## 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:

| <u>X</u>  | ON PREMISES PERMIT OFF PREMISES PERMIT ON AND OFF PREMISES PERMIT MANUFACTURER'S OR DISTRIBUTOR'S PERMIT SPECIAL EVENTS PERMIT HOURS OF EVENT  PERMIT NEEDED  9/1/12  3:30 pm - 11pm.                  |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DATE      | PERMIT NEEDED 9/1/12 3',30 pm - 1/pm.                                                                                                                                                                  |
|           | 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) Scott Ducas                                                                                                                                                                          |
|           | Person Firm Corp LLC \( \subset \) Joint-stock co Syndicate Association                                                                                                                                |
|           | 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. |
|           | Scott Duckj ) 1725 Jihn Sharp 1<br>TANKE DUCKJ Spring Hill in 37174                                                                                                                                    |
|           | If the applicant is a corporation, are they authorized to do business in the State of Tennessee?                                                                                                       |
| <b>!.</b> | Under what trade name will this business operate?                                                                                                                                                      |
| -         | City of Franklin business account number                                                                                                                                                               |

| 5. | Location of the business by street address. For special event, list location of the event.  THE FACTORY AT FRANKLIX 615-291-1777  230 FRANKLIX RD., FRANKLIX, TN 37064                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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|    | 230 FRANKUN RD., FRANKUN, TN 37064                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | Phone number of the business 6/5-79/-/277                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 6. | Please give the following information on the person who will be managing the business. This person is an owner or a managing agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|    | Drivers license #te                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|    | Date of birth Soc. Sec. #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|    | Home phone # Daytime phone #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 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 $\frac{\sum_{co} T}{\sum_{co} \frac{\sum_{co} T}{\sum_{co} T}}}}}} $ Mailing Address $\frac{1}{\sum_{co} T}$ |
|    | City, State, Zip NASHUILLE, TIN 37214                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|    | Daytime contact phone number 615-479-7751                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|    | If so, specify number List the names of the restaurants or other businesses and describe their location (use additional sheet if necessary)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| 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 crim (other than minor traffic violations) within last ten (10) years? 📈 If so, give particulars of each charge, court and date convicted.  Has this owner or the owners organization had a beer permit revoked, suspended                                                                                                                                                                                           |   | Do you own the premises on which you will operate? If no, please give the name and address of the property owner.                                                                                                                            |
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| business been convicted of any violation of beer or alcoholic beverage laws or any crim (other than minor traffic violations) within last ten (10) years?   If so, give particulars of each charge, court and date convicted.  Has this owner or the owners organization had a beer permit revoked, suspended or denied in the State of Tennessee? Yes No If so, please give date, place and cause of said revocation.  Give the name and address of the former beer permittee at this establishment.                                                                                      |   | THE FACTORY AT FRANKLIN                                                                                                                                                                                                                      |
| 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 crim (other than minor traffic violations) within last ten (10) years?   O If so, give particulars of each charge, court and date convicted.  Has this owner or the owners organization had a beer permit revoked, suspended or denied in the State of Tennessee? Yes No If so, please give date, place and cause of said revocation.  Give the name and address of the former beer permittee at this establishment. |   | Z30 FRANKLIN RD., FRANKLIK, TIK, 3706                                                                                                                                                                                                        |
| or denied in the State of Tennessee? Yes No _X If so, please give date, place and cause of said revocation.  Give the name and address of the former beer permittee at this establishment.                                                                                                                                                                                                                                                                                                                                                                                                 |   | 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 crin (other than minor traffic violations) within last ten (10) years? |
| Give the name and address of the former beer permittee at this establishment.  SAME OWNER 8 YEARS -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   | 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, plac and cause of said revocation.                                                    |
| SAME OWNER 8 YEARS -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |   |                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   | Give the name and address of the former beer permittee at this establishment.                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   | SAME OWNER 8 YEARS -                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   | SAME DUNER 8 YEARS -  Give applicant's history of involvement in the beer business, if any.                                                                                                                                                  |
| FRANKLIN JAZZ FESTIVAL PERMIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   | SAME DUNER 8 YEARS -  Give applicant's history of involvement in the beer business, if any.  FRANKLIN TAZZ FESTIVAL PERMIT                                                                                                                   |
| FRANKLIN TAZZ FESTIVAL PERMIT<br>YEARS 2005 - PRESENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |   | SAME DUNER 8 YEARS -  Give applicant's history of involvement in the beer business, if any.  FRANKLIN TAZZ FESTIVAL PERMIT  YEARS 2005 - PRESENT                                                                                             |
| FRANKLIN TAZZ FESTIVAL PERMIT  YEARS 2005 - PRESENT  Give applicant's employment record for the past 10 years.                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   | SAME OWNER 8 YEARS—  Give applicant's history of involvement in the beer business, if any.  FRANKLIN TAZZ FESTIVAL PERMIT  YEARS ZOOS—PRESENT  Give applicant's employment record for the past 10 years.                                     |
| FRANKLIN TAZZ FESTIVAL PERMIT<br>YEARS 2005 - PRESENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | • | SAME OWNER 8 YEARS  Give applicant's history of involvement in the beer business, if any.  FRANKLIN TAZZ FESTIVAL PERMIT  YEARS ZOOS - PRESENT  Give applicant's employment record for the past 10 years.  ZIA MUSIC PRODUCTION - 25 YEARS   |

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

23RO AMNYAC FRANKLIK JAZZ FESTIUAC

- 16. Will a full course menu be served? YES IT WILL BE AUAICABLE.
- 17. Will separate and sanitary facilities be maintained for men and for women? YES
- 18. Will dancing be allowed on your premises? YES

  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.

- (l) You will not allow any sale or delivery of beer for consumption on the premises outside of the building, it being the intention to prohibit the sale of beer by what is commonly known as "curb service" or "curb sales" of beer.
- (m) You will comply with all requirements of section 2-201 through 2-229 of the municipal code of the City of Franklin.

A non-refundable \$250 fee must accompany this application and the application shall be submitted at least fifteen (15) days prior to the Beer Board meeting at which it is to be considered. If the application is approved you are required to provide documentation of sales tax registration to the city within ten days of approval. Any applicant making false statement in this application shall forfeit his permit and shall not be eligible to receive any permit for a period of ten years.

A privilege tax of \$100 is imposed on the business of selling, distributing, storing or manufacturing beer in this state 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.

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 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.

| Sut Atoms                                                                              |
|----------------------------------------------------------------------------------------|
| Signature of Applicant/Owner (or Authorized Corporate Officer)                         |
| On behalf of: FRANKLIN TAZZ FESTICAL- Name of Business Entity                          |
| Sworn to and subscribed before me this Hay of July 20 13  STATE OF  STATE OF  STATE OF |
| TENNESSEE NOTARY                                                                       |
| Notary Public PUBLIC                                                                   |
| My Commission Expires: 3/10/2013 My Commission Expires March 16, 2013                  |
| Official Use Only                                                                      |
| Application Fee \$ 250.00 Date Paid 1-24-12                                            |
| Privilege Tax \$ Date Paid                                                             |
| Board Meeting Date 8, 14, 12                                                           |

City of Franklin POB6x 705 Franklin, TN 37065 (615) 791-3225

| DATE:         | 200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
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| TO:           | POLICE CHIEF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
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| FROM:         | CHRISTY MCCANDLESS, ACC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | OUNT MGM                | TSEPERVISOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |
| RE:           | RECORDS CHECK FOR APPLI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | CATION FOR              | R BEER PERMIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
|               | BEER BOARD MEETING DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
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| 🗀 Applin      | ant is requesting a temporary pern                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | nit. <b>Please</b> rete | urn ASAP.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |
|               | return by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                         | on for Beer Reard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |
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| Name of Busi  | ness <u>Francisco</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2.3                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
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| Managing Ag   | (41)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
| Drivers Licen |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5,732                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
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|               | siend. Bused on information available to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ing |
|               | if the permit under the provisions of Title<br>commending. Based on information availa-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
| recento       | seoding approval of a permit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
| CONTRAL E     | ECORDS DIVISION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         | 10 July 10 Jul |     |
|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
| A CARACLES    | POLICE DEPT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
|               | POLICEDERI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
| By            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
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| By            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |

### **POLICE DEPARTMENT**

**David Rahinsky** Chief of Police



**Dr. Ken Moore** Mayor

**Eric S. Stuckey** City Administrator

June 25, 2012

TO:

Chief David Rahinsky

FROM:

Lieutenant Kevin Teague

THRU:

Deputy Chief Bruce Bateman Bolates

SUBJECT:

Beer Board Background Checks

A background check was completed on Mike Wyatt, Managing Agent for the Franklin Jazz Festival, and found to be clear.

# City of Franklin PO Box 705

P O Box 705 Franklin, TN 37065 (615) 791-3225

| DATE:            | 7-23-2017                                                                  |                    |                     |       |
|------------------|----------------------------------------------------------------------------|--------------------|---------------------|-------|
| TO:              | CODES DEPT<br>FIRE DEPT                                                    |                    |                     |       |
| FROM:<br>RE:     | CHRISTY MCCANDLES BUILDING INSPECTION                                      |                    |                     |       |
|                  | REMISES PERMIT                                                             |                    | TO TOK BEEK         | CRIMI |
| OFF P ON AT MANU | REMISES PERMIT ND OFF PREMISES PERN JFACTURER'S OR DISTR (AL EVENTS PERMIT |                    | ПТ                  |       |
| ك Applic         | ant is requesting a tempora                                                | ry permit. Please  | return ASAP.        |       |
|                  | return by <u>8-/-20/.</u><br>g agenda.                                     | _to provide inform | ation for Beer Boar | d     |
| Beer Board M     | lecting Date <u>2-13</u>                                                   | <u>2-0/</u> 2,     |                     |       |
| Name of Busin    | ness <u>Frankli</u>                                                        | JA22               | Fativas             |       |
| Location of Bi   | usiness <u>230 Fraak</u>                                                   | Klin Roj           | Frankii<br>172 Sar  |       |
| CODES DEP        |                                                                            |                    | 25-2012             |       |
| Building Insp    | ector                                                                      | Date               | 45 - 401 <u>2</u>   |       |
| FIRE DEPT        |                                                                            |                    |                     |       |
| Fire Inspector   | •                                                                          | Date               |                     |       |

# City of Franklin PO Box 705

P O Box 705 Franklin, TN 37065 (615) 791-3225

| DATE:            | 17/22/2012 2 m                                                                                        |                                 |             |
|------------------|-------------------------------------------------------------------------------------------------------|---------------------------------|-------------|
| TO:              | CODES DEPT<br>FIRE DEPT                                                                               |                                 |             |
| FROM:            | CHRISTY MCCANDLESS, A                                                                                 | CCOUNT MGMT SUPERVI             | SOR         |
| RE:              | BUILDING INSPECTIONS FO                                                                               | OR APPLICATION FOR BE           | ER PERMIT   |
| OFR<br>ON<br>MAI | PREMISES PERMIT F PREMISES PERMIT AND OFF PREMISES PERMIT NUFACTURER'S OR DISTRIBU CIAL EVENTS PERMIT | TOR'S PERMIT                    |             |
| ف App            | olicant is requesting a temporary po                                                                  | ermit. Please return ASAP.      |             |
|                  | se return by $\frac{S-/ \mathcal{D} /2}{\log agenda}$ to p                                            | provide information for Beer I  | Board       |
| Beer Board       | Meeting Date <u>S-/3-50</u>                                                                           |                                 |             |
| Name of Bu       | usiness <u>Franklin</u> J                                                                             | -<br>Hertor                     |             |
| Location of      | Business <u>2-0 - 0 + 1</u>                                                                           | <u>ing katikan</u><br>Palikanan |             |
| CODES DE         | <u>ept</u>                                                                                            |                                 |             |
| Building In      | spector                                                                                               | Date                            |             |
| FIRE DEPT        | r<br>Mula                                                                                             |                                 |             |
| Fire Inspect     | tor CT()CU                                                                                            | Data                            | <del></del> |