APPLICATION FOR A BEER PERMIT STATE OF TENNESSEE COUNTY OF MARSHALL

ON-PREMISES PERMIT		OFF-PREMISES PERMIT	
ON AND OFF-PREMISES PERMIT		SPECIAL EVENTS PERMIT	
MANU	FACTURER'S OR DISTRIBUTOR'S	PERMIT	
MAP N	O PARCE	EL NO	
DISTI OR D	RIBUTE BEER OR OTHER I ISTRIBUTED UNDER THE I	FOR A PERMIT TO SELL, STORE, MANUFACTURE, OR BEVERAGES AUTHORIZED TO SOLD, STORED, MANUFACTURED PROVISIONS OF TENNESSEE CODE ANNOTATED 57-5-101 et. seq., PON THE ANSWERS TO THE FOLLOWING QUESTIONS.	
1.	Full name of applicant (owner of	business)	
2.	Type of applicant (check one): Pe	rson Firm Corporation Joint-stock Company Syndicate	
	Association		
3.	Given the name, address, social so	ecurity number and driver license number of all persons, firms, corporations, joint-	
	stock companies, syndicates or as	sociations having who own 5% of more of the business (attach additional sheet if	
	needed)		
4.	What is your present home address	ss?	
5.	. Previous address(es) within the last ten (10) years (use additional sheet if necessary)		
6.	Date of birth	Home telephone	
7.	Applicant's business telephone		
8.		ss operate?	
9.		phical location	

10.	Describe the nature of the business you will operate				
11. Name and address of person to receive annual tax notices and any other communication					
12.	me and address of property owner (if other than business owners)				
13.	Will this permit be used to operate two or more restaurants or other businesses, within the same building? (yes or no) If yes specify number and list the names of all restaurants or other businesses and describe all locations (use separate sheet if necessary)				
14.	Give the name, date of birth, social security and driver license's numbers and address of any manager other than the applicant				
15.	Has any person who owns five percent (5%) or more of the business, any manager listed in response to question 14 above, or any other employee of the business, been convicted of any violation of the beer or alcoholic beverage laws or any crime (other than minor traffic violations) within the past ten (10) years? If yes, give the particulars of each charge, the court, and the date convicted. (use separate sheet if necessary)				
	Have you, your business or any person who owns five percent (5%) or more of the business, ever had a beer permit revoked, suspended or denied in the State of Tennessee If yes, specify where, when and why				
17.	Give the name, relationship to the applicant (if applicable) and address of the former beer permittee at this location.				

	Give the name and address of the church or other place of worship nearest to your business?		
	Give the name and address of the school nearest to your business		
	Give the name of the owners and their addresses of the nearest ten (10) residential dwellings to your business (Th information can be obtained through the Assessor of Property's office)		
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1	10		

Marshall County has adopted the Marshall County Zoning Resolution of 1989, Article IV, Section 4.045, B.15 requiring the eating and drinking establishment to be in a C-2 (General Commercial) zone.

SUPPLEMENT THIS APPLICATION PROMPTLY IF A CHANGE IN CIRCUMSTANCES AFFECTS THE RESPONSES PROVIDED IN THIS APPLICATION, EITHER BEFORE OR AFTER THE PERMIT HAS BEEN ISSUED. I CERTIFY THAT I AM KNOWLEDGEABLE OF THE LAWS PROHIBITING THE SALE OF BEER TO MINORS. I AM AWARE THAT I WILL NOT BE ISSUED A BEER PERMIT OR MY PERMIT WILL BE REVOKED IF MY BUSINESS LOCATION CAUSES TRAFFIC CONGESTION OR INTERFERES WITH SCHOOLS, CHURCHES, OR OTHER PLACES OF PUBLIC GATHERING, OR OTHERWISE INTERFERES WITH PUBLIC HEALTH, SAFETY AND MORALS, I WILL SURRENDER TO THE BEER BOARD ANY PERMIT ISSUED UNDER THIS APPLICATION WITHIN FIFTEEN (15) DAYS OF TERMINATION OF THE BUSINESS, CHANGE IN OWNERSHIP, RELOCATION OF THE BUSINESS, OR CHANGE OF THE BUSINESS'S NAME.

NOTICE: UPON SIGNING THIS APPLICATION I AFFIRM THAT I HAVE ANSWERED ALL THE QUESTIONS AND IF THEY DID NOT APPLY I ANSWERED N/A. I AM ALSO AWARE THAT THE BEER BOARD WILL NOT REVIEW MY APPLICATION IF I AM NOT PRESENT AT THE MEETING AND UNLESS OTHERWISE TOLD I WILL HAVE TO REAPPLY AND PAY THE \$250.00 AGAIN.

SIGNATURE OF APPLICANT/OWNER (OR AUTHORIZEI	O OFFICER)
PRINTED NAME OF APPLICAT/OWNER (OR AUTHORIZ	(ED OFFICER)
SWORN TO AND SUBSCRIBED BEFORE ME THIS	DAY OF
NOTARY PUBLIC	MY COMM EXPIRES
NOTICE: A NONREFUNDABLE \$250.00 FEE MUST ACAPPLICATION IS APPROVED, YOU ARE REQUIRED ERGISTRATION TO THE COUNTY WITHIN TEN (10)	TO PROVIDE DOCUMENTATION OF SALES TAX
AN ANNUAL PRIVILEGE TAX IS \$100.00 IS IMPOSED OF OR MANUFACTURING BEER IN THIS STATE. THE TAX MARSHALL COUNTY CLERK.	N THE BUSINESS OF SELLING, DISTRIBUTING, STORING IS DUE EACH JANUARY 1 AND IS PAYABLE TO THE
ANY APPLICANT MAKING A FALSE STATEMEN HER PERMIT AND SHALL NOT BE ELIGIBLE TO	TT IN THIS APPLICATION SHALL FORFEIT HIS OR DRECEIVE ANY PERMIT FOR TEN (10) YEARS.
APPROVAL DENIED ON THI	S DATE:

CHAIRMAN