

STATE OF TENNESSEE ALCOHOLIC BEVERAGE COMMISSION 226 CAPITOL BOULEVARD BUILDING, SUITE 300 NASHVILLE, TENNESSEE 37243-0755



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Name of	Beer Boa	rd: (14 of FIGOKIO	
Reportin		2013	
Address:	109	Third Ave S, Ste 141, Franklin Th 3700	ė
Contact F		Mristy McCandless 1015-1990-9511 Email: Christyman franklintn.gov	
Phone Nu	mber <u>(</u>	Email: Christy ma Franklinth. gov	
Please cor	nplete all	of the following questions.	
1) Total m	umber of b	peer permits issued for off premises consumption:	
2) Total nu	ımber of v	iolations for sale of beer to a person under 21 years of age:	
a)	How ma	any violations were the result of a "sting" operation? see T.C.A. § 39-15-413 for the definition of "sting"	
b)	How ma	any violations occurred at an establishment participating in the responsible vendor program?	
c)	If a "stin successfi	g" was conducted at a responsible vendor, how many persons under 21 years of age were all in making the purchase?	
d)		e of the licensee or permit holder where each violation occurred: Iditional sheets if necessary)	
		20/64	
e)	List the sp (attach ad	ditional sheets if necessary)	
(f)	Other than	sales to a person under the age of 21, how many other violations occurred?	
		none	
	(i)	Please list types of violations that occurred other than sales to a person under 21 years of age: (attach additional sheets if necessary)	
		none	

This report is required to be filed with the Tennessee Alcoholic Beverage Commission pursuant to T.C.A. § 57-5-605. Report must be filed by February 1st