

CITY OF KINGSPORT

APPLICATION FOR BEVERAGE PERMIT

DATE OF APPLICATION: _____

Please read instructions carefully.

1. **A separate application must be completed by each person who owns 5% or greater interest in the business entity that is seeking a permit** to sell beer in the City of Kingsport. Answer all questions completely or check appropriate box. If a question is not applicable, write "NA". Write "unknown" only if you do not know the answer. Use blank space at the end of the form for extra details on any question for which you have insufficient space, or attach additional sheets as necessary.
2. Type, print, or write in ink. Illegible or incomplete forms will not receive consideration.
3. All information supplied must be accurate. **FALSE INFORMATION MAY RESULT IN THE DENIAL OF A BEER PERMIT FOR A PERIOD OF TEN (10) YEARS.** Your signature at the end of this form will certify the correctness of all responses.

SECTION I - BUSINESS ENTITY INFORMATION

1. Name of business entity seeking permit: _____
2. Under what name will this business operate: _____
3. Check one for the type of business:
☐ Sole Proprietorship ☐ Partnership
☐ Corporation ☐ Other
☐ Limited Liability Corporation
4. Current mailing address of the business: _____

SECTION II - GENERAL DATA

1. Full Name or the person completing the application (last, first, middle)

2. Your relationship to business entity identified in Section I above:
☐ Owner (sole proprietor)
☐ Partner
☐ 5% or greater owner in corporation.
☐ Other (identify position with business entity, i.e. director, officer, manager, etc.): _____
3. Please state the actual % of ownership you have in this business _____

4. Date & Place of Birth: Month _____ Day _____ Year _____, City _____
State/Province _____, Country _____
5. Gender: ____ Male ____ Female
6. Social Security No. _____
7. Drivers License No. & State Issued: _____
8. Previous Employment (within the last ten years):
- | Dates | Employer | Address | Inclusive
From - To |
|-------|----------|---------|------------------------|
| | | | |
| | | | |
| | | | |
9. Current Residential Address (Number, Street, City, State, Zip) _____
10. Current Business Address: _____
11. Residences for the past 10 years:
- | Address (Last Residence First)
Number | Street | City | State | Inclusive Dates
From - To |
|--|--------|------|-------|------------------------------|
| | | | | |
| | | | | |
| | | | | |
12. Home Telephone No. () _____
13. Office Telephone No. () _____
14. Nicknames or other names you have used: (Indicate circumstances, including length of time, under which you have ever used these names. If your name has been legally changed, give particulars)
- _____

SECTION III -

1. Is the business entity or sole proprietorship applying for the beverage permit domesticated or chartered in the state of Tennessee?
..... Yes ____ No ____
2. I have been a citizen and/or lawful resident of the United States for not less than one (1) year immediately preceding the date upon which this application is made..... Yes ____ No ____
3. I am a citizen of the United States..... Yes ____ No ____
If your answer is No, please check one of the following:
- Legal permanent resident _____

-Nonimmigrant applicant for professional/commercial license whose visa for entry into the U.S. is related to such employment, or a nonimmigrant under the Immigration and Nationality Act, 8 U.S.C. 1101 _____

-Qualified alien _____ (Please indicate which category):

-Asylees who meet the qualifications set out in 8 U.S.C. 1158 _____

-Refugees who meet the qualifications set out in 8 U.S.C. 1157 _____

-Persons who have been "paroled into the U.S." for a period of at least one (1) year under 8 U.S.C. 1182(d)(5) _____

-Persons whose deportation has been withheld under 8 U.S.C. 1253 _____

-Cuban or Haitian entrants as defined by section 501(e) of the Refugee Education Assistance Act of 1980 _____

-Persons granted conditional entry into the U.S. under 8 U.S.C. 1153(a)(7) before April 1, 1980 because of persecution or fear of persecution on account of races, religion, or political opinion or because of being uprooted by catastrophic national calamity _____

-An alien who has been "battered" or subjected to "extreme cruelty" in the U.S. by a parent or spouse as defined by 8 U.S.C. 1641(c)(2) and (3), victims' children, or the parents of children who are victims may also apply for license(s) as qualified aliens _____

SECTION IV - MILITARY SERVICE

1. In What Military Organizations Have You Served? _____
2. Date of Separation: _____
3. Total Length of Service _____
4. Service, Serial or File No. _____
5. Rank _____
6. Type of Separation _____

SECTION V - ADDITIONAL INFORMATION

Special Instructions: If your answer is "yes" to any of the questions in this section, please provide complete details for each question on a separate signed sheet and attach the sheet to this form. A "yes" answer does not mean automatic denial of a beer permit; however, failure to disclose will result in such a denial.

1. Within the ten (10) years immediately preceding the date of this application have you ever been arrested, indicted or convicted for any alleged violation of state or federal law which is a felony or misdemeanor in such state or federal jurisdiction? If the answer is yes, describe on a separate sheet in accordance with the special instructions above.
Yes _____ No _____
2. Within the ten (10) years immediately preceding the date of this application have you ever been arrested or court-martialed under military law or regulation? If the answer is yes, describe on a separate sheet in accordance with the special instructions above.
Yes _____ No _____

SECTION VI - PERMIT DATA

1. Type of Permit applied for (mark only one): On Premises _____ Off Premises _____
Both On and Off Premises _____ Temporary _____
2. Type of Business: Hotel _____ Motel _____ Distributor _____ Lodge _____ Retailer _____
Not for Profit Corporation _____ Patriotic Organization _____ Wholesaler _____ Restaurant _____
Private Club _____ Manufacturer _____ Other (specify) _____
3. Does the business entity seeking a beverage permit possess a valid Business Tax License issued by the City of Kingsport? (N/A if manufacturer) Yes _____ No _____ Date of Issuance _____

4. Complete address where beverages are to be sold. (*Owners must provide map of business location.*)

5. The name of the owner of the premises upon which the business is to be conducted.

6. Do you or the business now possess a beverage permit from the City of Kingsport? Yes____ No____
If yes, please identify what type: Manufacture ____ Store ____ Distribute ____ Sell ____
7. List the **name, address and work and home telephone** numbers of the individual who is to receive annual tax notices and any other communication from the city.

8. Have you or your organization ever had a beer or beverage permit revoked, suspended or denied, or paid a fine in lieu of such revocation, suspension or denial in the State of Tennessee? _____.
If so, specify where, when and why:

9. List the name, address and home and work telephone numbers of the agent of the business entity selling beer who can be contacted by the Beverage Board or local law enforcement authority, as needed.

10. Has any brewer or wholesaler of any alcoholic beverage of not more than 5% weight (except wine as defined in T.C.A. §57-3-101) or its agent or agents made any loan or furnished any fixtures of any kind to the business? (N/A if manufacturer)
Yes____ No ____ If your answer is "Yes," give complete details.

11. Does any brewer, manufacturer, distributor or wholesaler of legalized beer or any alcoholic beverage of not more than 5% weight (except wine as defined in T.C.A. §57-3-101) or its agent or agents have any interest, direct or indirect, in the business or in the premises occupied by the business? (N/A if manufacturer)
Yes____ No____ If your answer is "Yes," please give complete details.

12. Except as otherwise provided by T.C.A. §57-5-101(c), have you or any agent or agents of the entity made any loan or furnished any fixtures of any kind or have any interest, direct or indirect, in the business of any retailer of beer, or in the premises occupied by such retailer? (Manufacturers only)
Yes ____ No ____ If your answer is "Yes," give complete details.

SECTION VII - GENERAL INFORMATION AND AGREEMENTS

1. Applicant agrees that no person will be employed in the storage, sale, manufacture or distribution of beer except those who are citizens or legal aliens of the United States. Yes _____ No _____
2. Applicant agrees not to engage in the sale, storage, manufacture or distribution of beer except at the place or places for which the beverage permit is issued. Yes _____ No _____
3. Applicant agrees to comply with all of the laws of the United States, the State and the City and agrees that the sale, storage, manufacture or distribution of beer will be made only in accordance with the permit granted; and with all applicable municipal, state and federal laws. Yes _____ No _____
4. Applicant agrees that no sale of beer or other alcoholic beverages will be made to any person under twenty-one (21) years of age except as provided by state law. Yes _____ No _____
5. Applicant agrees that no person under the age of 18 years will be allowed to sell, transport, dispense or have in his or her possession beer for any purpose. Yes _____ No _____
6. Applicant agrees minors, disorderly or disreputable persons or persons heretofore connected with the violation of the liquor laws will not be permitted to loiter around the place of business. Yes _____ No _____
7. Applicant agrees no beer will be sold, furnished, disposed of or given between the hours of 3:00 a.m. and 8:00 a.m. on weekdays or between the hours of 3:00 a.m. and 12:00 noon on Sundays and that no beer shall be consumed or opened for consumption in either bottle, glass or other container after 3:15 a.m. on the permitted premises. Yes _____ No _____
8. Applicant agrees that neither the applicant nor any person employed or to be employed by him in the distribution, storage, manufacture or sale of beer has ever been convicted of any violation of the law against prohibition, sale, manufacture, storage, distribution or transportation of intoxicating liquor or of any crime involving moral turpitude (a crime of moral turpitude includes premeditated murder, all sex related crimes, selling of class I and II controlled substances illegally and theft) within the ten years preceding the filing of this application. Yes _____ No _____
9. Applicant consents to be fingerprinted by the Police Department, City of Kingsport. Yes _____ No _____
10. Applicant agrees to be investigated by municipal, county, state and federal law enforcement agencies concerning the applicant's background and record. Yes _____ No _____
11. Applicant agrees to provide any additional information required by the Kingsport Beverage Board to fully investigate the application. Yes _____ No _____
12. ~~Reserved for future use. (Rev. 3/1/2000)~~ 12. Applicant will conduct the business in person or as agent for the organization. Yes _____ No _____

SECTION VIII - REFERENCES

Please give the correct name, address, work and home telephone number of at least three people not related to you who have known you personally for a period of at least three years:

Name	Address (street, city, state, zip)	Work & Home Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION IX - ADDITIONAL INFORMATION

Use the space below to provide any additional information or to elaborate on any responses provided in the application. **It is imperative that you provide complete and accurate responses to all questions in this application. Failure to provide truthful responses may result in denial of the beer permit.**

Lodges, Patriotic Organizations, and Clubs

Charters that have been issued by the State of Tennessee must be presented with this completed application in all cases of lodges, patriotic organizations, and clubs. These charters will be examined by the Secretary, Beverage Board, Kingsport, Tennessee, and returned to applicant at the time this application is presented.

SECTION X - For Use by City of Kingsport only

Secretary, Beverage Board, Kingsport

Charter Presented Yes ____ No ____

Issued by _____

In what name _____

Date _____

Charter Returned Yes ____ No ____

*Signature of Beverage Board Secretary:

City Planner

Is requested location for distribution, wholesalers, manufacturers, warehouses, and businesses in an area designated and zoned for those uses under the laws and ordinances of the City of Kingsport? Yes ____ No ____

Is requested structure in a Nonconforming ____ Conforming ____ location under the zoning laws and ordinances of the city of Kingsport?

Is requested location within 300 feet of property on which any public or private school (K-12) is located?

Yes ____ No ____

*Signature of City Planner

SECTION XI - Applicant's Signature

STATE OF _____

COUNTY OF _____

I hereby make oath and swear or affirm that all the facts and answers set forth in the above application are true and correct and are made under penalty of perjury. **I understand that any applicant making a false statement in the application or withholding of information on this application shall result in the denial of a beverage permit or forfeit such applicant's permit and such person shall not be eligible to receive any permit for a period of ten (10) years.** I agree to comply with the laws of the United States, and of the State of Tennessee, and Ordinances of the City of Kingsport. I have received and read a copy of Chapter 6, Article III of the Code of Ordinances of the City of Kingsport, and all amendments thereto. I understand that by submitting this application, a background investigation shall be conducted and any and all documents related to the investigation shall along with this application and documents submitted pursuant thereto become public records. I further make oath that, if the owner of the business is a corporation, firm, joint-stock company, syndicate, partnership or association, I am authorized to execute this application on behalf of the owner.

In testimony whereof witness my signature on this the _____ day of _____ 20____.

_____/_____
Printed Name Signature

Sworn to and subscribed before me, a Notary Public in and for said State and County, on this the _____ day of _____ 20____.

NOTARY PUBLIC

My commission expires: _____