

APPLICATION FOR BEER PERMIT  
CITY OF GOODLETTSVILLE

Application for (check one):

ON-PREMISES PERMIT  
(answer questions at right)

At least 100 seats at tables?

At least one meal daily?

No more than 49% of revenue  
from alcoholic beverages

OFF-PREMISES PERMIT

ON- AND OFF-PREMISES PERMIT (answer above questions)

MANUFACTURER'S OR DISTRIBUTOR'S PERMIT

SPECIAL EVENTS PERMIT

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

1. Full name of applicant (owner)

Person  Firm  Corp  Joint-stock Co  Syndicate  Association

2. List all persons, firms, corporations, joint-stock companies, syndicates, or associations having at least 5% ownership interest in the business (attach additional sheet, if needed).

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

3. What is your present home address?

\_\_\_\_\_

4. Previous addresses (within last 10 years)

\_\_\_\_\_

5. Date of birth \_\_\_\_\_ Home Phone \_\_\_\_\_  
Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

6. Under what name will this business operate?

\_\_\_\_\_

7. Location of business by street address or other geographical description and phone number of business

\_\_\_\_\_

8. Specify the identity and address of the person to receive annual privilege tax notices and any other communication from the City

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9. Give name and address of property owner, if other than business owner

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10. Will the permit be used to operate two or more restaurants or other businesses within the same building under the same permit as provided by Section 57-5-103(a)(4) \_\_\_ If so, specify number \_\_\_ List the names of the restaurants or other businesses and describe their location (use additional sheet if necessary)

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11. Give name, address and date of birth of any manager other than applicant

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12. Has any person having at least a 5% ownership interest, any of the managers listed in question 11, or any other employee of the business been convicted of any violation of the beer or alcoholic beverage laws or any crime (other than minor traffic violations) within the last ten (10) years? \_\_\_ If so, give particulars of each charge, court, and date convicted.

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13. Has this owner or the owner's organization had a beer permit revoked, suspended, or denied in the State of Tennessee? \_\_\_ If so, specify where, when, and why.

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

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THE GOODLETTSVILLE MUNICIPAL CODE PROHIBITS THE ISSUANCE OF A BEER PERMIT TO AN APPLICANT WHOSE LOCATION IS LESS THAN 250 FEET FROM PROPERTY ZONED FOR DWELLINGS FOR ONE OR TWO FAMILIES, CHURCHES, PARKS, SCHOOLS, OR LICENSED DAY CARE CENTERS.

15. What is the name and address of the church nearest to your business?

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

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17. What is the address of the residence nearest to your business?

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I am knowledgeable of the laws prohibiting the sale of beer to minors. I hereby certify that no person having at least a 5% ownership interest, nor any person to be employed in the distribution or sale of beer in my establishment has been convicted of any violation of the beer or alcoholic beverage laws or any crime involving moral turpitude within the past 10 years. I am also aware that I shall not be issued a permit or my permit shall be revoked if my business location causes traffic congestion or interferes with schools, churches, or other places of public gathering, or otherwise interferes with public health, safety, and morals.

Signature of Applicant/Owner or Authorized Corporate Officer

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

Notary Public

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My commission expires

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NOTICE: A non-refundable \$500 fee must accompany this application. If the application is approved you are required to provide documentation of sales tax registration to the City within ten days of approval. Any applicant making false statements in this application shall forfeit his permit and shall not be eligible to receive any permit for a period of ten years.

A privilege tax of \$100 is imposed on the business of selling, distributing, storing, or manufacturing beer in this state. Any holder of a beer permit shall pay a pro rata portion of this annual tax when the permit is issued.

As part of the application process for a City of Goodlettsville Beer Permit the applicant must have a Tennessee criminal history background check done through the Tennessee Bureau of Investigation. A copy of the Tennessee Criminal history Information Request form is included in your application. Once completed this form can be mailed or faxed to the TBI. If you prefer you may go to their website at [www.tbi.state.tn.us](http://www.tbi.state.tn.us), click on the background checks icon and following the instructions for completing this process online. There is a \$29.00 fee payable to the TBI. According to the TBI you should receive this information in approximately one week. **A copy of this response must be included in your application.**

Please Select Preferred Response Method (Choose Only 1)

US Mail
FAX
Email



## Tennessee Criminal History Information Request

Before submitting this request review the **Memorandum** related to requesting criminal history information. Please print this form and mail it (along with the required \$29.00 processing fee (Please see memo for payment methods) to: Tennessee Bureau of Investigation, 901 R. S. Gass Blvd., Nashville, Tennessee, 37216 or **FAX** to 615-744-4651

Date: \_\_\_\_\_ Criminal history information requested by: \_\_\_\_\_

Email Address: \_\_\_\_\_ (not required)

Please supply a complete return address:

Print full name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I am requesting a Tennessee criminal history record check on the following individual:

<p><b>Name:</b> _____  <b>(Last, First, Middle)</b>  <b>Other Names Used:</b> _____</p> <p><b>Race:</b> _____ <b>Sex:</b> _____ <b>Date of Birth:</b> _____ <b>State of Birth:</b> _____</p> <p><b>Social Security Number:</b> _____</p> <p><b>Current Address (If Available):</b>  <b>Street:</b> _____  <b>City:</b> _____  <b>State:</b> _____ <b>Zip:</b> _____</p>
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### Required Information:

**Complete name**

**Race and sex**

**Date of Birth**

- Social Security Number is optional. By providing a Social Security Number you will increase the accuracy of the name-based search.
- Current Address is optional. By providing a current address you will increase the accuracy of the name-based search.

### **To Pay by Credit Card:**

Please be sure to include the three (3) digit authorization code located on the back of your credit card.

<p><b>Card Type:</b>      <b>VISA</b> _____      <b>MasterCard</b> _____      <b>Discover</b> _____</p> <p><b>Complete Name</b> (as it appears on the card): _____</p> <p>_____</p> <p><b>Credit Card Number:</b> _____ <b>Code:</b> _____</p> <p><b>Expiration Date:</b> _____</p> <p><b>Current Address of Card-holder:</b> <b>Street:</b> _____</p> <p><b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____</p> <p><b>Total Amount to be Billed:</b> \$ _____ <b>Authorization Signature:</b> _____</p>
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