Tabor Luckey, representing
(Printed name of representative)
Corner Pub Franklin 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.

_____
Signature

12-12-19
_____
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** _____
  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)** Pradeep Agnihotri

   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.**

   N/A

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?**

   Holiday Inn Express + Suites

   City of Franklin business account number _____

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

7100 Berry Farms Crossing, Franklin, TN 37064

Phone number of the business 615-499-5292

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 Teri Avnet

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 Pradeep Agnihotri **Title** Owner

Mailing Address P.O. Box 680129, F

City, State, Zip Franklin, TN 37068

Daytime contact phone number 615-499-5292

Email agnigroup@comcast.net

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

N/A

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.**

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.**

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.**

Holiday Inn, Murfreesboro (owner)
Sleep Inn (Murfreesboro) (owner)
Holiday Inn Express + Suites (owner)

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.**

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: Holiday Inn Express + Suites
Name of Business Entity

Sworn to and subscribed before me this 12 **day of** December **,20** 19

RACHEL GLAUS
STATE OF TENNESSEE
NOTARY PUBLIC
MAURY COUNTY

Rachel Glaus

Notary Public

My Commission Expires: July 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, Pradeep Agnihotri, representing
Printed name of representative
Holiday Inn Express + Suites 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.

Signature

12-12-19
Date

City of Franklin
Beer Board Cover Page

Beer Board Meeting Date: 2/11/2020 Permit # 20-04

Owner/Applicant: Party Fowl Cool Springs LLC

On Prem	Off Prem	On & Off X	Special Event

Name of Business/Event: **Party Fowl Cool Springs LLC**
Special Event Date(s)/Hours:

Location of Business/Event: 1914 Galleria Blvd
Franklin TN 37067

Mailing Address: Tiffany Thompson
236 McClaran Pl
Murfreesboro TN 37129

Phone: (615)419-1750
Email: tiffany@partyfowlnashville.com
Primary Contact: Tiffany Thompson
Phone: 615-419-1750
Email: tiffany@partyfowlnashville.com
Managing Agent: David Schipper

Review Sign Off:

Police Y Fire Y BNS Y

COMMENTS

New Business
Change of Ownership
Other Location

Occupency

Permit # 20-04

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

DATE PERMIT NEEDED 2/11/20

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

1. **Owner (Applicant)** Austin Smith

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.**

Austin Smith 120 Breakwater Bay Hermitage, TN 37076
Nick Jacobson 6261 Hillsboro Pk. Nashville TN 37215

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?**

Party Fowl Cool Springs LLC

City of Franklin business account number _____

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

1914 Galleria Blvd. Franklin TN 37067

Phone number of the business 615-614-3636

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 David Schipper

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

Name Tiffany Thompson **Title** director of operations

Mailing Address 236 McClara Pl.

City, State, Zip Murfreesboro TN 37129

Daytime contact phone number 615-419-1750

Email tiffanye partyfoodnashville.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)

_____

_____

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

CBL Associates Inc.
1600 Galleria Blvd. #2075 Franklin, TN 37067

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

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

Kona Grill - restaurant -
1914 Galleria Blvd. Franklin, TN 37067

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.**

Austin Smith: owner of J. Scott Concepts LLC dba Party Fowl Nashville (2013-current), Party Fowl Murfreesboro LLC (Dec 2017-current) Party Fowl Donelson LLC (Aug 2018-current) Athens Distributing Company (2009-2013)

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

full service restaurant

16. **Will a full course menu be served?** YES

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

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

TRAINING POLICY:

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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.**

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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: _____

Name of Business Entity

Sworn to and subscribed before me this 28th **day of** January, **20** 20

Tabitha Byram

Notary Public

TABITHA BYRAM STATE OF TENNESSEE NOTARY PUBLIC WILLIAMSON COUNTY

My Commission Expires: 01-17-2021

Official Use Only

Application Fee $ _____ **Date Paid** _____

Privilege Tax $ _____ **Date Paid** _____

Board Meeting Date _____/_____/_____

City of Franklin
Beer Board Cover Page

Beer Board Meeting Date: 2/11/2020 Permit # 20-03

Owner/Applicant: Oscars Taco Shop #2 Inc

On Prem	Off Prem	On & Off	Special Event
X			

Name of Business/Event: **Oscars Taco Shop**

Special Event Date(s)/Hours:

Location of Business/Event: 4115 Mallory Ln Ste 210
Franklin TN 37067

Mailing Address: Luis Ruiz
4115 Mallory Ln Ste 210
Franklin TN 37067

Phone: 602-391-7657

Email: lruiz71@me.com

Primary Contact: Luis J Ruiz

Phone: 602-391-7657

Email: lruiz71@me.com

Managing Agent: Luis J Ruiz

Review Sign Off:

Police Y Fire Y BNS Y

COMMENTS

Change From Sole Prop To Corporation

Permit # 20-03

APPLICATION FOR BEER PERMIT
STATE OF TENNESSEE
CITY OF FRANKLIN

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

- [X] **ON PREMISES PERMIT**
- [ ] **OFF PREMISES PERMIT**
- [ ] **ON AND OFF PREMISES PERMIT**
- [ ] **MANUFACTURER'S OR DISTRIBUTOR'S PERMIT**
- [ ] **SPECIAL EVENTS PERMIT** **DATE OF EVENT** _____
  HOURS OF EVENT _____

DATE PERMIT NEEDED _____

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)** Luis J Ruiz Oscar Taco Shop #2 INC

   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.**

   Luis J Ruiz 50%

   Gricelda Ruiz 50%

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?**

   Oscar Taco Shop #2, INC

   City of Franklin business account number 23749

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

4115 Mallory lane #210 Franklin, TN 37067

Phone number of the business 615-790-1003

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 Luis J Ruiz

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 Luis Ruiz **Title** owner

Mailing Address 4115 Mallory lane #210

City, State, Zip Franklin, TN 37067

Daytime contact phone number 602-391-7657

Email LRuiz71@me.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)**

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

Caroline Pistole

4115 Mallory #100 Franklin, TN 37067

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

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

Luis Ruiz 1001 Fall Creek Ct Spring Hill, TN 37174

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

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

Oscar's Taco Shop 10 years

4115 Mallory Ln #210 Franklin, TN 37067

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

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: Oscar's Taco Shop #2 Inc
Name of Business Entity

Sworn to and subscribed before me this 27th day of January, 20 20

Tabitha Byram
Notary Public

TABITHA BYRAM
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

My Commission Expires: 01-17-2021

Official Use Only

Application Fee $ _____ Date Paid _____

Privilege Tax $ _____ Date Paid _____

Board Meeting Date _____/_____/_____

City of Franklin
Beer Board Cover Page

Beer Board Meeting Date: 2/11/2020 Permit # 20-02

Owner/Applicant: Boys & Girls Clubs of Middle TN Inc

On Prem	Off Prem	On & Off	Special Event x

Name of Business/Event: **Wine Down Main Street**

Special Event Date(s)/Hours: November 7, 2020 7pm-10pm

Location of Business/Event: Historic Main Street & Public Square

Mailing Address:

Phone: 615-628-8188

Email: dcarothers@bgcmt.org

Primary Contact: Denise Carothers

Phone: 615-628-8188

Email: dcarothers@bgcmt.org

Managing Agent: Denise Carothers

Review Sign Off:

Police Y Fire Y BNS Y

COMMENTS

Permit # 20-02

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** November 7, 2020
HOURS OF EVENT 7-10 PM

DATE PERMIT NEEDED 06-01-2020

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)** Boys & Girls Clubs of Middle Tennessee

   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.**

   _____

   _____

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

   City of Franklin business account number _____

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

Historic Main Street and Franklin Public Square

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 X.**

Name Denise Carothers

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 100

City, State, Zip Franklin, TN 37064

Daytime contact phone number 615-628-8188

Email dcarothers@bgcmt.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 ____ 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?** X
If no, please give the name and address of the property owner.

City of Franklin

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

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

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

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

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.**

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: Boys & Girls Clubs of Middle Tennessee

Name of Business Entity

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

_____

Notary Public

My Commission Expires: 9.24.2022

RAE SANCHEZ
STATE OF TENNESSEE
NOTARY PUBLIC
WILLIAMSON COUNTY
MY COMMISSION EXPIRES 9-24-2022

Official Use Only

Application Fee $ _____ **Date Paid** _____

Privilege Tax $ _____ **Date Paid** _____

Board Meeting Date _____/_____/_____

City of Franklin
Beer Board Cover Page

Beer Board Meeting Date: 2/11/2020 Permit # 20-01

Owner/Applicant: The Westhaven Foundation

On Prem	Off Prem	On & Off	Special Event x

Name of Business/Event: **Whiskey Warmer**

Special Event Date(s)/Hours: 03/28/2019 6pm-9pm

Location of Business/Event: 401 Cheltenham Ave
Franklin TN 37064

Mailing Address: Mark McCutcheon
188 Front St Box 116-25
Franklin TN 37064

Phone: (615)394-7782

Email:

Primary Contact: Mark McCutcheon

Phone: (615)394-7782

Email:

Managing Agent: Christy Bryan

Review Sign Off:

Police Y Fire Y BNS Y

COMMENTS

6th Year for Event

Permit # 20-01

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** Whiskey Warmer
X **SPECIAL EVENTS PERMIT** **DATE OF EVENT** 3-28-20
HOURS OF EVENT 6p - 9p

DATE PERMIT NEEDED 3/1/2020

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

1. **Owner (Applicant)** The Westhaven Foundation

Person __ Firm __ Corp___ LLC ___Joint-stock co.__ Syndicate __ Association __ (501c3)

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 - nonprofit

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

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

n/a

City of Franklin business account number _____

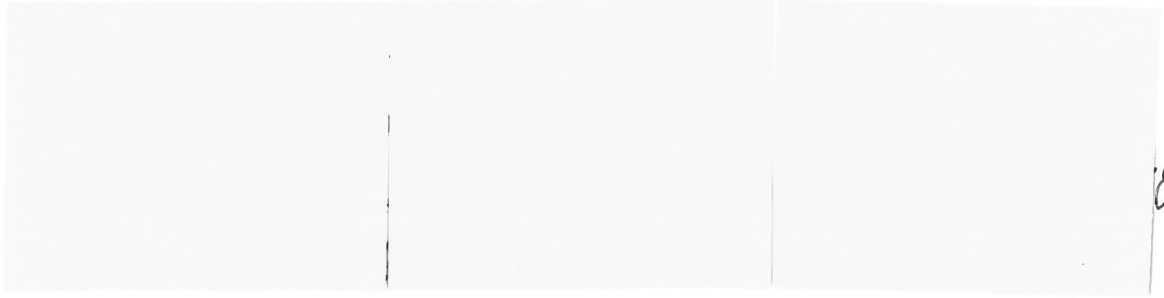
5. **Location of the business by street address. For special event, list location of the event.**

401 Cheltenham Ave. Franklin TN 37064

Phone number of the business 615-791-6740

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 Christy Bryan



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

Name Mark McCutcheon **Title** Board member

Mailing Address 189 Front St. 116-25

City, State, Zip Franklin TN 37064

Daytime contact phone number 615 394-7782

Email mark@westfoundation.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 ____ No X .**

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

_____

_____

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

Westhaven Residential District

401 Cheltenham Ave., Franklin TN 37064

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

No

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

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

n/a

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

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.)**

Event

16. **Will a full course menu be served?** Food Truck

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

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

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

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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.

Mark R. Hall

Signature of Applicant/Owner (or Authorized Corporate Officer)

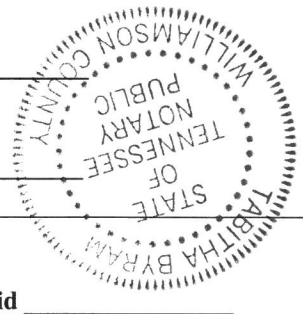
On behalf of: The Westhaven Foundation

Name of Business Entity

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

Tabitha Byram

Notary Public



My Commission Expires: 01-17-2021

Official Use Only

Application Fee $ _____ **Date Paid** _____

Privilege Tax $ _____ **Date Paid** _____

Board Meeting Date _____/_____/_____