



JIM STRICKLAND MAYOR

JOY TOULIATOS

PERMITS - LICENSES ADMINISTRATOR

MEMPHIS ALCOHOL COMMISSION/PERMITS OFFICE

2714 UNION AVENUE, EXTENDED, SUITE 100

MEMPHIS, TN 38112

(O) 901 636 6711 (FAX) 901 323 9913 (EMAIL)permits@memphistn.gov

WEB: http://www.memphistn.gov

APPLICATION FOR BEER PERMIT

\$250 FEE IS NON-REFUNDABLE

\$10 PUBLIC NOTICE SIGNAGE FEE

APPLICANT IS SEEKING AN OFF-PREMISE BEER TASTING PERMIT

1. APPLICANT/OWNERSHIP (example-Corporation, LLC, sole proprietorship or partnership):

1a. IF CORPORATION LLC, LP, LLP, LIST PLACE & DATE INCORPORATED/REGISTERED WITH SEC. OF STATE: _____

2. OWNER'S OR BUSINESS NAME (this is the name that will appear on the Beer Permit): _____

3. BUSINESS ADDRESS OR ADDRESS OF EVENT: _____

4. BUSINESS PHONE NUMBER(S): _____

5. APPLICANT'S EMAIL ADDRESS AND/OR WEB SITE: _____

6. PROVIDE NAME, ADDRESS, PHONE NUMBER AND E-MAIL ADDRESS OF A REPRESENTATIVE TO RECEIVE THE ANNUAL TAX NOTICE AND ANY OTHER COMMUNICATIONS FROM THE CITY OF MEMPHIS ALCOHOL COMMISSION/PERMITS OFFICE:

| NAME | ADDRESS | TELE. # | EMAIL ADDRESS |
|------|---------|---------|---------------|
| | | | |

7. PROVIDE NAME, ADDRESS, PHONE NUMBER AND E-MAIL ADDRESS OF A REPRESENTATIVE DESIGNATED TO PICK-UP THE APPROVED PERMIT IF OTHER THAN THE PERSON SIGNING THE PERMIT APPLICATION.

| NAME | ADDRESS | TELE. # | EMAIL ADDRESS |
|------|---------|---------|---------------|
| | | | |

8. HAS THE APPLICANT EVER HAD A BEER PERMIT REVOKED, SUSPENDED OR DENIED IN THE STATE OF TENNESSEE?
 YES NO If yes, explain:

9. WILL THE ESTABLISHMENT PERMIT DANCING, FLOOR SHOWS OR ANY OTHER FORM OF ENTERTAINMENT? YES NO

9a. APPLICANT AGREES TO NOT PERMIT ADULT ENTERTAINMENT IN VIOLATION OF THE CITY OF MEMPHIS ORDINANCES, TENNESSEE CODE ANNOTATED § 7-51-1101 et seq. as ADOPTED BY THE SHELBY COUNTY BOARD OF COMMISSIONERS. YES NO

10. LIST ALL PERSONS, FIRMS, CORPORATIONS, JOINT-STOCK COMPANIES, SYNDICATES, OR ASSOCIATIONS HAVING AN INTEREST IN THE APPLICANT. COMPLETE IN DETAIL. ADD SEPARATE SHEET, IF NEEDED. ACCOUNT FOR 100% OF OWNERSHIP. IF NON-PROFIT/CHARITY, LIST DIRECTORS OR OFFICERS

| NAME (FIRST, MIDDLE, LAST) | TITLE AND % OF OWNERSHIP | HOME ADDRESS & TELEPHONE # (city, state, zip code) | DATE/ CITY OF BIRTH | SEX | U.S. CITIZEN | |
|----------------------------|--------------------------|--|---------------------|-----|--------------|----|
| | | | | | YES | NO |
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11. LIST ALL PERSONS THAT MAY BE LEFT IN CHARGE OF THE BUSINESS AT ANY TIME NOT LISTED ABOVE (add list, if needed):

NAME: _____ SSN: _____ PREFERRED TELEPHONE #: _____
 NAME: _____ SSN: _____ PREFERRED TELEPHONE #: _____

12. ARE YOU FAMILIAR WITH AND/OR IN POSSESSION OF THE LAWS OF THE STATE OF TENNESSEE AND THE CITY OF MEMPHIS GOVERNING THE SALE OF BEER? YES NO (A NEGATIVE RESPONSE DOES NOT EXEMPT A PERMIT HOLDER FROM BEING CITED FOR VIOLATING ANY OF THE LAWS OF THE STATE OF TENNESSEE OR THE CITY OF MEMPHIS AND/OR THE RULES AND REGULATIONS OF THE MEMPHIS ALCOHOL COMMISSION ALL OF WHICH MAY BE UPDATED FROM TIME TO TIME!)

13. HAS ANY PERSON, FIRM, JOINT-STOCK COMPANY, SYNDICATE OR ASSOCIATION HAVING AT LEAST A FIVE PERCENT (5%) OWNERSHIP INTEREST IN THE APPLICANT OR ANY PERSON TO BE EMPLOYED IN THE DISTRIBUTION OR SALE OF BEER BEEN CONVICTED OF, OR RELEASED FROM INCARCERATION FOR ANY VIOLATION OF THE LAWS AGAINST POSSESSION, SALE, MANUFACTURE OR TRANSPORTATION OF BEER OR OTHER ALCOHOLIC BEVERAGES OR ANY CRIME INVOLVING MORAL TURPITUDE WITHIN THE PAST TEN (10) YEARS? (MORAL TURPITUDE MEANS PREMEDITATED MURDER, ALL SEX RELATED CRIMES, THE ILLEGAL SALE OF SCHEDULE I AND II CONTROLLED SUBSTANCES, AND CRIMES OF FRAUD OR EMBEZZLEMENT.) YES NO IF YES, COMPLETE BELOW (attach a separate sheet if necessary)

| NAME | CHARGE | DATE OF CONVICTION | DISPOSITION | LIST LOCATION, COUNTY AND STATE |
|------|--------|--------------------|-------------|---------------------------------|
| | | | | |
| | | | | |

14. PROVIDE PROPERTY OWNER OR LANDLORD INFORMATION BELOW:

NAME: _____ FULL ADDRESS: _____
 PREFERRED PHONE NUMBER: _____ EMAIL ADDRESS: _____
 IF LEASED, EXPIRATION DATES: _____ IF OWNED, DEED/VOLUME AND PAGE (OR INSTRUMENT) _____
 (Attach a copy of the lease)

15. A CERTIFIED SURVEY IS REQUIRED FOR ANY NEW BUSINESS. THE SURVEY MUST SHOW A LINEAR MEASUREMENT BEGINNING FROM A POINT IN THE CENTER LINE OF THE PUBLIC OR PRIVATE STREET ADJACENT TO THE THRESHOLD ON WHICH THE BUSINESS FRONTS; IT MUST ALSO SHOW A 250 FOOT RADIUS MEASURED FROM THE POINT IN THE CENTER OF THE THRESHOLD AND MUST INDICATE ANY CHURCH, SCHOOL, OR ANY RESIDENTIAL PROPERTY ZONED R-15, R-10, R-8, R-3 OR RU-1 WITHIN THESE MEASUREMENTS (City of Memphis Ordinance Sec. 7-11-A & B). IS THE SURVEY ATTACHED? YES NO

16. FOR ON-PREMISE, DESCRIBE EACH AREA OF THE LOCATION TO BE COVERED UNDER THIS BEER PERMIT BELOW (patio, deck, etc.):

(ALSO PROVIDE A SEPARATE DRAWING THAT SHOWS THE AREA(S) OF THE BUSINESS TO BE COVERED UNDER THE BEER PERMIT)

16a. WILL THE ON-PREMISE BUSINESS SERVE FOOD? YES NO

16b. IF YES, WILL FOOD SALES BE LESS THAN 40% OF TOTAL SALES? YES NO (If yes and the location is also within the restricted area as defined in 15 above, after six months of initial operation, proof must be provided, at that time, to the Permits Office that food sales for that six month period were a minimum of 40% of all sales).

17. HAS THE APPLICANT EVER HAD A BEER PERMIT REVOKED, SUSPENDED OR DENIED IN THE STATE OF TENNESSEE? YES NO IF YES, PLEASE EXPLAIN.

18. HAVE YOU RECEIVED A COPY OF THE BEER LAWS OF THE STATE OF TENNESSEE AND THE CITY OF MEMPHIS OR RULES AND REGULATIONS OF THE CITY OF MEMPHIS ALCOHOL COMMISSION? YES NO IF YES, RECEIVED IN PERSON OR DOWNLOADED FROM PERMITS.MEMPHISTN.GOV OTHER

19. PROVIDE NAME, ADDRESS, PHONE NUMBER AND E-MAIL ADDRESS OF A REPRESENTATIVE TO RECEIVE THE ANNUAL TAX NOTICE AND ANY OTHER COMMUNICATIONS FROM THE CITY OF MEMPHIS ALCOHOL COMMISSION.

NAME _____ ADDRESS _____ TELE. # _____ EMAIL _____

20. PROVIDE NAME, ADDRESS, PHONE NUMBER AND E-MAIL ADDRESS OF A REPRESENTATIVE DESIGNATED TO PICK-UP THE APPROVED PERMIT IF OTHER THAN THE PERSON SIGNING THE PERMIT APPLICATION.

NAME _____ ADDRESS _____ TELE. # _____ EMAIL _____

AFFIRMATION:

I. APPLICANT HEREBY SOLEMNLY SWEARS OR AFFIRMS THAT EACH AND EVERY STATEMENT IN THE FOREGOING APPLICATION IS TRUE AND CORRECT; THAT THE APPLICANT WILL NOTIFY THE CITY OF MEMPHIS ALCOHOL COMMISSION/PERMITS OFFICE IF THERE IS A CHANGE THAT AFFECTS THE RESPONSES PROVIDED IN THIS APPLICATION; THAT (1) NO BEER WILL BE SOLD EXCEPT AT PLACES WHERE SUCH SALE WILL NOT CAUSE CONGESTION OF TRAFFIC OR INTERFERENCE WITH SCHOOLS, CHURCHES, OR OTHER PLACES OF PUBLIC GATHERING, OR OTHERWISE INTERFERE WITH PUBLIC HEALTH, SAFETY AND MORALS; (2) NO SALE SHALL BE MADE TO ANYONE UNDER 21 YEARS OF AGE; (3) NO PERSON, FIRM, CORPORATION, JOINT-STOCK COMPANY, SYNDICATE OR ASSOCIATION HAVING AT LEAST A FIVE PERCENT (5%) OWNERSHIP INTEREST IN THE APPLICANT OR ANY PERSON TO BE EMPLOYED IN THE DISTRIBUTION OR SALE OF BEER HAS BEEN CONVICTED OF OR RELEASED FROM INCARCERATION FOR, ANY VIOLATION OF THE LAWS AGAINST POSSESSION, SALE, MANUFACTURE, OR TRANSPORTATION OF BEER OR OTHER ALCOHOLIC BEVERAGES OR ANY CRIME INVOLVING MORAL TURPITUDE WITHIN THE PAST TEN (10) YEARS; AND (4) NO SALE SHALL BE MADE FOR ON-PREMISES CONSUMPTION UNLESS THE APPLICATION AND THE PERMIT SO STATE. IF ANY STATEMENT HEREIN IS FALSE, THE APPLICANT SHALL FORFEIT ITS PERMIT AND SHALL NOT BE ELIGIBLE TO RECEIVE ANY PERMIT FOR A PERIOD OF TEN (10) YEARS, IN ACCORDANCE WITH TCA 57-5-105(d).

NOTARY

Before me appeared, _____ (PRINTED NAME) this ____ day of _____, 20____ known to me to be the same individual who affixed their signature below.

Applicant's signature Date

Notary's signature Date My commission expires: _____

****DO NOT WRITE BELOW THIS LINE/ALCOHOL COMMISSION STAFF ONLY**

DATE FILED: _____ RECEIVED BY: _____ PROPOSED MAC MEETING DATE: _____
PROCESSED BY: _____ REVIEWED BY: _____
MAC ACTIONS-DATE: _____ APPROVED DENIED CONTINUATION DATE: _____
MAC ACTIONS-DATE: _____ APPROVED DENIED CONTINUATION DATE: _____
MAC ACTIONS-DATE: _____ APPROVED DENIED CONTINUATION DATE: _____
MAC ACTIONS-DATE: _____ APPROVED DENIED CONTINUATION DATE: _____
ISSUE DATE: _____ BY: _____