

12-43

**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:

ON PREMISES PERMIT
 OFF PREMISES PERMIT
 ON AND OFF PREMISES PERMIT
 MANUFACTURER'S OR DISTRIBUTOR'S PERMIT
 SPECIAL EVENTS PERMIT DATE OF EVENT 10/26/2012
HOURS OF EVENT 7 pm-10 pm

DATE PERMIT NEEDED 10/10/2012

PERMITS SHALL BE ISSUED TO THE OWNER OF THE BUSINESS, WHETHER A PERSON, FIRM, CORPORATION, JOINT-STOCK COMPANY, SYNDICATE, OR ASSOCIATION.

1. Owner (Applicant) Paul Malone
Person Firm Corp LLC Joint-stock co. Syndicate 501(c)3
2. 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.

501(c)3 charitable organizations are not owned by any individual and are rather overseen by a Board of Directors. We have attached our Board list with current board members with this application.

3. If the applicant is a corporation, are they authorized to do business in the State of Tennessee?

4. Under what trade name will this business operate?
The Brown Center for Autism

City of Franklin business account number N/A

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

Special event located at The Factory at Franklin, 230 Franklin Rd, Franklin, TN 37064

Phone number of the business (615) 385-7994 (Brown Center number); (615) 791-1777
(Factory number) _____

6. Please give the following information on the person who will be managing the business. This person is an owner _____ or a managing agent X.

Name _____

Drivers license # _____

State _____

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 Juli Liske

Title Executive Director

Mailing Address 2702 Greystone Rd

City, State, Zip Nashville TN 37204

Daytime contact phone number (615) 293-4785

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 X.

If so, specify number _____. List the names of the restaurants or other businesses and describe their location (use additional sheet if necessary)

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

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 X 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.

We have not previously had a beer permit

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

None

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

N/A- one time 501(c)3 charity event

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

The Brown Center is hosting a fundraising event in Jamison Hall of The Factory where beer will be served to patrons, compliments of Blackstone Brewery

16. Will a full course menu be served? No, hors d'oeuvres
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.

[Handwritten Signature]

Signature of Applicant/Owner (or Authorized Corporate Officer)

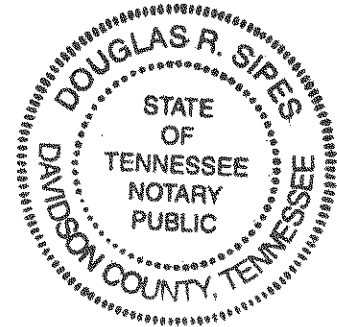
On behalf of: The Brain Center for Autism
Name of Business Entity

Sworn to and subscribed before me this 19 day of Sept, 2012

[Handwritten Signature]
Notary Public

Douglas R. Sipes
Commission Expires

My Commission Expires: November 4th 2013



Official Use Only

Application Fee \$ 250.⁰⁰ Date Paid 9/20/12

Privilege Tax \$ — Date Paid —

Board Meeting Date 10 / 9 / 12

The Brown Center for Autism—Board of Directors

Bruce Mangrum, BS, MBA – Board Chair & Treasurer

AT&T--Senior Manager, Network Process & Quality
Parent of Individual with Autism
1515 Lipscomb Dr.
Brentwood, TN 37027
615.376.7741
615.310.4501
mangrum1515@bellsouth.net

Katherine Alsup, Pharm. D. – Board Vice Chair

Pharmacy Provider for Nissan North America
Parent of Individual with Autism
4020 Overbrook Drive
Nashville, TN 37204
615.554.4322 cell
615.385.3735 home
klalsup@comcast.net

Phil Barnes, BS – Board Secretary

Vice President, The Crichton Group
1183 Cross Creek Drive
Franklin, TN 37067
615.986.6114
pbarnes@cbjw.net

Rachael Fajardo, B.S.

7221 Hwy 70S Unit 604
Nashville, TN 37221
212.495.9650 cell
615.356.9387 home
Rachael.anne.m@gmail.com

Juli C. Liske

The Brown Center for Autism
Parent of Individuals with Autism
7149 Holt Run Dr.
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615.781.4819
615.293.4785 cell
615.781.3926 fax
juli.liske@thebrowncenter.org

Kelly L. Padgett, J.D.

Bass, Berry & Sims, PLC, Labor & Employment
Associate
Parent of Individual with Autism
7221 Hwy 70S Unit 604
Nashville, TN 37221
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padgett.kelly.l@gmail.com

Ned Andrew Solomon, B.A.

Director, Partners in Policymaking, TN Council on
Developmental Disabilities
Parent of Individuals with Autism
6753 Walnut Hills Drive
Brentwood, TN 37027
615.512.2579
nedandrew@gmail.com

Bill Tennyson, B.S.

Tennyson Financial Services
233 Lauderdale Rd.
Nashville, TN 37205
615.972.2578
bill.tennyson@gmail.com

Terry K. White

Pinnacle Financial Services
1788 Penicuik Lane
Brentwood, TN 37027
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terry.white@pnfp.com

Whitney Wilson

Century 21 Premier Team
181 Due West Dr.
Mount Juliet, TN 37122
615.473.1766
whitneylynnwilson@yahoo.com

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JAN 31 2009

THE BROWN CENTER FOR AUTISM
2702 GREYSTONE RD
NASHVILLE, TN 37204

Employer Identification Number:
26-3131014
DLN:
17053305347018
Contact Person:
WINNIE W LEE ID# 31208
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
August 4, 2008
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

THE BROWN CENTER FOR AUTISM

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

A handwritten signature in black ink that reads "Robert Choi". The signature is written in a cursive style with a large, looping initial "R".

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosures: Publication 4221-PC

City of Franklin

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

DATE:

9/20/12

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 9/27/12 to provide information for Beer Board meeting agenda.

Beer Board Meeting Date

10/9/12

Name of Business

The Brazen Center For Autism

Location of Business

230 Franklin Rd

CODES DEPT

Jeremy Duncan
Building Inspector

9-24-2012
Date

FIRE DEPT

Fire Inspector

Date

City of Franklin

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

DATE:

9/20/12

TO:

CODES DEPT
FIRE DEPT

FROM:

CHRISTY MCCANDLESS, ACCOUNT MGMT SUPERVISOR

RE:

BUILDING INSPECTIONS FOR APPLICATION FOR BEER PERMIT

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CODES DEPT

Building Inspector

Date

FIRE DEPT



Fire Inspector

9-27-12

Date