

APPLICATION FOR BEER PERMIT
STATE OF TENNESSEE

City of Clifton

NOTICE: A non-refundable \$250 fee must accompany this application. If the application is approved, you are required to provide documentation of sales tax registration to the City within ten (10) days of approval. Any applicant making false statements in this application shall forfeit his permit and shall not be eligible to receive any permit for a period of ten (10) years.

A privilege tax of \$100 is imposed on the business of selling, distributing, storing, or manufacturing beer in the State of Tennessee, due each January 1. Any holder of a beer permit issued after January 1, 1994, shall pay a pro-rated portion of this annual tax when the permit is issued.

Applying for: (choose one)

- ON PREMISES
- OFF PREMISES
- ON AND OFF PREMISES
- MANUFACTURER OR DISTRIBUTOR
- SPECIAL EVENT

I hereby make application for a permit to sell, store, manufacture, or distribute beer or other beverages authorized to be sold, stored, manufactured, or distributed under the provisions of Tennessee Code Annotated 57-5-101 et seq. and base my application upon the answers to the following questions:

1. Full name of applicant (owner):

- Person
- Firm
- Corporation
- Joint Stock Company
- Syndicate
- Association

2. List all persons, firms, corporations, joint stock companies, syndicates or associations having at least a 5% ownership interest in the business (attach additional page if needed)

3. What is your present home address?

4. Previous address(es) (within the last 10 years):

5. Date of birth: _____ Home Telephone: _____
Business telephone: _____

6. Under what name will this business operate?

7. Location of business by street address or other geographical description and phone number of the business:

8. Specify the identity and address of the person to receive the annual privilege tax notices, and any other communication from the City:

9. Give the name and address of the property owner, if other than the business owner:

10. Will the permit be used to operate two or more restaurants or other businesses under the same permit (as permitted by Section 57-5-103(a)(4)) within the same building?

- Yes
- No

If yes, how many? _____

List the names of the restaurants or other businesses and describe their location:

11. Give the name, date of birth, and address of any manager other than the applicant:

12. Has any person having at least a 5% ownership interest, any of the managers listed in question 11, or any other employee of the business been convicted of any violation of the beer or alcoholic beverage laws or any crime (other than minor traffic violations) within the past ten (10) years?

Yes

No

If yes, give the particulars of each charge, court, and date convicted:

13. In reference to question 12, has this owner or the owners organization had a beer permit revoked, suspended, or denied in the State of Tennessee?

Yes

No

If yes, specify where, when, and why:

14. Give the name, relationship to applicant (if applicable) and address of the former beer permit holder at the location: _____

15. What is the name and address of the church or other place of worship nearest to your business? _____

16. What is the name and address of the school nearest to your business?

17. What is the name and address of the owner of the nearest residential dwelling to your business?

** (The City may have adopted an ordinance forbidding the sale, storage, and/or manufacture of beer and like beverages within so many feet of schools, churches, residences, and/or other places of public gathering.)

I am knowledgeable of the laws prohibiting the sale of beer to minors. I hereby certify that no person having at least 5% ownership interest, nor has 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 places of public gathering, or otherwise interferes with public health, safety and/or morals.

Signature of Applicant/Owner (or Authorized Corporate Officer)

Sworn to and subscribed before me this ____ day of _____.

Notary Public

My Commission Expires: _____.