AFTER-HOURS ESTABLISHMENT

APPLICATION FOR INITIAL OR RENEWAL LICENSES

Non-refundable Fees: Initial Application - $250.00
Renewal - $150.00
Late fee - $50.00
Registered Manager Investigation fee - $50.00 each

Items to include with application:

Copy of individual applicant's state or federal issued identification card
Proof of property ownership
Proof of right to possession of the premises (copy of lease)
Sketch/diagram of licensed premises (include entrances, exits, parking)
Copy valid Tennessee sales tax permit
Copy of valid general business license, as may be required by law
Detailed security plan
Detailed emergency evacuation plan

DATE OF APPLICATION: _____

ESTABLISHMENT INFORMATION

BUSINESS LEGAL NAME: _____

D/B/A NAME: _____

PHYSICAL BUSINESS ADDRESS: _____

_____

BUSINESS MAILING ADDRESS: _____

_____

TELEPHONE: _____(home) _____(cell) _____(other)

MANAGER INFORMATION

NAME OF REGISTERED MANAGER: (may be more than one)

1) _____
2) _____
3) _____
4) _____
5) _____

CORPORATION, PARTNERSHIP OR LLC INFORMATION

NAME OF CORPORATION: ______________________________

ADDRESS: ______________________________

____

TELEPHONE: ______________(primary) ______________(alternate)

FEDERAL ID NUMBER: ______________________________

APPLICANT INFORMATION

NAME: ______________________________

RESIDENCE ADDRESS: ______________________________

MAILING ADDRESS: ______________________________

TELEPHONE: ____________(home) ____________(cell) ____________(other)

DATE OF BIRTH:______________ SOCIAL SECURITY NUMBER:______________

For additional applicants – include information on last page

CORPORATION, PARTNERSHIP OR LCC

Only complete the following section if the business is a corporation, partnership or LLC – for each member of the Board of Directors, Officers, Partners or Stockholders (holding at least 10% interest)

NAME: ______________________________

POSITION HELD ON BOARD: ______________________________

RESIDENCE ADDRESS: ______________________________

MAILING ADDRESS: ______________________________

TELEPHONE: ____________(home) ____________(cell) ____________(other)

DATE OF BIRTH:______________ SOCIAL SECURITY NUMBER:______________

NAME: ______________________________

POSITION HELD ON BOARD: ______________________________

RESIDENCE ADDRESS: ______________________________

MAILING ADDRESS: ______________________________

TELEPHONE: ____________(home) ____________(cell) ____________(other)

DATE OF BIRTH:______________ SOCIAL SECURITY NUMBER:______________

NAME: ______________________________

POSITION HELD ON BOARD: ______________________________

RESIDENCE ADDRESS: ______________________________

MAILING ADDRESS: ______________________________

TELEPHONE: ____________(home) ____________(cell) ____________(other)

DATE OF BIRTH:______________ SOCIAL SECURITY NUMBER:______________

For additional board members – include information on last page

PROPERTY OWNER OF PHYSICAL LOCATION INFORMATION

OWNER NAME: _____

RESIDENCE ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE: _____(home) _____(cell) _____(other)

FELONY INFORMATION

Has any person required to be listed on this application ever been charged with or convicted of a felony?

Yes _____, If yes, details must be provided below No _____

Name: _____

Offense charged or convicted: _____

Court having jurisdiction: _____

Docket or file number of case: _____ Date of offense _____

Date of charge by warrant or indictment _____

Date of conviction (if any)_____ Date of disposition of the charge_____

Disposition or adjudication of the charge or sentence Imposed: _____

_____

Include additional offenses on last page.

CRIMINAL LAW OR MISDEMEANOR INFORMATION

Has any person required to be listed on this application ever been convicted of any criminal law, including misdemeanors involving alcohol, illegal drugs or violence, crime of moral turpitude within 5 years of the date of this application?

Yes _____, If yes, details must be provided below No _____

Name: _____

Offense name: _____

Court having jurisdiction: _____

Docket or file number of case: _____ Date of offense _____

Date of charge by warrant or indictment _____

Date of conviction (if any)_____ Date of disposition of the charge_____

Disposition or adjudication of the charge or sentence Imposed: _____

_____

Include additional offenses on last page.

PREVIOUS DENIAL, SUSPENSION OR REVOKATION INFORMATION

Has any person required to be listed on this application ever had a license or permit for the sale of intoxicating liquor, beer, wine or alcoholic beverage or any other license similar to an after-hours establishment denied, suspended or revoked within the past 10 years from the date of application?

Yes _____, If yes, details must be provided below No _____

Name of Court: _____

Administrative entity: _____

Name of case: _____

Docket or file number of case: _____

Date of any adjudication or administrative filing: _____

Include additional information on last page.

PUBLIC NUISANCE INFORMATION

Has any person required to be listed on this application ever owned in part or operated in any way any entity, business or club been declared a public nuisance within the past 10 years of the date of this application?

Yes _____, If yes, details must be provided below No _____

Name of Court: _____

Administrative entity: _____

Name of case: _____

Docket or file number of case: _____

Date of any adjudication or administrative filing: _____

Include additional information on last page.

GRANTING OF CONSENT:

Police, fire and building may enter upon the establishment without warrant to inspect for violations of this Ordinance 41-2014-15, City Code, State and/or Federal law of general application. Further, understand if any change occurs in the information or circumstances affecting responses to this application – notification, amendment and supplemental information is required to be promptly provided to the Finance and Revenue Department and written notification provided to the Board, any and all information related to the change. Failure to provide notification within thirty (30) days from date of occurrence shall be grounds for denial of application, if license already issued, shall be grounds for suspension or revocation of such after-hours establishment license. I(we) understand we are required to submit information in regards to registered manager(s) of the establishment to the board. A manager shall be on the premises at all times while open to the public.

By my signature I(we) have read and fully, understand, agree to comply with, and further consent to any and all requirements the City of Clarksville Charter, Code of Ordinances and specifically to Ordinance 41-2014-15 "After Hours Establishments" as may be amended from time to time. I(we) further certify all information provided on this application is accurate.

Signature_____

_____ _____

Printed Name Date

NOTARY PUBLIC

State of _____

County of _____

On this _____ day of _____, 20____, before me, the undersigned notary public appeared_____ (applicant name). Provided to me as satisfactory evidence of identifcation _____ (type or personally known) to be the person whose name is signed above in my presence.

_____

Signature of Notary Public

_____

Notary Seal - Commission Expires

ATTACHMENTS

ADDITIONAL APPLICANT INFORMATION

NAME: _____

RESIDENCE ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE: _____(home) _____(cell) _____(other)

DATE OF BIRTH:_____ SOCIAL SECURITY NUMBER:_____

ADDITIONAL CORPORATION, PARTNERSHIP OR LCC INFORMATION

NAME: _____

POSITION HELD ON BOARD: _____

RESIDENCE ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE: _____(home) _____(cell) _____(other)

DATE OF BIRTH:_____ SOCIAL SECURITY NUMBER:_____

ADDITIONAL OFFENSE INFORMATION

Select which type of offense the following information is being provided for

Felony _____ Criminal Law/Misdemeanor _____ Public Nuisance _____

Name: _____

Offense charged or convicted: _____

Court having jurisdiction: _____

Docket or file number of case: _____ Date of offense _____

Date of charge by warrant or indictment _____

Date of conviction (if any)_____ Date of disposition of the charge_____

Disposition or adjudication of the charge or sentence Imposed: _____

_____