

CITY OF KINGSPORT

APPLICATION FOR SPECIAL EVENT BEVERAGE PERMIT

DATE OF APPLICATION: _____

Please read instructions carefully.

1. **A separate application must be completed by any and all persons who are a principal of the nonprofit 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.
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SECTION I - ORGANIZATIONAL ENTITY INFORMATION

1. Name of nonprofit entity seeking permit: _____
2. Under what name will this special event operate: _____
3. Check one for the type of business:
 Nonprofit
 Other
4. Current mailing address of the nonprofit entity: _____

SECTION II - GENERAL DATA

1. Full Name or the person representing nonprofit entity on application (last, first, middle)

2. Your relationship to nonprofit entity identified in Section I above:
(Identify position with business entity, i.e. director, officer, manager, etc.)

3. Date & Place of Birth: Month _____ Day _____ Year _____ City _____
State/Province _____, Country _____

4. Gender: ___ Male ___ Female

5. Social Security No. _____

6. Drivers License No. & State Issued: _____

7. Previous Employment (within the last ten years):

<u>Employer</u>	<u>Address</u>	<u>Inclusive Dates</u> <u>From - To</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Current Residential Address (Number, Street, City, State, Zip) _____

9. Residences for the past 10 years:

<u>Address (Last Residence First)</u>	<u>City</u>	<u>State</u>	<u>Inclusive Dates</u> <u>From - To</u>
<u>Number</u>	<u>Street</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. Home Telephone No. ()

11. Office Telephone No. ()

12. 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 - CITIZENSHIP

1. Are you a U.S. Citizen or legal alien? Yes _____ No _____

2. If you are a legal alien, please provide your certificate number. _____

3. Is the organizational entity applying for the beverage permit domesticated or chartered in the state of Tennessee?
..... Yes _____ No _____

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

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

3. Does the property owner possess a beverage permit from the City of Kingsport? Yes ____ No ____
If yes, please identify what type: Manufacture ____ Store ____ Distribute ____ Sell ____
4. List the **name, address and work and home telephone** numbers of the individual who is to receive any communication from the city.

5. 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? Yes ____ No ____
If so, specify where, when and why:

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

7. 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?

Yes ___ No ___ If your answer is "Yes," give complete details.

8. 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?

Yes ___ No ___ If your answer is "Yes," please give complete details.

SECTION VII – EVENT DATA

1. Business entity responsible for organizing this event (if applicable): N/A _____ (if N/A skip to # 3)

Address: _____
Phone #: _____

2. Contact person for business entity: _____

Address: _____
Phone #: _____

Date of birth: _____ Drivers License State/Number: _____

(The business representative listed above is subject to all general information and agreements listed in Section VIII of this application.)

3. Date and Times of the special occasion(s). _____

(Any changes in dates – including rain dates – will need to be approved by the Chair of the Beverage Board and the Chief of Police.)

4. Specific location on the property where any beer is to be sold. _____

5. List any plans for proposed temporary closure of public rights-of way. _____

Reviewed by Public Works: Yes ___ No ___ Signature: _____

6. List plans for security and policing of the special occasion. _____

Reviewed by Police Department: Yes ___ No ___ Signature: _____

7. List plans for clean-up of site after special occasion. _____

8. List provisions for sanitary facilities and for safety inspection as determined to be necessary by the fire, building and zoning departments.

Fire Department Signature: _____

Building/Zoning Department Signature: _____

Zoning Department Signature: _____

The Beverage Board may also, at its discretion, require additional provisions as a part of granting the special occasion permit.

SECTION VIII - GENERAL INFORMATION AND AGREEMENTS

1. Applicant/representative 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/representative 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/representative 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/representative 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/representative 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/representative 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/representative agrees that 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/representative 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/representative consents to be fingerprinted by the Police Department, City of Kingsport. Yes _____ No _____
10. Applicant/representative agrees to be investigated by municipal, county, state and federal law enforcement agencies concerning the applicant's background and record. Yes _____ No _____
11. Applicant/representative agrees to provide any additional information required by the Kingsport Beverage Board to fully investigate the application. Yes _____ No _____
12. Applicant/representative will conduct the event in person or as agent for the organization. Yes _____ No _____

SECTION IX - 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 X - 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.**

SECTION XI - For Use by City of Kingsport only

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 ____

SECTION XII - Applicant's Signature

of City Planner

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. **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, as the representative of the nonprofit entity seeking this permit, I am authorized to execute this application on behalf of the nonprofit entity.

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 _____ day of _____ 20____.

NOTARY PUBLIC
My commission expires: _____