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HISTORIC  
**F R A N K L I N**  
T E N N E S S E E

## Application Procedure for Retail Liquor License

To Whom It May Concern:

For a liquor license application, individual shall file information with the City Recorder's office as follows:

- Valid Driver's License showing current address
- Retail Liquor License Application (Exhibit A)
- Affidavit For Retailer's Certificate of Compliance (Exhibit C)
- Copy of **signed** lease agreement for proposed business location, including street address and suite number.

The City Recorder's office then submits the information to the Franklin Police Department for review (felony conviction record) and Building and Neighborhood Services Department for zoning compliance. Upon approval by the Police Department and Building and Neighborhood Services Department, the applicant is notified by this office.

It is then placed on the next available Board of Mayor and Aldermen 5:00 p.m. work session, and then the next consecutive Board of Mayor and Aldermen 7:00 p.m. meeting agenda for their consideration.

APPLICATIONS ARE A MATTER OF PUBLIC INFORMATION WHEN FILED.

For further information, please contact Angie Skarp, City Recorder, (615) 550-6707.

**City of Franklin**  
RETAIL LIQUOR LICENSE APPLICATION



*To be completed by applicant:*

Check one:  New Application/Location  Ownership Change for Existing Location

Name of Business \_\_\_\_\_

Location of Business \_\_\_\_\_

Managing Agent  
(Name to appear on license): \_\_\_\_\_

Residence Address:  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver License # \_\_\_\_\_ State \_\_\_\_\_

Date of Birth \_\_\_\_\_ Contact Phone number: (\_\_\_\_) \_\_\_\_\_

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**FOR OFFICE USE ONLY:**

TO: POLICE DEPARTMENT - RECORDS

FROM: Angie Skarp, CITY RECORDER

RE: RECORDS CHECK - APPLICATION FOR RETAIL LIQUOR STORE  
BOARD MEETING DATE \_\_\_\_\_

- Please return by \_\_\_\_\_ to provide information for Board meeting agenda.
- APPLICANT HAS NO RECORD
- APPLICANT HAS RECORD, NOT RECOMMENDING

CENTRAL RECORDS DIVISION  
FRANKLIN POLICE DEPARTMENT

By \_\_\_\_\_

Date \_\_\_\_\_

Approved \_\_\_\_\_

Signature



HISTORIC  
**FRANKLIN**  
TENNESSEE

**AFFIDAVIT FOR RETAILER'S CERTIFICATE OF COMPLIANCE**

\_\_\_\_\_ being first duly sworn, deposes and says:  
*(Print name here and below)*

1. My name is \_\_\_\_\_ and I am over the age of eighteen (18) and am otherwise of sound mind and competent to make this Affidavit.

2. I am the \_\_\_\_\_ of \_\_\_\_\_,  
*(office/position/% shareholder)* *(insert name of company)*

a: *(Circle one or insert type of entity):* corporation limited liability corporation  
partnership sole proprietorship

authorized to conduct business in the State of Tennessee.

3. I have not been convicted of a felony within a ten-year period immediately preceding the date of application nor have I been convicted of any offense under the laws of the State of Tennessee, or of any other state, or of the United States, prohibiting or regulating the sale, possession, transportation, storing, manufacturing, or otherwise handling intoxicating liquors or who has, during said period, been engaged in business, alone or with others, in violation of any of said laws or rules and regulations promulgated pursuant thereto.

4. That the premises for which the retailer's certificate is sought shall be located at the following address:  
\_\_\_\_\_  
Suite: \_\_\_\_\_  
Franklin, Tennessee (Zip): \_\_\_\_\_

5. The above premises are owned by me/ owned or leased by the entity in paragraph 2 above  
*(Circle the type of ownership or possession of the premises or indicate below)* (If leased, attach copy of lease).

6. I have complied with all local laws, ordinances, and resolutions adopted by the City of Franklin.

7. The premises for which the retailer's certificate is sought does not violate any City of Franklin's Zoning ordinances.

FURTHER AFFIANT SAITH NOT.

STATE OF TENNESSEE  
COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
Signature of Affiant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

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