1421

APPLICATION FOR BEER PERMIT STATE OF TENNESSEE CITY OF FRANKLIN

FRA	RSUANT TO SECTION 8 CHAPTER 2 OF THE CODE OF THE CITY OF ANKLIN, TENNESSEE, AND THE REQUIREMENTS OF 57-5-101 ET. SEQ. OF THE NNESSEE 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 HOURS OF EVENT 7 12 2014 HOURS OF EVENT
DAT	E PERMIT NEEDED 7 12 2014
	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) Tennessee Death Row Dogs, In.
	Person_Firm_Corp_LLC_Joint-stock co Syndicate_Association / Soile & Cha-
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.
	Tennessee Death Mas Dogs For
	Tennessee Death Mas Dogs Inc. 1318 Mallard Dr Spring Hill m 31174
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?
	Live on the Square
	City of Franklin business account number

Location of the business by street address. For special event, list location of the 317 Main St. Franklin TN 37064
Phone number of the business 6(5-628-0181
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 #State
Date of birtl
Home phone # Daytime phone #
Specify the identity, address and daytime contact phone number of the perserveive annual privilege tax notices and any other communication from the City.
Name Mark Clark Title Omar
Mailing Address 317 MW w 61.
City, State, Zip Franklin TN 37064
Daytime contact phone number 615-668-3751
Will the permit be used to operate two or more restaurants or other businesses up the same permit as permitted by T.C.A. Section 57-5-103(a)(4) within the shuilding? Yes No
If so, specify number . List the names of the restaurants or other busine
If so, specify number List the names of the restaurants or other busine and describe their location (use additional sheet if necessary)

	If no, please give the name and address of the property owner.
	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? No 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. Mellow Mushroom Special Events
	Give applicant's history of involvement in the beer business, if any. \mathcal{N}_{f}
	Give applicant's employment record for the past 10 years.
-	

15.		hat is the exact nature of the business in which you are applying for a beer permit?
		Special event
16.		Il a full course menu be served? 15
17.	Wil	Il separate and sanitary facilities be maintained for men and for women?
18.	Wil If y pro	I dancing be allowed on your premises? \(\frac{\frac}
All b	eer ap includ Plea	G POLICY: oplications must have a training policy submitted with application. This policy le training regarding the sale of beer to minors. se read the following and upon signature of this application, you do understand 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.

- (I) 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.

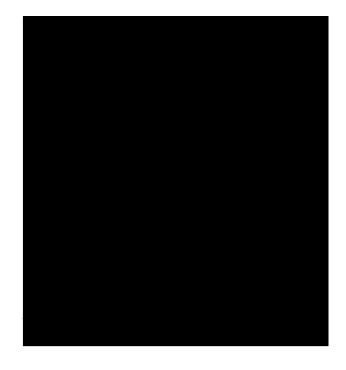
I am also aware that I shall not be issued a permit or my permit shall be revoked if my business location causes traffic congestion or interferes with schools, churches, or other public places of public gathering, or otherwise interferes with public health, safety and morals.

0 11/1/

Official Use Only	- SIGUL President-TDRD
Sworn to and subscribed before me this day of the control of the c	Signature of Applicant/Owner (or Authorized Corporate Officer)
Sworn to and subscribed before me this day of Market South Counting On Countin	Name of Business Entity
Notary Public Notary Public My Commission Expires: Sept 1 2017 Official Use Only	Sworn to and subscribed before me this day of WILAC, 20 / E OFF OFF
Official Use Only	Joseph Roathers
1500	My Commission Expires: Sept 1 2017
Application Fee \$ 250 Date Paid 6 23-14	Official Use Only
	Application Fee \$ 250 Date Paid 623-14
Privilege Tax \$ Date Paid	Privilege Tax \$ Date Paid
Board Meeting Date 7/8/14	Board Meeting Date 7/8/14

Date: APR 12 2012

TENNESSEE DEATH ROW DOGS INC 1318 MALLARD DR SPRING HILL, TN 37174



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.

Sincerely,

Lois G. Lerner Director, Exempt Organizations

Enclosure: Publication 4221-PC

Letter 947 (DO/CG)



Jamie Hawkins - President

Judy Dore - Grant Coordinator

Amanda Cupples - Adoption Coordinator

Nicole Stiffler - Foster & Volunteer Coordinator

City of Franklin POBox 705

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

DATE:	6.23-14
то:	CODES DEPT FIRE DEPT
FROM:	CHRISTY MCCANDLESS, ACCOUNT MGMT SUPERVISOR
RE:	BUILDING INSPECTIONS FOR APPLICATION FOR BEER PERMIT
OFF P ON AN MANU	REMISES PERMIT REMISES PERMIT ID OFF PREMISES PERMIT FACTURER'S OR DISTRIBUTOR'S PERMIT AL EVENTS PERMIT
Applic:	ant is requesting a temporary permit. Please return ASAP.
Please i meeting	return by <u>63074</u> to provide information for Beer Board g agenda.
Beer Board M	eeting Date $\frac{7-8-14}{}$
Name of Busin	ess <u>Tennessee Death Row Dogs</u> siness <u>317 Main Street</u>
CODES DEPT MANAGEMENT MULLING MULLIN	W 6-25-14
IRE DEPT	

Date

Fire Inspector

City of Franklin P O Box 705

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

DATE:	6.23-14
TO:	CODES DEPT FIRE DEPT
FROM:	CHRISTY MCCANDLESS, ACCOUNT MGMT SUPERVISOR
RE:	BUILDING INSPECTIONS FOR APPLICATION FOR BEER PERMIT
OFF ON MAI	PREMISES PERMIT PREMISES PERMIT AND OFF PREMISES PERMIT NUFACTURER'S OR DISTRIBUTOR'S PERMIT CIAL EVENTS PERMIT
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Beer Board	Meeting Date 7-8-14
Name of Bus	iness <u>Fennessee Death Prow Dugs</u> Business 317 Main Street
CODES DEI	
Building Insp	pector Date
FIRE DEPT	