



## CITY OF MT. JULIET BEER PERMIT APPLICATION

*I hereby make application for a permit to sell, store, distribute beer or other beverages authorized to be sole, stored, manufactured or distributed under the provisions of T.C.A. § 57-5-101 et seq. and chapter 4 of the Mt. Juliet Code and base my application on the answers to the following questions:*

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> RETAILER ON PREMISES PERMIT<br><i>(Seating/parking chart required)</i>                    | <input type="checkbox"/> CHANGE IN MANAGEMENT           |
| <input type="checkbox"/> RETAILER COMBINED PERMIT<br><i>(Seating/parking chart required)</i>                                  | <input type="checkbox"/> RETAILER OFF PREMISES PERMIT   |
| <input type="checkbox"/> WHOLESALE PERMIT<br><i>(Distributors, manufactures, (and) brewers selling directly to retailers)</i> | <input type="checkbox"/> RETAILER SPECIAL EVENTS PERMIT |

DATE PERMIT NEEDED 09/11/2024

**PERMITS SHALL BE ISSUED TO THE OWNER OF THE BUSINESS, WHETHER A PERSON, FIRM, CORPORATION, JOINT-STOCK COMPANY, SYNDICATE, OR ASSOCIATION. ANY CHANGES IN OWNERSHIP OR MANAGEMENT REQUIRES A NEW APPLICATION BE COMPLETED, FEES PAID AND APPEARANCE BEFORE THE ALCOHOLIC BEVERAGE BOARD. UPON APPROVAL BY THE ALCOHOLIC BEVERAGE BOARD A NEW BEER PERMIT WILL BE ISSUED.**

### Applicant Information:

- Full name of applicant DHAKSHANYA GANGATHARAN  
*(Please Print Full Name)*
- Entity: Person \_\_\_ Firm \_\_\_ Corp \_\_\_ LLC  Joint-stock co. \_\_\_ Syndicate \_\_\_ Association \_\_\_
- If the applicant is a corporation, are they authorized to do business in the State of Tennessee?  
Yes  No \_\_\_
- Under what trade name will this business operate?  
SANIKA'S INDIAN CUISINE, LLC
- Location of the business by street address:  
12800 LEBANON RD, SUITE # 106, MT. JULIET, TN 37122

Phone Number: 203 706 8400

Map and Parcel: \_\_\_\_\_

6. Will the permit be used to operate two or more restaurants or other businesses under the same permit as permitted by T.C.A. §57-5-103(a)(4) within the same building? Yes \_\_\_\_\_ No

7. Will this business sell wine and/or liquor? Yes  No \_\_\_\_\_

8. Will food be served? Yes  No \_\_\_\_\_

9. Will dancing or any other entertainment be permitted at this business? Yes \_\_\_\_\_ No

10. Previous business addresses for the past ten years:  
*(Use separate piece of paper if additional space is needed)*  
NOT APPLICABLE

11. Name of previous business:  
NOT APPLICABLE

12. What is the relationship of the applicant or its owners to the operator of prior businesses operating at the same address?  
APPLICANT IS THE OWNER/OPERATOR

13. List all persons, firm, corporations, joint-stock companies, syndicates, partnerships, limited liability companies or associations having at least a 5% ownership interest in the business. Please give full name, address, phone number, social security number, tax ID number and email address of each person. *(Attach additional sheet, if needed)*  
NOT APPLICABLE. THIS IS A SINGLE MEMBER LLC

14. List all person(s) who will be designated as operator(s) and/or manager(s) of the business, meaning the person on site overseeing the business of selling beer. *(Use separate piece of paper if additional space is needed)*

Name MANIMUTHU PANDIAN MARIAPPAN

Home address \_\_\_\_\_

Date of birth \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Operator \_\_\_\_\_ Manager

15. Has any person having at least 5% ownership interest, manager(s), or the applicant of the business ever had a *beer permit revoked, suspended, or denied in the State of Tennessee*? Yes \_\_\_\_\_ No  If so, give date, place, and cause of said revocation.

\_\_\_\_\_

\_\_\_\_\_

16. Does the applicant hold any other beer permits? Yes \_\_\_\_\_ No

If yes, where? \_\_\_\_\_

17. Please give the following information on the person who will be managing the business.

This person is an owner  or a managing agent \_\_\_\_\_.

Name DHAKSHANYA GANGATHARAN

Home address \_\_\_\_\_

Driver's license # \_\_\_\_\_ State \_\_\_\_\_

Date of birth \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Home Phone # \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Email \_\_\_\_\_

18. Specify the identity, address, and daytime contact phone number of the person to receive annual privilege tax notices and any other communication from the City of Mt. Juliet.

Name DHAKSHANYA GANGATHARAN Title OWNER

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Daytime Contact Phone Number \_\_\_\_\_

Email \_\_\_\_\_

19. Has any person, firm, corporation, joint stock company, syndicate, or association having at least 5% ownership interest in the business, any person employed in the distribution or sale of beer, designated operator(s) or manager(s) of the business, meaning the person on site overseeing the business of selling beer, been *charged and penalized*, whether through settlement, fines, conviction or otherwise, of any state, city county or federal law relating to beer and/or liquor, including, but not limited to DUI's, public intoxication, sales to minors, or possession, storage, or sale of liquor of beer, in the past ten (10) years?

Yes \_\_\_\_\_ No  If so, give particulars of each charge, court and date convicted.

*The Alcoholic Beverage Board may waive compliance with this provision in its discretion and upon good cause shown by the applicant.*

\_\_\_\_\_

20. Has any person, firm, corporation, joint stock company, syndicate, or association having at least 5% ownership interest in the business, any person employed in the distribution or sale of beer, designated operator(s) or manager(s) of the business, meaning the person on site overseeing the business of selling beer, been *convicted of any crime involving moral turpitude* within the past ten (10) years?  
Yes \_\_\_\_\_ No  If so, give particulars of each charge, court and date convicted.

21. Do you lease or own the premises on which you will operate? Lease  Own \_\_\_\_\_  
*Provide a copy of the lease or deed evidencing your interest in the property, in addition to the name, address and phone number of the property owner.*

**Property Owner Information:**

Name 3 STEVES OTHER PROPERTIES LLC,  
Mailing Address 12800 LEBANON RD, SUITE # 210  
City, State, Zip MT. JULIET, TN 37122  
Daytime Contact Phone Number 615 772 1572

22. Every beer permit applicant, any manager or operator of the business, meaning the person on site overseeing the business selling beer, is required to provide (at your cost) a Tennessee Bureau of Investigation (TBI) background check dated no less than one week prior to the date of application. <https://www.tn.gov/tbi/divisions/cjis-division/background-checks.html>

23. Are you and each of the persons named in question 13 of this form familiar with chapter 4 of the Mt. Juliet Code and title 57 of the Tennessee Code? Yes  No \_\_\_\_\_

24. Does your establishment participate in the Responsible Vendor Program? Yes  No \_\_\_\_\_  
<https://www.tn.gov/abc/alcohol-awareness/responsible-vendor-training.html>

25. Will you need an interpreter present at the ABB Meeting? Yes \_\_\_\_\_ No

**ADDITIONAL QUESTIONS TO BE COMPLETED FOR ON-PREMISE PERMITS AND HOTEL/MOTELS:**

Number of seats located inside 99

Number of seats located on patio NOT APPLICABLE

**Section 4-62 On-Premises consumption beer permit; issuance requirements:**

- (1) **Retailer on-premises** consumption beer permits shall not be issued except to establishments with seating capacities, and actual seating for 95 or more persons except for those holding a valid on-premises permit on or before June 17, 2002, shall be required to maintain a seating capacity of 75 or more persons.

Number of Hotel Rooms \_\_\_\_\_

**Section 4-62 On Premises consumption beer permit; issuance requirements**

**(5) Hotels/Motels**

- a. Subsections (1) through (4) of this section shall not apply to hotels/motels. Hotels/motels will be eligible for beer permits so long as: a) the hotel/motel has at least 100 guest rooms intended to be used for overnight stays that contain both individual bedding and individual access to sanitary sewer; and b) the hotel/motel serves only hotel patrons and their guests. Subject to rules and regulations adopted by a hotel/motel license pursuant to this article, the premises where such beer may be consumed includes the entirety of the hotel/motel grounds. Beer sold pursuant to such a hotel/motel permit shall not be permitted to be consumed off of the hotel/motel's premises in any instance. In addition to other penalties set forth in article III, [chapter 4](#) of this Code, a hotel/motel beer permit holder shall likewise be penalized for violations of this subsection (5).
- b. The licensed permit holder for the hotel/motel shall be the general manager of the hotel/motel or person of equivalent position. Each new general manager or person of equivalent position must meet all criterion in this chapter for the holder of a beer permit.

**CITY OF MT. JULIET  
TENNESSEE**

**ACKNOWLEDGEMENT OF ALCOHOLIC BEVERAGE BOARD MEETING**

This is to acknowledge that I, DHAKSHAYA GANGATHARAN, representing  
*Printed name of representative*

SANIKA'S INDIAN CUISINE LLC have been notified that the meeting of the Alcoholic  
*Name of business*

Beverage Board will be held at City Hall in the Commissioners Board Room on Tuesday, 09/10/2024 at 6:30 PM.

The purpose of the meeting is to consider the application for a beer permit for the above stated business. The presence of a representative is imperative to receive a permit.

\_\_\_\_\_  
Signature

09/09/2024  
Date

**APPLICATION SIGNATURE PAGE**

*I hereby make an application to the City of Mt. Juliet Alcoholic Beverage Board for a beer permit.*

*The signing of this application acknowledges that I am aware 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, nor has had a beer permit revoked, suspended, or denied in the State of Tennessee.*

*I understand that making a false statement in this application shall precipitate forfeiture of permit and holder shall not be eligible to receive any permit for a period of ten 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 public places of public gathering, or otherwise interferes with public health, safety, and morals.*

*G. N. L...*

Signature of Applicant/Owner (or Authorized Corporate Officer)

On behalf of: SANIKA'S INDIAN CUISINE, LLC  
Name of Business Entity

Sworn to and subscribed before me this 9<sup>th</sup> day of September, 20 24

*SA ale*

Notary Public

My Commission Expires: 12-05-2026

