

# TOWN OF WHITE PINE

## APPLICATION FOR BEER PERMIT

State of Tennessee - County of Jefferson

To the Board of Mayor and Aldermen acting as Beer Board of the Town of White Pine, Tennessee.

I hereby make application for a permit to sell, store, manufacture or distribute beer or other beverages authorized to the 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:

Applying for:    Off-Premise Sales        On-Premise Sales      
(Please check one)

1. Name of Owner of Business: \_\_\_\_\_  
(T.C.A. 57-5-103 (a)(2): Permits shall be issued to the owner of the business, whether a person, firm, corporation, joint-stock company, syndicate, or association)  
If owner is an individual please list home address: \_\_\_\_\_ SS# \_\_\_\_\_  
Home Phone: \_\_\_\_\_ SS# \_\_\_\_\_

If a firm, corporation, joint-stock company, syndicate, or association please list all persons having at least a 5% ownership interest in the business:

(1) Name: \_\_\_\_\_ Home Phone \_\_\_\_\_  
Home Address: \_\_\_\_\_ SS# \_\_\_\_\_  
(2) Name: \_\_\_\_\_ Home Phone \_\_\_\_\_  
Home Address: \_\_\_\_\_ SS# \_\_\_\_\_  
(3) Name: \_\_\_\_\_ Home Phone \_\_\_\_\_  
Home Address: \_\_\_\_\_ SS# \_\_\_\_\_  
(Please attach additional page if needed)

2. Name under which business will be operated: \_\_\_\_\_

3. Address of business where permit will be exercised: \_\_\_\_\_

4. Owner of premises on which business is located, if other than business owner:  
Name: \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address: \_\_\_\_\_

5. Name and distance from the nearest church: \_\_\_\_\_  
School: \_\_\_\_\_  
Hospital: \_\_\_\_\_  
(Section 8-211 of Ord. 8-07 prohibits the sale, storage, or manufacture of beer within 400' of such establishments)

6. Name and distance from the nearest residential dwelling: \_\_\_\_\_

(Section 8-211 prohibits the sale, storage, or manufacture of beer within 100' of a residential dwelling)

7. Name of manager of business for which permit is applied: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ DOB: \_\_\_\_\_ Drivers Lic. No. \_\_\_\_\_

8. Give name, relationship to applicant (if applicable) and home address of the former beer permit owner at this location: \_\_\_\_\_

9. Name and mailing address to which all business correspondence should be mailed: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

10. Have any of the owners owned or currently own any other businesses: \_\_\_\_\_  
(If yes, please list name and address of each business: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Have any of the owners, partners, or employees been convicted of any violation of the beer and alcoholic beverage laws or any crime within the last ten (10) years? \_\_\_\_\_  
If so, give particulars of each charge, court and date of conviction: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Have you or any of the owners had a beer permit revoked, suspended, or denied in the State of Tennessee? \_\_\_\_\_ If so, specify where, when, and why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Will permit be used to operate two or more businesses under the same permit as permitted by TCA 57-5-103 (a) (4) within the same building? \_\_\_\_\_ If so, specify number \_\_\_\_\_. List the names of the other businesses and describe their location in conjunction with the other business(es): \_\_\_\_\_  
\_\_\_\_\_

14. If a restaurant, what is the seating capacity of the establishment? \_\_\_\_\_  
(Section 8-209(a) requires seating capacity of minimum of 75 people)

15. Is the restaurant located in a hotel or motel? \_\_\_\_\_ If so, how many rooms does the hotel or motel provide? \_\_\_\_\_  
(Section 8-209(a) requires the hotel/motel to provide a minimum of 30 rooms or suites)

I hereby solemnly swear that each and every statement in the above application is true and correct and agree that, if any statement therein is false, the permit issued pursuant thereto may be revoked by the Town of White Pine Beer Board upon notice and hearing, in which event the burden shall be on the applicant to prove the correctness of all the statements in this application.

I also give consent to the investigative officer of the Town of White Pine to do any necessary background checks for any violations of alcohol beverage laws.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_  
Notary  
My commission expires: \_\_\_\_\_

**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 town within ten (10) days of approval. Any applicant making false statements in this application shall forfeit the 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 in the State of Tennessee 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.

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(Town of White Pine Beer Board Use Only)

Application Approved: \_\_\_\_\_ Denied: \_\_\_\_\_  
Date Date Date

Attest: \_\_\_\_\_ Title: \_\_\_\_\_