

PLEASE READ THIS APPLICATION THOROUGHLY AND ANSWER ALL QUESTIONS COMPLETELY. FAILURE TO ANSWER ANY QUESTIONS CORRECTLY OR TO COMPLETE THE ENTIRE APPLICATION WILL BE CAUSE TO DENY THIS APPLICATION. IF THIS APPLICATION IS FOR A PARTNERSHIP, CORPORATION, OR LLC, EACH PARTNER, GENERAL MANAGER, OR PRESIDENT IS TO COMPLETE THE ATTACHED EXHIBIT A.

If additional space is needed, please use a separate sheet.

A. APPLICANT INFORMATION

(SUBMIT A SEPARATE SHEET FOR EACH APPLICANT. If a partnership, please attach as an exhibit a copy of the Partnership Agreement. If a corporation, please attach as an exhibit a copy of the Corporate Charter)

1. Full name: _____

2. Address: _____

3. Telephone #: _____ Date of Birth: _____

4. Social Security #: _____ Driver's License #: _____

5. Occupation: _____ Length of Time: _____

6. If employed, name and address of employer: _____

7. Are you a U. S. Citizen? Yes _____ No _____

8. Please provide your TN Sales Tax Registration #: _____

9. If in business, please provide the following information:

Type of Business	Location	Taxpayer Identification #	Names associated with this Taxpayer Identification #

10. Please attach a list of the names of any person who will have an interest, directly or indirectly, in the business of the applicant or in the profits thereof, and the nature and character thereof, and whether the person holds a wholesale or retail license.

11. Do you currently have any indebtedness to the State of Tennessee and/or any municipality for any tax? Yes _____ No _____ If answer is yes, please state the tax and the amount owed:

12. Have you ever been convicted of a felony within the last ten (10) years? Yes ___ No ___

If answer is yes, complete the following:

Date	Charge	City/County/State of Arrest	Final Disposition

13. Have you ever been convicted of any offense related to the sale, possession, transportation, storing, manufacturing, or otherwise handling of intoxicating liquors or beer within the last ten (10) years? Yes ___ No ___

If answer is yes, complete the following:

Date	Charge	City/County/State of Arrest	Final Disposition

14. Have you ever been convicted of a crime violating a drug or alcohol law or a crime involving physical violence within the last ten (10) years? Yes ___ No ___

If answer is yes, complete the following:

Date	Charge	City/County/State of Arrest	Final Disposition

15. Do you currently have any pending criminal charges? Yes ___ No ___

If answer is yes, complete the following:

Date	Charge	City/County/State of Arrest	Date of Arrest

16. Does any person having an interest in the proposed liquor store – whether proprietary interest, or by means of any loan, mortgage or lien – hold a public office, either appointive or elective; or are they a public employee, either at the national, state, or county level? Yes_____ No_____

If yes, please explain in detail: _____

17. Does any manufacturer, brewer or wholesaler have an interest in the proposed liquor store or building containing the proposed store? Yes _____ No_____

If yes, please explain in detail: _____

B. STORE INFORMATION

1. Name of proposed store: _____

2. Address of proposed store: _____

3. Name and Address of the Property Owner(s) where the proposed store will be located:

PLEASE ATTACH A COPY OF THE LEASE OR OTHER AGREEMENT BETWEEN YOU AND THE OWNER OF THE PREMISES ON WHICH YOU ARE APPLYING TO ESTABLISH A LIQUOR STORE. ALSO, ATTACH A NOTARIZED AFFIDAVIT THAT SUCH OWNER(S) OF THE PROPERTY HAS AGREED TO ALLOW A RETAIL LIQUOR STORE TO BE OPERATED ON THE PROPERTY UPON THE ISSUANCE OF A LICENSE.

4. Is the proposed location of the Liquor Store closer than five hundred (500) feet to any private residence, church or other religious institution, school or college, hospital, daycare, park, public library, or other place of public gathering; measured from the center of the main entrance of such structures and following the usual and customary path of pedestrian travel to the center of the main entrance of the proposed liquor store? Yes_____ No_____

5. Is the proposed location of the Liquor Store closer than five hundred (500) feet to any other retail liquor store, measured from the center of the main entrance of such structures and following the usual and customary path of pedestrian travel to the center of the main entrance of the proposed liquor store? Yes_____ No_____

C. FINANCIAL INFORMATION

Please attach the following financial information to this application:

1. Certified financial statement evidencing net worth in the amount of One Hundred Thousand Dollars (\$100,000.00)
2. Business plan for proposed package liquor store.
3. Amount of money invested or to be invested, and the source of funds to be used, and, if borrowed, the name of the person from whom borrowed, the name of the bank with which the applicant does business, and the name of any person who is aiding the venture financially, either by a loan or endorsement.
4. If you employ an outside person or company to keep your books, please state the name and address of such person or company. You must execute a waiver to allow access to your books.
5. For any business(es) owned by applicant, please provide the last two years tax returns for each business.

D. OATH OF APPLICANT

- I have not been convicted of a felony within the last ten (10) years.
- I understand that it is unlawful for any person to have ownership in, or participate, either directly or indirectly, in the profits of any retail business licensee, unless his interest in said business and the nature, extent, and character thereof shall appear on this application.
- I have received and reviewed a copy of Smyrna Municipal Code Title 8, Chapter 3 related to retail sales of alcoholic beverages. I will comply, and will ensure that any and all employed by the retail store for which I am applying will comply, with all of the applicable provisions of the Smyrna Municipal Code related to package liquor stores, as well as all other applicable federal and state laws, local ordinances and of the Alcoholic Beverage Commission of the State for sale of alcoholic beverages.
- I hereby authorize the Town of Smyrna to investigate my criminal history for the purpose of issuance of a Certificate of Compliance for a retail liquor license.

I verify that the foregoing statements, as well as the content of this application and all attachments, are true and accurate to the best of my knowledge and belief this the _____ day of _____, 20____.

Applicant's signature: _____

STATE OF TENNESSEE)

COUNTY OF RUTHERFORD)

Before me, the undersigned notary public, personally appeared _____, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and that such person executed this document this the _____ day of _____, 20__.

Notary Public

My Commission Expires: _____

(For Office Use)

Date received by Clerk: _____

Date sent to Chief of Police and Town Manager: _____

Deadline for review from Chief of Police and Town Manager: _____

Date of Public Hearing before Package Liquor Board: _____

Application to:

Package Liquor Board: _____ **Approved** (date) _____ _____ **Denied** (date) _____

Town Council: _____ **Approved** (date) _____ _____ **Denied** (date) _____

Certificate of Compliance valid until: _____

Deadline for Applicant to apply for license from the Alcoholic Beverage Commission
(60 days from approval by Town Council) _____

Deadline for Applicant to have retail store in operation (12 months following the issuance
of the license by the Alcoholic Beverage Commission) _____



EXHIBIT A

PARTNER, STOCKHOLDER, PRESIDENT, OR GENERAL MANAGER ATTACHMENT

A. APPLICANT INFORMATION

1. Full name: _____

2. Address: _____

3. Telephone #: _____ Date of Birth: _____

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5. Occupation: _____ Length of Time: _____

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7. Are you a U. S. Citizen? Yes ___ No ___

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If answer is yes, complete the following:

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I verify that the foregoing statements, as well as the content of this application and all attachments, are true and accurate to the best of my knowledge and belief this the _____ day of _____, 20____.

Applicant's signature: _____

STATE OF TENNESSEE)

COUNTY OF RUTHERFORD)

Before me, the undersigned notary public, personally appeared _____, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and that such person executed this document this the _____ day of _____, 20____.

Notary Public

My Commission Expires: _____