



## CITY OF COLUMBIA APPLICATION FOR BEER PERMIT

### ANSWER ALL QUESTIONS

- ☐ ON-PREMISES CONSUMPTION
- ☐ OFF-PREMISES CONSUMPTION
- ☐ BOTH ON-PREMISES AND OFF-PREMISE CONSUMPTION
- ☐ MANUFACTURER OR DISTRIBUTOR'S PERMIT
- ☐ SPECIAL EVENTS PERMIT

Date of Event: \_\_\_\_\_

Event Location: \_\_\_\_\_

Maximum Expected Attendance: \_\_\_\_\_

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 ANN. § 57-5- 101 et. Seq. AND THE CITY OF COLUMBIA BEER ORDINANCES, AND THE AMENDMENTS THERETO AND BASE MY APPLICATION UPON THE ANSWERS TO THE FOLLOWING QUESTIONS:

|                                                                                                                                                                                                                                                                                                      |         |                                                          |                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------------|----------------------------------------------------------|
| 1. NAME OF APPLICANT                                                                                                                                                                                                                                                                                 |         |                                                          |                                                          |
| <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CLUB <input type="checkbox"/> FIRM <input type="checkbox"/> CORPORATION<br><input type="checkbox"/> ASSOCIATION <input type="checkbox"/> JOINT-STOCK COMPANY <input type="checkbox"/> LLC |         |                                                          |                                                          |
| 2. LOCAL BUSINESS NAME FOR WHICH PERMIT IS SOUGHT                                                                                                                                                                                                                                                    |         |                                                          |                                                          |
| NAME                                                                                                                                                                                                                                                                                                 |         |                                                          |                                                          |
| ADDRESS                                                                                                                                                                                                                                                                                              |         | CITY/STATE                                               | ZIP                                                      |
| SEATING CAPACITY:                                                                                                                                                                                                                                                                                    |         | PHONE                                                    | CELL                                                     |
| 3. DESCRIBE THE TYPE AND NATURE OF THE BUSINESS                                                                                                                                                                                                                                                      |         |                                                          |                                                          |
|                                                                                                                                                                                                                                                                                                      |         |                                                          |                                                          |
| 4. WILL THE BUSINESS PERMIT DANCING, FLOOR SHOWS, OR ANY OTHER ENTERTAINMENT?                                                                                                                                                                                                                        |         |                                                          | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. WILL THE BUSINESS SERVE FOOD?                                                                                                                                                                                                                                                                     |         | <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, WHAT TYPE OF FOOD?                               |
| 6. DOES APPLICANT HOLD ANY OTHER BEER PERMITS?                                                                                                                                                                                                                                                       |         | <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, WHERE?                                           |
| 7. WILL BEER BE SOLD AT 2 OR MORE RESTAURANTS OR OTHER BUSINESSES WITHIN THE SAME BUILDING UNDER THE SAME BEER PERMIT? IF YES, IDENTIFY EACH RESTAURANT OR BUSINESS.<br>(Attach separate sheet, if necessary)                                                                                        |         |                                                          | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| BUSINESS NAME                                                                                                                                                                                                                                                                                        | ADDRESS | SEATING CAPACITY                                         | DESIGNATED USE                                           |
| A.                                                                                                                                                                                                                                                                                                   |         |                                                          |                                                          |
| B.                                                                                                                                                                                                                                                                                                   |         |                                                          |                                                          |
| C.                                                                                                                                                                                                                                                                                                   |         |                                                          |                                                          |
| D.                                                                                                                                                                                                                                                                                                   |         |                                                          |                                                          |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                                                                          |                                                             |                                                                           |              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------------|--------------|
| 8. DO YOU HAVE A CURRENT HEALTH PERMIT ISSUED BY THE STATE OF TENNESSEE DEPT. OF HEALTH AND/OR DEPT. OF AGRICULTURE POSTED ON THE PREMISES?                                                                                                                                                                                                                                                                                                                                                      |                              |                                                                          |                                                             | <input type="checkbox"/> YES <input type="checkbox"/> NO                  |              |
| IF YES, WHEN DOES IT EXPIRE?                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              | ATTACH COPY TO APPLICATION (REQUIRED ONLY IF SERVING FOOD OR DRAFT BEER) |                                                             |                                                                           |              |
| 9. COMPLETE THE FOLLOWING PROPERTY INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |                                                                          |                                                             |                                                                           |              |
| NAME OF PROPERTY OWNER                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              | DEED BOOK                                                                | PAGE NO.                                                    | IF THIS INFORMATION IS NOT FURNISHED, A COPY OF THE DEED MUST BE ATTACHED |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                                                                          |                                                             |                                                                           |              |
| ADDRESS OF PROPERTY OWNER                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              | LEASE EXPIRATION DATE                                                    | COPY OF LEASE AGREEMENT MUST BE ATTACHED.<br>NO EXCEPTIONS. |                                                                           |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                                                                          |                                                             |                                                                           |              |
| 10. PREVIOUS RESIDENCES OF APPLICANT WITHIN THE PAST 10 YEARS, INCLUDING PARTNER'S, CORP. OFFICERS, MEMBERS.<br>(Attach a separate sheet, if necessary)                                                                                                                                                                                                                                                                                                                                          |                              |                                                                          |                                                             |                                                                           |              |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              | DATE                                                                     | ADDRESS                                                     |                                                                           |              |
| A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                                                                          |                                                             |                                                                           |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                                                                          |                                                             |                                                                           |              |
| B.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                                                                          |                                                             |                                                                           |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                                                                          |                                                             |                                                                           |              |
| C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                                                                          |                                                             |                                                                           |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                                                                          |                                                             |                                                                           |              |
| D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                                                                          |                                                             |                                                                           |              |
| 11. COMPLETE THE FOLLOWING QUESTION IF APPLICANT IS SOLE PROPRIETOR. GIVE NAME AND BIRTHDATE OF SPOUSE.                                                                                                                                                                                                                                                                                                                                                                                          |                              |                                                                          |                                                             |                                                                           |              |
| NAME OF SPOUSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              | DATE OF BIRTH                                                            |                                                             | PLACE OF BIRTH                                                            |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                                                                          |                                                             |                                                                           |              |
| COMPLETE QUESTIONS 12-15 IF APPLICANT IS A CORPORATION, PARTNERSHIP, LLC OR OTHER BUSINESS ENTITY<br>(EXCLUDING SOLE PROPRIETORSHIP)                                                                                                                                                                                                                                                                                                                                                             |                              |                                                                          |                                                             |                                                                           |              |
| 12. LIST PERSONS, PARTNERS, CORPORATIONS, LLC'S, OR OTHER BUSINESS ENTITIES HAVING AT LEAST A FIVE PERCENT (5%) OWNERSHIP INTEREST IN THE APPLICANT. COMPLETE IN DETAIL. (Attach a separate sheet if necessary). IF CORPORATION, PARTNERSHIP, LLC, OR OTHER BUSINESS ENTITY IS LISTED BELOW, GIVE ADDRESS OF THE PRINCIPAL PLACE OF BUSINESS IN THE ADDRESS COLUMN. (Attach a separate sheet, if necessary.) <b>MUST PROVIDE PROOF OF U.S. CITIZENSHIP OR LEGAL STATUS IN THE UNITED STATES.</b> |                              |                                                                          |                                                             |                                                                           |              |
| NAME OF APPLICANT'S PARTNERS, OFFICERS AND DIRECTORS, OR MEMBERS                                                                                                                                                                                                                                                                                                                                                                                                                                 | TITLE & PERCENT OF OWNERSHIP | CURRENT HOME ADDRESS AND TELEPHONE                                       | DATE AND PLACE OF BIRTH                                     | DRIVER'S LICENCE NO. AND STATE                                            | U.S. CITIZEN |
| A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                                                                          |                                                             |                                                                           |              |
| Email:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                                                                          |                                                             |                                                                           | Yes          |
| SS#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              | ( )                                                                      |                                                             |                                                                           | No           |
| B.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                                                                          |                                                             |                                                                           |              |
| Email:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                                                                          |                                                             |                                                                           | Yes          |
| SS#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              | ( )                                                                      |                                                             |                                                                           | No           |
| C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                                                                          |                                                             |                                                                           |              |
| Email:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                                                                          |                                                             |                                                                           | Yes          |
| SS#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              | ( )                                                                      |                                                             |                                                                           | No           |
| D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                                                                          |                                                             |                                                                           |              |
| Email:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                                                                          |                                                             |                                                                           | Yes          |
| SS#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              | ( )                                                                      |                                                             |                                                                           | No           |

| 13. FOR A CORPORATION, PARTNERSHIP, LLC, OR OTHER BUSINESS ENTITY THAT IS <u>NOT</u> PUBLICLY TRADED. LIST SHAREHOLDERS, PARTNERS, OR MEMBERS HAVING 5% OR MORE OWNERSHIP INTEREST IN THE BUSINESS. (Attach separate sheet, if necessary.) <b>MUST PROVIDE PROOF OF U.S. CITIZENSHIP OR LEGAL STATUS IN THE UNITED STATES.</b> |                                    |                              |                                                                   |                                   |              |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------|-------------------------------------------------------------------|-----------------------------------|--------------|----|
| NAME                                                                                                                                                                                                                                                                                                                           | PERCENT OF OWNERSHIP               | CURRENT HOME ADDRESS & PHONE | DATE & PLACE OF BIRTH                                             | DRIVER'S LICENCE NUMBER AND STATE | U.S. CITIZEN |    |
| A.                                                                                                                                                                                                                                                                                                                             |                                    |                              |                                                                   |                                   | Yes          | No |
| Email:                                                                                                                                                                                                                                                                                                                         |                                    |                              |                                                                   |                                   |              |    |
| SS#                                                                                                                                                                                                                                                                                                                            |                                    | (     )                      |                                                                   |                                   |              |    |
| B:                                                                                                                                                                                                                                                                                                                             |                                    |                              |                                                                   |                                   | Yes          | No |
| Email:                                                                                                                                                                                                                                                                                                                         |                                    |                              |                                                                   |                                   |              |    |
| SS#                                                                                                                                                                                                                                                                                                                            |                                    | (     )                      |                                                                   |                                   |              |    |
| C:                                                                                                                                                                                                                                                                                                                             |                                    |                              |                                                                   |                                   | Yes          | No |
| Email:                                                                                                                                                                                                                                                                                                                         |                                    |                              |                                                                   |                                   |              |    |
| SS#                                                                                                                                                                                                                                                                                                                            |                                    | (     )                      |                                                                   |                                   |              |    |
| D                                                                                                                                                                                                                                                                                                                              |                                    |                              |                                                                   |                                   | Yes          | No |
| Email:.                                                                                                                                                                                                                                                                                                                        |                                    |                              |                                                                   |                                   |              |    |
| SS#                                                                                                                                                                                                                                                                                                                            |                                    | (     )                      |                                                                   |                                   |              |    |
| 14. GIVE NAME AND BIRTH DATE OF SPOUSE OF ANYONE HAVING A 50% OR GREATER INTEREST IN THE CORPORATION, PARTNERSHIP, LLC, OR OTHER BUSINESS ENTITY. (Attach a separate sheet, if necessary)                                                                                                                                      |                                    |                              |                                                                   |                                   |              |    |
| NAME OF SPOUSE                                                                                                                                                                                                                                                                                                                 |                                    | DATE OF BIRTH                | PLACE OF BIRTH                                                    |                                   |              |    |
| A.                                                                                                                                                                                                                                                                                                                             |                                    |                              |                                                                   |                                   |              |    |
| B.                                                                                                                                                                                                                                                                                                                             |                                    |                              |                                                                   |                                   |              |    |
| C.                                                                                                                                                                                                                                                                                                                             |                                    |                              |                                                                   |                                   |              |    |
| 15. FOR A CORPORATION, PARTNERSHIP, LLC, OR OTHER BUSINESS ENTITY THAT IS <u>NOT</u> PUBLICLY TRADED                                                                                                                                                                                                                           |                                    |                              |                                                                   |                                   |              |    |
| REGISTERED NAME OF BUSINESS ENTITY                                                                                                                                                                                                                                                                                             |                                    |                              |                                                                   |                                   |              |    |
| PLACE WHERE INCORPORATED OR ORGANIZED                                                                                                                                                                                                                                                                                          |                                    |                              |                                                                   |                                   |              |    |
| DATE OF INCORPORATION OR ORGANIZATION                                                                                                                                                                                                                                                                                          |                                    |                              | IF NOT A TN BUSINESS ENTITY GIVE DATE OF CERTIFICATE OF AUTHORITY |                                   |              |    |
| 16. DESIGNATE THE MANAGER OR PERSONS WHO WILL BE IN CHARGE OF THE OPERATIONS ON PREMISES IN THE ABSENCE OF THE APPLICANT. (Attach a separate sheet, if necessary.) <b>MUST PROVIDE PROOF OF U.S. CITIZENSHIP OR LEGAL STATUS IN THE UNITED STATES</b>                                                                          |                                    |                              |                                                                   |                                   |              |    |
| NAME                                                                                                                                                                                                                                                                                                                           | CURRENT HOME ADDRESS AND TELEPHONE | DATE AND PLACE OF BIRTH      | DRIVER'S LICENSE NO. AND STATE                                    | U.S. CITIZEN                      |              |    |
| A.                                                                                                                                                                                                                                                                                                                             | (     )                            |                              |                                                                   | YES                               | NO           |    |
| Email:                                                                                                                                                                                                                                                                                                                         |                                    |                              |                                                                   |                                   |              |    |
| SS#                                                                                                                                                                                                                                                                                                                            |                                    |                              |                                                                   |                                   |              |    |
| B.                                                                                                                                                                                                                                                                                                                             | (     )                            |                              |                                                                   | YES                               | NO           |    |
| Email:                                                                                                                                                                                                                                                                                                                         |                                    |                              |                                                                   |                                   |              |    |
| SS#                                                                                                                                                                                                                                                                                                                            |                                    |                              |                                                                   |                                   |              |    |
| C.                                                                                                                                                                                                                                                                                                                             | (     )                            |                              |                                                                   | YES                               | NO           |    |
| Email:                                                                                                                                                                                                                                                                                                                         |                                    |                              |                                                                   |                                   |              |    |
| SS#                                                                                                                                                                                                                                                                                                                            |                                    |                              |                                                                   |                                   |              |    |
| D.                                                                                                                                                                                                                                                                                                                             |                                    |                              |                                                                   | YES                               | NO           |    |
| Email:                                                                                                                                                                                                                                                                                                                         |                                    |                              |                                                                   |                                   |              |    |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |                    |             |                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--------------------|-------------|----------------------------------------------------------|
| SS#                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ( )     |                    |             |                                                          |
| 17. CONVICTION RECORD: HAS ANY PERSON, PARTNER, CORPORATION, LLC, OR OTHER BUSINESS ENTITY HAVING AT LEAST A FIVE PERCENT (5%) OWNERSHIP INTEREST IN THE APPLICANT OR ANY PERSON TO BE EMPLOYED IN THE DISTRIBUTION OR SALE OF BEER BEEN CONVICTED OF ANY VIOLATION OF THE LAWS AGAINST POSSESSION, SALE, MANUFACTURE, OR TRANSPORTATION OF BEER OR OTHER ALCOHOLIC BEVERAGES OR ANY CRIME (OTHER THAN MINOR TRAFFIC VIOLATIONS) WITHIN THE PAST TEN (10) YEARS? |         |                    |             |                                                          |
| <input type="checkbox"/> YES <input type="checkbox"/> NO      IF YES, PLEASE LIST BELOW. (ATTACH A SEPARATE SHEET, IF NECESSARY)                                                                                                                                                                                                                                                                                                                                 |         |                    |             |                                                          |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                             | CHARGES | DATE OF CONVICTION | DISPOSITION | LIST LOCATION COURT, COUNTY, STATE                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |                    |             |                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |                    |             |                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |                    |             |                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |                    |             |                                                          |
| 18. GIVE NAME AND ADDRESS OF A REPRESENTATIVE TO RECEIVE THE ANNUAL TAX NOTICE AND OTHER COMMUNICATIONS FROM THE OF COLUMBIA BEER BOARD.                                                                                                                                                                                                                                                                                                                         |         |                    |             |                                                          |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         |                    |             |                                                          |
| ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         | CITY/STATE         |             | ZIP                                                      |
| 19. HOW MANY FEET IS YOUR BUSINESS (MEASURING IN A STRAIGHT LINE FROM FRONT DOOR TO FRONT DOOR) FROM A SCHOOL, CHURCH, OR ANY OTHER PLACES OF PUBLIC GATHERING?                                                                                                                                                                                                                                                                                                  |         |                    |             |                                                          |
| 20. HAS THE APPLICANT EVER HAD A BEER PERMIT REVOKED, SUSPENDED OR DENIED IN THE STATE OF TENNESSEE?                                                                                                                                                                                                                                                                                                                                                             |         |                    |             | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| IF YES, PLEASE EXPLAIN:                                                                                                                                                                                                                                                                                                                                                                                                                                          |         |                    |             |                                                          |
| 21. GIVE THE NAME AND ADDRESS OF THE FORMER PERMIT HOLDER                                                                                                                                                                                                                                                                                                                                                                                                        |         |                    |             |                                                          |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         |                    |             |                                                          |
| ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         | CITY/STATE         |             | ZIP                                                      |
| 22. ARE YOU FAMILIAR WITH THE LAWS OF THE STATE OF TENNESSEE AND THE CITY OF COLUMBIA BEER ORDINANCE GOVERNING THE SALE AND DISTRIBUTION OF BEER?                                                                                                                                                                                                                                                                                                                |         |                    |             | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 23. HAVE YOU RECEIVED A COPY OF THE BEER LAWS OF THE STATE OF TENNESSEE AND THE CITY OF COLUMBIA?                                                                                                                                                                                                                                                                                                                                                                |         |                    |             | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Applicant hereby solemnly swears that each and every statement in the forgoing application is true and correct; that the City of Columbia Beer Board will be notified promptly if there is a change in circumstances that affects the responses provided in this application; that (1) No beer will be sold except at places where such sale will not cause congestion of traffic or interference with schools, churches, or other places of public gathering, or otherwise interfere with public health, safety and morals; (2) No sale shall be made to anyone under 21 years of age; (3) No person, RIM, corporation, joint-stock company, syndicate, or association having at least a five percent (5%) ownership interest in the applicant has been convicted of any violation of the laws against possession, sale, manufacturing, or transportation of beer or other alcoholic beverages or any crime involving moral turpitude within the past ten (10) years; (4) No person employed by the applicant in such distribution or sale has been convicted of any violation of the laws against possession, sale, manufacturing, or transportation of beer or other alcoholic beverages or any crime involving moral turpitude within the past ten (10) years; and (5) No sale shall be made for on-premise consumption unless the application and the permit so state.

If any statement herein is false, the applicant shall forfeit his permit and shall not be eligible to receive any permit for a period often (10) years, in accordance with TCA 57-5-105(d).

\_\_\_\_\_  
Signature of Applicant

Sworn to and subscribed before me this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_

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

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

THE APPLICANT HEREBY DESIGNATES THE FOLLOWING PERSON OR PERSONS WHO ARE AUTHORIZED TO RECEIVE THE APPLICANT'S BEER PERMIT, IF GRANTED, FROM THE OFFICE OF THE BEER BOARD SECRETARY.

|      |       |
|------|-------|
| NAME | TITLE |
| NAME | TITLE |

| FOR OFFICE USE ONLY                                                         |                          |           |
|-----------------------------------------------------------------------------|--------------------------|-----------|
| DATE APPLICATION FILED                                                      | ZONING                   |           |
| BEER BOARD MEETING DATE                                                     | COUNCILMAN               |           |
| RECEIPT NO.                                                                 | MAP NO.                  |           |
| FEE AMOUNT \$ (APPLICATION FEE IS NON-REFUNDABLE)                           | PARCEL NO.               |           |
| APPLICATION FOR: <input type="checkbox"/> ON PREMISES PERMIT NO.            | <b>BEER BOARD ACTION</b> |           |
| <input type="checkbox"/> OFF PREMISES PERMIT NO.                            | GRANTED                  |           |
| <input type="checkbox"/> MANUFACTURER OR DISTRIBUTOR PERMIT NO.             | ISSUED                   |           |
| <b>THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF THE APPLICANT'S BEER PERMIT.</b> |                          | DENIED    |
| <b>SIGNATURE</b>                                                            | <b>DATE</b>              | WITHDRAWN |



## **APPLICATION CHECKLIST**

1. Copy of Driver's License or Other Government-issued Proof of identification.
2. Proof of United States Citizenship or Legal Status:
  - If marked 'YES' when asked if U.S. Citizen, the following documents are acceptable as proof of citizenship (any one (1) of the following is acceptable):
    - a. Official Birth Certificate issued by a U.S. state, jurisdiction or territory (Puerto Rico, U.S. Virgin Islands, Northern Mariana Islands, American Samoa, Swain's Island, Guam). IMPORTANT: Puerto Rican birth certificates issued before July 1, 2010 will not be recognized as proof of Lawful U.S. Citizenship beginning November 1, 2010.
    - b. U.S. Government-issued Certified Birth Certificate
    - c. U.S. Certificate of Birth Abroad (Forms DS-1350 or FS-545)
    - d. Report of Birth Abroad of a Citizen of the U.S. (Form FS-240)
    - e. Valid, unexpired U.S. Passport
    - f. Certificate of Citizenship (Forms N560 or N561)
    - g. Certificate of Naturalization (Forms N550, N570 or N578)
    - h. U.S. Citizen Identification Card (Forms I-197, I-179)
  - If marked 'NO' when asked if U.S. Citizen, must provide one (1) form of proof from List A and one (1) form of proof from List B to establish proof of Legal Status:
    - LIST A:
      1. Permanent Resident Card (also known as a Green Card or Alien Register Card)
      2. Work Visa
    - LIST B:
      1. Social Security Card
      2. Passport showing this person is in the United States legally
      3. Military I.D.
      4. Driver's License
3. State of Tennessee Sales & Use Tax Certificate of Registration (Sales tax application must be attached to show proof applied for and copy of certificate required within 10 days from date permit issued)
4. City of Columbia Business License (Required before Beer Permit can be issued)
5. Copy of Lease Agreement. NO EXCEPTIONS
6. Copy of State of Tennessee Dept. of Health and/or Dept. of Agriculture Permit (Required only if serving food or draft beer) (Copy of application must be attached to show proof applied for or copy of actual certificate must be attached.)
7. If a business is leasing the premises, an executed (signed) copy of the lease is required before releasing the Beer Permit to the new business.
8. If selling a business, a copy of the Bill of Sale or an executed copy of the Deed signed by all parties and filed with the Register of Deeds Office at the Courthouse must be provided before releasing the Beer Permit to the new owner

Applications should be returned to:  
CITY OF COLUMBIA  
City Recorder's Office at City Hall  
700 North Garden Street  
Columbia, TN 38401

Business Hours are Monday - Friday, 7:30 a.m. - 4:00 p.m.  
Please contact the City Recorder's Office with permit or application questions at (931) 560-1520.



# CITY OF COLUMBIA BEER PERMIT BACKGROUND CHECK

I, \_\_\_\_\_, give permission to the local enforcement agencies to check for and make available to the inquiring agency any and all information concerning any police record on file regarding myself.

|                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| <b>NAME</b>              | <b>PHONE #</b>           |                          |
|                          |                          |                          |
| <b>SOCIAL SECURITY #</b> | <b>DRIVERS LICENSE #</b> | <b>STATE OF ISSUANCE</b> |
|                          |                          |                          |
| <b>DATE OF BIRTH</b>     | <b>PLACE OF BIRTH</b>    |                          |
|                          |                          |                          |
| <b>STREET ADDRESS</b>    | <b>CITY/STATE</b>        | <b>ZIP</b>               |
|                          |                          |                          |

|                               |             |
|-------------------------------|-------------|
| <b>SIGNATURE OF APPLICANT</b> | <b>DATE</b> |
|                               |             |

**LIST LAST THREE (3) PREVIOUS ADDRESSES**

| DATE | ADDRESS | CITY | COUNTY | STATE | ZIP |
|------|---------|------|--------|-------|-----|
|      |         |      |        |       |     |
|      |         |      |        |       |     |
|      |         |      |        |       |     |

|                      |             |              |                        |
|----------------------|-------------|--------------|------------------------|
| <b>BUSINESS NAME</b> |             |              |                        |
|                      |             |              |                        |
| <b>CONTACT NAME</b>  |             |              | <b>CONTACT PHONE #</b> |
|                      |             |              |                        |
| <b>ADDRESS</b>       | <b>CITY</b> | <b>STATE</b> | <b>ZIP</b>             |
|                      |             |              |                        |

