

**CITY OF LAFOLLETTE**  
207 SOUTH TENNESSEE AVENUE  
LAFOLLETTE, TN 37766  
423-562-4961

**STATE OF TENNESSEE**  
**CITY OF LAFOLLETTE**

Application for (check one):

- \_\_\_\_\_ ON PREMISES PERMIT
- \_\_\_\_\_ OFF PREMISES PERMIT
- \_\_\_\_\_ ON AND OFF PREMISES PERMIT
- \_\_\_\_\_ MANUFACTURER'S OR DISTRIBUTOR'S PERMIT
- \_\_\_\_\_ SPECIAL EVENTS PERMIT

I HEREBY MAKE APPLICATION FOR A PERMIT TO SELL, STORE, MANUFACTURE, OR DISTRIBUTE BEER OR OTHER BEVERAGES AUTHORIZED TO BE SOLD, STORED, MANUFACTURED, OR DISTRIBUTED UNDER THE PROVISIONS OF TENNESSEE CODE ANNOTATED § 57-5-101 ET SEQ. AND BASE MY APPLICATION UPON THE ANSWERS TO THE FOLLOWING QUESTIONS:

1. Full Name of Applicant (owner): \_\_\_\_\_  
\_\_\_\_ Person    \_\_\_\_ Firm    \_\_\_\_ Corporation    \_\_\_\_ Joint-Stock Co.    \_\_\_\_ Syndicate    \_\_\_\_ Association
2. List all persons, firms, corporations, joint-stock companies, syndicates, or associations having at least 5% ownership interest in the business (attach each additional sheet if needed):  
\_\_\_\_\_  
\_\_\_\_\_
3. Please list your present home address: \_\_\_\_\_
4. Please list all previous address(es) within last 10 years: \_\_\_\_\_  
\_\_\_\_\_
5. Date of Birth: \_\_\_\_\_ Home Telephone: \_\_\_\_\_
6. Under what name will this business operate: \_\_\_\_\_
7. Location of business by street address or other geographical description and phone number of business: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Specify the identity and address of the person to receive annual privilege tax notices and any other communication from the City of LaFollette: \_\_\_\_\_  
\_\_\_\_\_
9. Give name and address of property owner, if other than business owner: \_\_\_\_\_  
\_\_\_\_\_
10. Will the permit be used to operate two (2) or more restaurants or other businesses under the same permit as permitted by § 57-5-103 (a)(4) within the same building?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, please specify number \_\_\_\_\_. List the names of the restaurants or other businesses and describe their location (use additional sheet if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_, and address of any manager other than applicant: \_\_\_\_\_

12. Has any person having at least a 5% ownership interest, any of the managers listed in question 11, 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 last ten (10) years?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, give particulars of each charge, court, and date convicted:

\_\_\_\_\_  
\_\_\_\_\_

13. Has this owner or the owner's organization had a beer permit revoked, suspended, or denied in the State of Tennessee?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, specify where, when, and why:

\_\_\_\_\_  
\_\_\_\_\_

14. Give the name, relationship to applicant (if applicable) and address of the former beer permittee at this location:

\_\_\_\_\_  
\_\_\_\_\_

15. What is the name and address of the church (or other place of worship) nearest to your business? \_\_\_\_\_

§ The City of LaFollette has adopted a rule forbidding the sale, storage, and manufacture of beer and like beverages within \_\_\_\_\_ feet of schools, churches, and other places of public gathering.

16. What is the name and address of the school nearest to your business?

\_\_\_\_\_

17. What is the name and address of the owner of the nearest residential dwelling to you business?

\_\_\_\_\_

**I AM KNOWLEDGEABLE 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 OR 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 PLACES OF PUBLIC GATHERING, OR OTHERWISE INTERFERES WITH PUBLIC HEALTH, SAFETY, AND MORALS.**

\_\_\_\_\_  
*Signature of Applicant/Owner/Authorized Corporate Officer*

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2003.

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

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

#### NOTICE

A non-refundable \$250 fee must accompany this application. 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.