**SPECIAL EVENT ALCOHOL PERMIT APPLICATION**

**CITY OF MARYVILLE**

**CITY RECORDER’S OFFICE**

**406 W BROADWAY**

**MARYVILLE, TN 37801**

**(865) 273-3452**

**ALL APPLICATIONS MUST BE COMPLETED AND RETURNED TO THE CITY RECORDER’S OFFICE BY THE 1st OF THE MONTH IN ORDER TO BE CONSIDERED ON THE FOLLOWING MONTH’S BEER BOARD MEETING AGENDA.**

**$250.00 APPLICATION FEE FEE PAID DATE**

*If all of the applicable laws have been followed and the Applicant complies with all rules and regulations of the Special Event, the $250 application fee shall be refunded within thirty (30) days of the Special Event to the address listed on the application.*

This application is for Special Event, to be held on

(date) at (location) . This

Special Event is sponsored by .

**Application for (choose one**)

* ON PREMISE
* OFF PREMISE
* ON/OFF PREMISE

**Type of business (choose one)**

* RESTAURANT
* GROCERY/FOOD STORE
* TAVERN
* CONVENIENCE STORE/MARKET
* PACKAGE STORE
* HOTEL
* BEER MANUFACTURER
* CRAFT BEER RETAILER
* OTHER

**PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BY PRINTING OR TYPING ALL ANSWERS**

APPLICATION IS HERE MADE FOR A SPECIAL PERMIT TO SELL, STORE, MANUFACTURE, OR DISTRIBUTE ALCOHOL, BEER OR OTHER BEVERAGES AUTHORIZED TO BE SOLD, STORED, MANUFACTURED OR DISTRIBUTED UNDER THE PROVISIONS OF TENNESSEE CODE ANNOTATED, SECTION 57-5-101 ET SEQ. AND BASE THIS APPLICATION UPON THE ANSWERS TO THE FOLLOWING QUESTIONS:

1. Full name of applicant-owner(s)

Please identify which category the owner(s) fall(s) into:

* + Person
  + Firm
  + Corporation
  + Joint-Stock Co
  + Syndicate
  + Association

1. If individual ownership, please provide the following (FOR ALL OTHER TYPES OF OWNERSHIP, SKIP TO QUESTION #4)

**DOB**

**Home Phone/Cell Number**

**Email Address**

**Social Security Number**

**State/Driver’s License Number (include a copy)**

1. Has the owner of the business had an alcohol permit revoked, suspended, or denied in the State of Tennessee? If so, specify where, when, and why.

1. Please complete the following information for all owners having, at least 5% ownership in said business (attach additional paper if needed):

**Name & Title (1st owner)**

**% of Ownership**

**Home Address**

**Home Phone/Cell Number**

**Email Address**

**Date of Birth**

**Social Security #**

**State/Driver’s License Number (include a copy)**

Have you been convicted of any violation of the Laws of any City or State in the United States for the possession, sale, manufacture or transportation of intoxicating liquor; possession, sale, manufacture or transportation of drugs; vice crimes or any crime involving moral turpitude within the last ten (10) years? If yes, please specify nature of conviction.

Have you ever been issued an alcohol permit in any state?

If yes, please specify state and the name of the business.

Have you ever had an alcohol permit revoked, suspended, or denied?

If yes, please specify as to the reason why.

**Name & Title (2nd owner)**

**% of Ownership**

**Home Address**

**Home Phone/Cell Number**

**Email Address**

**Date of Birth**

**Social Security #**

**State/Driver’s License Number (include a copy)**

Have you been convicted of any violation of the Laws of any City or State in the United States for the possession, sale, manufacture or transportation of intoxicating liquor; or any crime involving moral turpitude within the last ten (10) years? If yes, please specify nature of conviction.

Have you ever been issued an alcohol permit in any state?

If yes, please specify state and the name of the business.

Have you ever had an alcohol permit revoked, suspended, or denied?

If yes, please specify the State and the reason.

**PLEASE NOTE: MARYVILLE CITY SPECIAL EVENT ALCOHOL PERMIT MUST BE IN THE SAME NAME AS SHOWN ON BUSINESS LICENSE, TENNESSEE STATE SALES TAX CERTIFICATE AND BUSINESS SIGN. ALL DOCUMENTS MUST BE FILED UNDER THE SAME NAME.**

1. Name of the business
2. Business street address
3. Business mailing address (if different)
4. Telephone number of business
5. Please indicate if the above address and phone number will be the accurate ones to send any correspondence to .
6. Please provide the Tennessee sales tax number for the business .
7. Please provide a copy of the City of Maryville Business License.
8. Please provide a copy of valid driver’s license for owner(s) of business.
9. Please provide a copy of valid permit to manufacture and/or sell alcohol at another location in the United States. This permit must be in place at the time of this application and at the time of the designated Special Event.

**I am knowledgeable of the laws prohibiting the sale of alcohol to minors. I hereby certify that no person having at least a 5% ownership interest, nor any person to be employed in the distribution or sale of alcohol in my establishment has been convicted of any violation of the beer or alcoholic beverage laws or any crime involving moral turpitude within the past 10 years.**

**(NOTICE**: **Each and every owner/applicant with a 5% ownership interest is required to sign application on separate signature pages. If more space is needed, please copy this page to accommodate needed signatures.)**

**I HEREBY SWEAR OR AFFIRM THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND COMPLETE.**

**X**

Signature of Applicant/Owner (or Authorized Corporate Officer)

**X**

Signature of Applicant/Owner (or Authorized Corporate Officer)

**Witness of Signature:**

Sworn to and subscribed before me this day of , 20 .

My Commission Expires

Notary

On this day of , 20 the following action is hereby taken by the Maryville Beer Board upon the forgoing application:

MAYOR

APPROVED AS TO FORM:

CITY ATTORNEY

ATTEST:

CITY RECORDER