

1348

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 11/09/2013  
HOURS OF EVENT 7pm - 10pm

DATE PERMIT NEEDED 10/10/2013

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

1. Owner (Applicant) GORDON LISKE  
Person  Firm  Corp  LLC  Joint-stock co.  Syndicate  Association  <sup>501(c)3</sup>

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 members.

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

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

City of Franklin business account number NA

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 BCA (615) 385-7994, Factory (615) 791-1777

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)

NA

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

The Factory Leasing LLC

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.

PAUL MALONE - 2702 Gregstone Rd. Nashville, TN. 37204

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.

The Brown Center For Autism 2009 - Present

FedEx 1994-2009

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

Hosting a Fundraising Event in Liberty Hall at The Factory. Funds raised for direct therapy services for children with autism

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 Brown Center for Autism  
Name of Business Entity

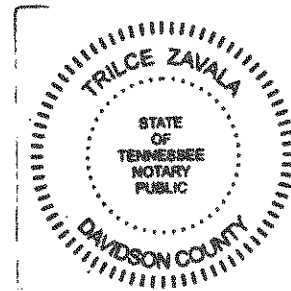
Sworn to and subscribed before me this 30 day of August, 20 13

*[Handwritten Signature]*

Notary Public

My Commission Expires  
November 4, 2013

My Commission Expires: \_\_\_\_\_



Official Use Only			
Application Fee \$	<u>250.00</u>	Date Paid	<u>9-13-13</u>
Privilege Tax \$	_____	Date Paid	_____
Board Meeting Date	<u>10 8, 13</u>		

# The Brown Center for Autism Board of Directors

Bruce Mangrum, MBA

BOARD CHAIR/TREASURER

AT&T–Senior Manager, Network Process & Quality

Parent of Individual with Autism

Katherine L. Aisup, Pharm. D.

BOARD VICE-CHAIR

Pharmacy Provider for Nissan North America

Parent of Individual with Autism

Phil Barnes, B.S.

BOARD SECRETARY

Vice President, The Crichton Group

Jonathan Kerr, ABJ

Partner, Vaco Technology

Leon Wright

MJC Insurance Group, Managing Principal

Parent of an Individual with Autism

Rachael A. Fajardo, B.S.

Parent of individual with Autism

Kelly L. Padgett, J.D.

Bass, Berry & Sims, PLC

Parent of Individual with Autism

Bill Tennyson, B.S.

Tennyson Financial Services

Parent of a Special Needs Individual

Whitney Wilson

Team Wilson–Century 21

Juli C. Liske

Executive Director

The Brown Center for Autism

Parent of Individuals with Autism

POLICE DEPARTMENT


David Rahinsky  
Chief of Police

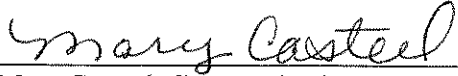


Dr. Ken Moore  
Mayor

Eric S. Stuckey  
City Administrator

September 15, 2013

TO: Lt. Charles Warner 

FROM:   
Mary Casteel, Communications Support Coordinator

SUBJECT: Beer Board Background Checks

A check of Franklin Police Department records was completed on Gordon Liske, Managing Agent for The Brown Center for Autism and found to be clear.

A check was completed through LexisNexis/Accuint and found to be clear

Requested by: Christy McCandless

A handwritten signature in cursive script, appearing to be "Dm".

**City of Franklin**

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

DATE: 9-13-13  
TO: POLICE CHIEF  
FROM: CHRISTY MCCANDLESS, ACCOUNT MGMT SUPERVISOR  
RE: RECORDS CHECK FOR APPLICATION FOR BEER PERMIT  
BEER BOARD MEETING DATE 10-8-13

- Applicant is requesting a temporary permit. Please return ASAP.
- Please return by 8-23-13 to provide information for Beer Board meeting agenda.

Name of Business The Brown Center for Autism *Special Event*  
 Location of Business 230 Franklin Rd (The Factory)  
 Name of applicant The Brown Center for Autism  
 Managing Agent [Redacted]  
 Drivers License [Redacted] State [Redacted]  
 Date of Birth [Redacted] Soc. Sec. # [Redacted]

- Recommend. Based on information available to date, the applicant has no record requiring denial of the permit under the provisions of Title 8 of the Franklin Municipal Code.
- Not recommending. Based on information available to date, the Police Dept. is not recommending approval of a permit.

CENTRAL RECORDS DIVISION  
FRANKLIN POLICE DEPT

By \_\_\_\_\_

Date \_\_\_\_\_

Approved \_\_\_\_\_  
Signature

*CM*



# City of Franklin

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

DATE: 9-13-13

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
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Beer Board Meeting Date 10-8-13

Name of Business The Brown Center for Autism

Location of Business 230 Franklin Rd (The Factory)

## CODES DEPT

[Signature]  
Building Inspector

9-18-13  
Date

## FIRE DEPT

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

\_\_\_\_\_  
Date

# City of Franklin

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

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Location of Business 230 Franklin Rd (The Factory)

## CODES DEPT

\_\_\_\_\_  
Building Inspector

\_\_\_\_\_  
Date

## FIRE DEPT

[Signature]  
Fire Inspector

9/18/13  
Date