



Meridian  
↑ 2000 Meridian Dr.

5. Location of the business by street address. For special event, list location of the event.

4731 Tronsdale Drive, Suite 9, Nashville, TN 37220

Phone number of the business 615-732-0760

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 [REDACTED]

Drivers license # [REDACTED] State [REDACTED]

Date of birth [REDACTED] Soc. Sec. # [REDACTED]

Home phone [REDACTED] Daytime phone [REDACTED]

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 Elaine Wells Title President/Owner

Mailing Address 4731 Tronsdale Drive, Suite 9

City, State, Zip Nashville, TN 37220

Daytime contact phone number 615-732-0760

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)

\_\_\_\_\_  
\_\_\_\_\_

Event will be held at Meridian

9. Do you own the premises on which you will operate? No  
If no, please give the name and address of the property owner.

Boyle Investment Company  
2000 Meridian Blvd, Suite 250, Franklin, TN 37067

10. 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 crime (other than minor traffic violations) within last ten (10) years? No If so, give particulars of each charge, court and date convicted.

\_\_\_\_\_  
\_\_\_\_\_

11. 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.

\_\_\_\_\_  
\_\_\_\_\_

12. Give the name and address of the former beer permittee at this establishment.

N/A  
\_\_\_\_\_  
\_\_\_\_\_

13. Give applicant's history of involvement in the beer business, if any.

Similar events in 2006, 07, 08, 09, 10, 11  
\_\_\_\_\_  
\_\_\_\_\_

14. Give applicant's employment record for the past 10 years.

President/Owner Well-Planned Events 2005-Present  
President Traveltime Services 1996-2005  
\_\_\_\_\_

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

Special Event - Boyle Meridian

16. Will a full course menu be served? Yes

17. Will separate and sanitary facilities be maintained for men and for women? Yes

18. Will dancing be allowed on your premises? NO  
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? \_\_\_\_\_

**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.*

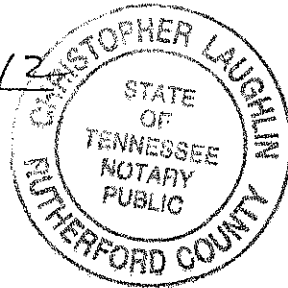
*C. Elaine Stells*

Signature of Applicant/Owner (or Authorized Corporate Officer)

On behalf of: *Stell Planned Events Inc.*  
Name of Business Entity

Sworn to and subscribed before me this 24 day of August, 2012

*Christopher Laughlin*  
Notary Public



My Commission Expires: May 13, 2013

<b>Official Use Only</b>	
Application Fee \$ <u>250.<sup>00</sup></u>	Date Paid <u>8/27/12</u>
Privilege Tax \$ _____	Date Paid _____
Board Meeting Date <u>9/11/12</u>	

City of Franklin

P.O. Box 705  
Franklin, IN 47065  
1615/791-3225

DATE: 8/21/12  
TO: POLICE CHIEF  
FROM: CHRISTY MCCANDLESS, ACCOUNT MGMT SUPERVISOR  
RE: RECORDS CHECK FOR APPLICATION FOR BEER PERMIT  
BEER BOARD MEETING DATE: 9/11/12

- Applicant is requesting a temporary permit. Please return W-1.
- Please return by 9/21/12 to provide information for Beer Board meeting agenda.

Name of Business: Small Wood Foods

Location of Business: 2000 ...

Name of applicant: Small Wood Foods

Managing Agent: [Redacted]

Drivers License: [Redacted] State: [Redacted]

Date of Birth: [Redacted] Sex: [Redacted]

- Applicant has provided information available to date. The applicant has no record of conviction under the provisions of Title 14 of the Indiana Municipal Code.
- Applicant has provided information available to date. The Police Dept. is not recommending approval of a permit.

CENTRAL RECORDS DIVISION  
FRANKLIN POLICE DEPT

By: \_\_\_\_\_  
Date: \_\_\_\_\_  
Approved: \_\_\_\_\_  
Signature

POLICE DEPARTMENT

David Rahinsky  
Chief of Police



Dr. Ken Moore  
Mayor

Eric S. Stuckey  
City Administrator

August 27, 2012

TO: Lt. Charles Warner *Lexis Nexis concurred*

FROM: *Mary Casteel*  
Mary Casteel, Communications Support Coordinator

SUBJECT: Beer Board Background Checks

A local check was completed on Elaine Wells, Managing Agent for Well – Planned Events of Franklin and found to be clear.

A large, stylized handwritten signature in black ink, appearing to read "Dr. Moore".



# City of Franklin

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

RECEIVED AUG 28 2012

DATE: 8/27/12  
TO: CODES DEPT  
FIRE DEPT  
FROM: CHRISTY MCCANDLESS, ACCOUNT MGMT SUPERVISOR  
RE: BUILDING INSPECTIONS FOR APPLICATION FOR BEER PERMIT

- ON PREMISES PERMIT
- OFF PREMISES PERMIT
- ON AND OFF PREMISES PERMIT
- MANUFACTURER'S OR DISTRIBUTOR'S PERMIT
- SPECIAL EVENTS PERMIT

Applicant is requesting a temporary permit. Please return ASAP.

Please return by 8/29/12 to provide information for Beer Board meeting agenda.

Beer Board Meeting Date 9/11/12

Name of Business Wall Placed Events

Location of Business 2000 Mountain Blvd

CODES DEPT

Christy McCandless  
Building Inspector

8-29-12  
Date

FIRE DEPT

\_\_\_\_\_  
Fire Inspector

\_\_\_\_\_  
Date