



## **City of Lebanon Certificate of Compliance Retail Package Store**

To apply for a Certificate of Compliance, you will need a copy of your lease agreement, social security number, copy of driver's license, sketch of your location (showing the street, adjoining property owners, and nearest church), and the square footage of your building.

Once the application is completed and turned in, it will be sent over to the Police Department for a background check. Once we receive the paperwork back, we will add the application to the next City Council Agenda to go before the City Council.

The City of Lebanon City Council meets every 1<sup>st</sup> and 3<sup>rd</sup> Tuesday of the month. We must submit the application 11 days before the meeting to have it added to the agenda. Therefore, we cannot give the date of the meeting until we receive the paperwork back from the Police Department. Once the Business Tax Office can add it to the next agenda, you will be contacted with the date of the City Council Meeting.

**\*Please submit the application early enough to provide ample time for review and processing.**

Once the Certificate of Compliance has been approved and signed, it will be issued to the applicant the following business day.

**Application Fee: \$250  
Cash or Check Only**

**Please note this fee is non-refundable to cover the administration work.**

Per Ordinance No. 25-71429, the City of Lebanon has set a limit to Liquor Stores. As of February 19<sup>th</sup>, 2025, the City of Lebanon has reached their limit of Liquor Stores that we allow.



## CERTIFICATE OF COMPLIANCE RETAIL PACKAGE STORE

Pursuant to Tennessee Code Annotated, Title 57, §§57-3-208 and 57-3-213, this is to certify that:

Name of Applicant: \_\_\_\_\_

Home Address: \_\_\_\_\_

(City) (State) (Zip)

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

has made application for a Certificate of Compliance to sell retail alcoholic beverages in the County of \_\_\_\_\_, State of Tennessee, at \_\_\_\_\_

(Street Address of Liquor Store)

and that an investigation has been undertaken of the applicant's criminal record and of the compliance of said business with local law, ordinances or resolutions, and from said investigation the undersigned certified:

1. That the applicant or applicants who are to be in actual charge of said business have not been convicted of a felony within a ten-year period, immediately preceding the date of the application and, if a corporation, that the executive officers or those in control have not been convicted of a felony within a ten-year period immediately preceding the date of the application; and further, that it is the undersigned's opinion that the applicant will not violate any provisions of Tennessee Code Annotated, Title 57, Chapter 3;
2. That the applicant has secured a location which complies with all restrictions of the laws, ordinances and resolutions;
3. That the applicant or applicants have complied with the residency provisions;
4. That the issuance of this license will not exceed the numerical limit.

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Mayor

MAJORITY OF CITY COUNCIL:

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

MAIL TO: Alcoholic Beverage Commission  
Davy Crockett Tower  
500 James Robertson Pkwy, 3<sup>rd</sup> Floor, Nashville, TN 37243



## POLICE DEPARTMENT REPORT ON LIQUOR STORE COMPLIANCE APPLICANT

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

BUSINESS LOCATION: \_\_\_\_\_

INFORMATION RECEIVED FROM BACKGROUND CHECK:

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

APPROVAL \_\_\_\_\_

DISAPPROVAL \_\_\_\_\_

REASONS FOR DISAPPROVAL:

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

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_

POSITION: \_\_\_\_\_

CITY OF LEBANON POLICE DEPARTMENT



## CITY OF LEBANON

### APPLICATION FOR LICENSE TO SELL ALCOHOLIC BEVERAGES AT RETAIL UNDER CHAPTER 257, PUBLIC ACTS OF 1963, SECTIONS 57-801-819, T.C.A. and LEBANON MUNICIPAL CODE TITLE II, CHAPTER 1.

Date \_\_\_\_\_

I (We), \_\_\_\_\_, hereby make application for a license to sell alcoholic beverages at retail in the year \_\_\_\_\_ at the following location:

Name of Store \_\_\_\_\_

Business Address (No P.O. Box) \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Each of the following questions must be fully answered.**

1. Do you hold a public office, either appointive or elective ? ☐ Yes Please describe \_\_\_\_\_  
☐ No
2. Are you a public employee, either Federal, State, County or City ? ☐ Yes Please identify \_\_\_\_\_  
☐ No
3. Have you, any partner(s), or any other person having any kind of interest in your business even been convicted for any offense under the laws of the State of Tennessee or of any other State of the United States ?  
☐ Yes Please describe \_\_\_\_\_  
☐ No
4. Have you, any partner(s), or any other person having any kind of interest in this business been convicted of any offense under the laws of the State of Tennessee, or of any other State, or of the United States prohibiting or regulating the sale, possession, transportation, storing, manufacturing or otherwise handling of intoxication liquors within ten (10) years preceding the date of this application ?  
☐ Yes Please describe \_\_\_\_\_  
☐ No
5. Have you, any partner(s), or any other person having any kind of interest in this business been engaged in business alone, or with others in violation of any laws, or rules and regulations of the State of Tennessee, prohibiting or regulating the sale, possession, transportation, manufacturing, or otherwise handling intoxicating liquors within ten (10) years of preceding the date of this application ?  
☐ Yes Please describe \_\_\_\_\_  
☐ No

6. Please provide the names & addresses of persons related to you by blood, marriage, or otherwise who own, operate or have any interest in either in a retail Store, wholesale distributor, distillery or supplier:

|        |           |        |         |            |
|--------|-----------|--------|---------|------------|
| _____  | _____     | _____  | _____   | _____      |
| (Name) | (Address) | (City) | (State) | (Zip Code) |

|        |           |        |         |            |
|--------|-----------|--------|---------|------------|
| _____  | _____     | _____  | _____   | _____      |
| (Name) | (Address) | (City) | (State) | (Zip Code) |

|        |           |        |         |            |
|--------|-----------|--------|---------|------------|
| _____  | _____     | _____  | _____   | _____      |
| (Name) | (Address) | (City) | (State) | (Zip Code) |

7. Give the names and addresses of all persons who have any kind of interest, financial, stock ownership, loans, gifts, or securing loans, or otherwise, made for carrying on said business:

|        |           |        |         |            |
|--------|-----------|--------|---------|------------|
| _____  | _____     | _____  | _____   | _____      |
| (Name) | (Address) | (City) | (State) | (Zip Code) |

|        |           |        |         |            |
|--------|-----------|--------|---------|------------|
| _____  | _____     | _____  | _____   | _____      |
| (Name) | (Address) | (City) | (State) | (Zip Code) |

|        |           |        |         |            |
|--------|-----------|--------|---------|------------|
| _____  | _____     | _____  | _____   | _____      |
| (Name) | (Address) | (City) | (State) | (Zip Code) |

8. Give the names and addresses of all persons, other than those already listed above, who share in the profits from your business and state their interest:

|        |           |        |         |            |            |
|--------|-----------|--------|---------|------------|------------|
| _____  | _____     | _____  | _____   | _____      | _____      |
| (Name) | (Address) | (City) | (State) | (Zip Code) | (Interest) |

|        |           |        |         |            |            |
|--------|-----------|--------|---------|------------|------------|
| _____  | _____     | _____  | _____   | _____      | _____      |
| (Name) | (Address) | (City) | (State) | (Zip Code) | (Interest) |

|        |           |        |         |            |            |
|--------|-----------|--------|---------|------------|------------|
| _____  | _____     | _____  | _____   | _____      | _____      |
| (Name) | (Address) | (City) | (State) | (Zip Code) | (Interest) |

9. Give the names and addresses of the owner(s) of the premises on which the Business is to be located and the amount of rental, if any.

|        |           |        |         |            |
|--------|-----------|--------|---------|------------|
| _____  | _____     | _____  | _____   | _____      |
| (Name) | (Address) | (City) | (State) | (Zip Code) |

|        |           |        |         |            |
|--------|-----------|--------|---------|------------|
| _____  | _____     | _____  | _____   | _____      |
| (Name) | (Address) | (City) | (State) | (Zip Code) |

|        |           |        |         |            |
|--------|-----------|--------|---------|------------|
| _____  | _____     | _____  | _____   | _____      |
| (Name) | (Address) | (City) | (State) | (Zip Code) |

As part of this application, you are required to submit a copy of the lease agreement which has been or may be entered into.

10. Do you sub-lease or allow anyone to occupy any of the space covered in this lease ?      Yes      No

11. Who will be in active control in the management of the Business ? \_\_\_\_\_

12. Give the name and addresses of any other businesses in which you or your partners, if any, are actively engaged:

|        |           |        |         |            |
|--------|-----------|--------|---------|------------|
| (Name) | (Address) | (City) | (State) | (Zip Code) |
|--------|-----------|--------|---------|------------|

|        |           |        |         |            |
|--------|-----------|--------|---------|------------|
| (Name) | (Address) | (City) | (State) | (Zip Code) |
|--------|-----------|--------|---------|------------|

13. Do you employ some person not otherwise connected with your store who is responsible for the accounting of received funds, financial liabilities, payment of taxes, governmental financial reporting, and financial statements of your Business? ☐ Yes Please identify \_\_\_\_\_  
☐ No

14. Do you agree to accept full responsibility for the action of any member of the partnership, if any, or any person employed by you in the conducting of your business? \_\_\_\_\_ Yes \_\_\_\_\_ No

15. If this is an application for a renewal license, please state whether or not you received any financial assistance, loans or otherwise during the previous year? ☐ Yes ☐ No

16. If the answer to Question 15. (above) is "Yes," state all facts and details in connection with said financial assistance, loans, or otherwise:

17. If you are indebted to the State of Tennessee or the City of Lebanon for any tax, state who it is owed to and the amount: Due to \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Due to \_\_\_\_\_ Amount \$ \_\_\_\_\_

18. Give name and addresses of any relative employed by the City of Lebanon:

|               |                  |               |                |                   |
|---------------|------------------|---------------|----------------|-------------------|
| <u>(Name)</u> | <u>(Address)</u> | <u>(City)</u> | <u>(State)</u> | <u>(Zip Code)</u> |
|---------------|------------------|---------------|----------------|-------------------|

|        |           |        |         |            |
|--------|-----------|--------|---------|------------|
| (Name) | (Address) | (City) | (State) | (Zip Code) |
|--------|-----------|--------|---------|------------|

19. Give 3 personal references, including name, address and telephone number, who have known you for at least 5 years and who can attest to your good moral character:

| (Name) | (Address) | (City) | (State) | (Zip Code) | (Interest) |
|--------|-----------|--------|---------|------------|------------|
|--------|-----------|--------|---------|------------|------------|

| (Name) | (Address) | (City) | (State) | (Zip Code) | (Interest) |
|--------|-----------|--------|---------|------------|------------|
|--------|-----------|--------|---------|------------|------------|

| (Name) | (Address) | (City) | (State) | (Zip Code) | (Interest) |
|--------|-----------|--------|---------|------------|------------|
|--------|-----------|--------|---------|------------|------------|

All data, written statements, affidavits, evidence, or other documents submitted in support hereof shall be deemed to be part of this Application.

The applicant agrees that the place for which this application is made will be operated in conformity with Chapter 257, Public Acts of 1963, with Title II, Chapter 1 of the Lebanon Municipal Code, and in conformity with all applicable rules and regulations made pursuant to law which are now, or may hereafter, be in force.

\_\_\_\_\_  
(Name of Applicant)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_  
(Notary Public)

My commission expires: \_\_\_\_\_

**Retail Site Information:**

1) What is the address of proposed location: \_\_\_\_\_

2) Who are all of the adjoining property owners ? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) What is the name of and distance to (measured in a straight line from your front door) the nearest church or school ? Church and/or school \_\_\_\_\_ Distance \_\_\_\_\_

4) What is the square footage of your building ? \_\_\_\_\_

5) How many public entrances does your building have and to what street(s) ? \_\_\_\_\_

6) Please attach to this application a sketch of your location showing the street, adjoining property owners, and the location of the nearest church or school.