

**TO BE COMPLETED AT TIME OF SUBMISSION TO THE CITY OF MT. JULIET**

Date/time application submitted: October 31, 2024 at 10:15 a.m. p.m.

Amount Paid and Check Number: \$ 29<sup>00</sup> Check No. 3073

Signature of applicant/person delivering application: [Signature]

DHARVAL Patel



**City of Mt. Juliet, Tennessee  
Retail Liquor Store License Application<sup>1</sup>**

One application will be submitted per applicant. Each person or entity, including the applicant, identified in the answer to question number one and two must complete and submit an application addendum. Incomplete applications will be denied and not considered by the Board of Commissioners.

If the City of Mt. Juliet has issued the maximum number of licenses under its City Code, the Application will be denied.

A non-refundable application fee payment of \$500.00 is due at the time of application submittal, made payable to the City of Mt. Juliet. In addition, a non-refundable payment of \$29.00 for a Tennessee Bureau of Investigation background check is due for the applicant and each person completing an application addendum.

This completed application must be submitted to Emily Taylor or Sheila Luckett at City Hall, 2425 N. Mt. Juliet Rd., Mt. Juliet, TN 37122. Applications will be released October 22, 2024, at 9a.m. and must be turned in on or before Friday, November 1, 2024, no later than 4:00p.m.

Attach additional sheets as needed to provide the required information.

The information collected in this application will be used to conduct a criminal background check.

1. **Applicant:** Provide the full name of the applicant that is applying for a certificate of compliance and state whether the applicant is an individual, sole proprietorship, corporation, general partnership, limited partnership, or limited liability company.

Applicant's Name: BECKWITH WINE & SPIRIT LLC

The Applicant is a:  individual  sole proprietorship  general partnership  
 limited partnership  corporation  limited liability company  
 Other: \_\_\_\_\_

\*Each individual listed above must complete their own Application Addendum.

<sup>1</sup> Any question and or portion of a question listed herein that are no longer and or never were permitted by federal, state, and or local law are severable and will not affect the remaining questions and or portion of a question.

2. **Interested Parties:** Provide the name, title, and % of ownership of any person that has, or will have, any interest, direct or indirect, in the retail liquor store, or in the profits thereof.

Name: NARENDRA B. PATEL Title: MEMBER % 100  
Name: \_\_\_\_\_ Title: \_\_\_\_\_ % \_\_\_\_\_  
Name: \_\_\_\_\_ Title: NA % NA  
Name: \_\_\_\_\_ Title: \_\_\_\_\_ % \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_ % \_\_\_\_\_

\*Each individual listed above must complete their own Application Addendum.

3. **Partnership:** If the applicant is a partnership, provide the date of formation and attach a copy of the partnership agreement, identifying the current general partners, limited partners, and any other type of partner.

Copy Attached: Yes \_\_\_ No \_\_\_ Not Applicable (not a partnership)   
Date of formation: MAY, 25, 2022

4. **Corporation/LLC:** If the applicant is a corporation or a limited liability company, provide the date of incorporation, principal place of business, and attach a copy of the corporate charter and a list of shareholders/members and/or any other type of interest holder that indicates their ownership percentage. Further include a list of officers/managers/directors/governors and their names and contact information, if not already listed in response to Paragraph One and/or Two.

Copy Attached: Yes  No \_\_\_ Not Applicable (not a corporation/LLC) \_\_\_  
Date of Incorporation: MAY/25/2022  
Principal Place of Business: 5120 BECKWITH RD. MTJULIET TN 37122  
Name(s): BECKWITH WINE & SPIRITS, LLC

5. **Zoning/Location:** Provide the address, existing zoning of the proposed retail liquor store, floor of operation, and number of entrances.

Address: 5120 BECKWITH RD. MTJULIET TN 37122  
Existing Zoning: GENERAL COMMERCIAL  
Floor of Operation: GROUND  
Number of Entrances: 1 one

6. **Location Owner:** Provide the name and contact information of the owner(s) of the building and/or parcel at the proposed location. Attach to this application a letter from the owners and/or lessors of the building and/or parcel that the parties reached a written agreement on the terms of the sale and/or lease of the premises to the applicant.

Name: NARENDRA B. PATEL (MYSELF)  
Address: 1110 S MAPLE ST. LEBANON TN 37087  
Phone Number: 620-218-3973  
Letter Attached: Yes \_\_\_ No

7. **Relatives:** Provide the name and title of any relative of any persons identified in response to Paragraphs One and/or Two that is an elected and/or appointed official in the City of Mt. Juliet (for appointed officials, only include persons who enforce, vote for, or oversee the sale of alcohol) and/or employed by the City of Mt. Juliet.

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Name: +NONE Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_

8. **Store Name:** Provide the name of the proposed retail liquor store.

Name: BECAWITH WINE & SPIRIT

9. **Manager:** Provide the name and contact information of the individual(s) who will oversee the day-to-day operations of the retail liquor store.

Name: NARENDRA B. PATEL  
Address: 1110 S MAPLE ST. LEBANON TN 37087  
Phone Number: 620-218-3973

10. Identify any system the applicant will use, or previously used,<sup>2</sup> in an alcohol related business, to ensure that alcohol was not sold to minors and/or persons who were visibly intoxicated.

MODISOFT POS HAS SCANNER TO CHECK ID.  
ID SCANNER

<sup>2</sup> This includes any person identified in response to Paragraph One and/or Two.

11. **Questions:** Answer the following “yes” or “no” questions. If “yes”, attach an addendum with an explanation.

- a) Whether the holder of any compensated public office and/or public employee has an interest and/or potential interest in the profits of the retail liquor business.  
Yes \_\_\_ No
- b) Whether any alcoholic beverage manufacturer, brewer, or wholesaler holds an interest and/or potential interest in the proposed retail liquor store’s building and/or fixtures and/or parcel of any person seeking a retail license.  
Yes \_\_\_ No
- c) Whether a person other than the applicant is paying the application fee.  
Yes \_\_\_ No
- d) Whether any person not listed in the application will have and/or may have an ownership interest in and/or receive the profits of the retail liquor store.  
Yes \_\_\_ No
- e) Whether the applicant, in an alcohol related business, employed and/or intends to employ any person under the age of eighteen (18).  
Yes \_\_\_ No
- f) Whether the applicant has and/or intends to take and/or deliver orders for alcoholic beverages at the residence or place of business of a consumer.  
Yes \_\_\_ No
- g) Whether the applicant, in an alcohol related business, employed and/or intends to employ a person convicted of a felony of moral turpitude in the ten years preceding the hire or any felony in the five years preceding the hire.  
Yes \_\_\_ No
- h) Whether the applicant has and/or intends to purchase alcoholic beverages for resale from anyone other than a licensed wholesaler.  
Yes \_\_\_ No
- i) Whether the applicant has, in a liquor related business, obtained or intends to obtain less than 65% of its annual sales from the sale of alcoholic beverages, including beer and wine.  
Yes \_\_\_ No
- j) Whether the applicant has and/or intends to sell and/or give away alcoholic beverages to any person who was/is visibly intoxicated and/or accompanied by someone who was/is visibly intoxicated.  
Yes \_\_\_ No
- k) Whether the applicant has and/or intends to sell and/or give away alcoholic beverages to persons under the age of twenty-one (21).  
Yes \_\_\_ No
- l) Whether the applicant has and/or intends to sell and/or give away alcohol on the following holidays: Christmas, Thanksgiving, and Easter.  
Yes \_\_\_ No
- m) Whether the applicant has and/or intends to sell or give away alcoholic beverages at a time other than between 8:00 am and 11:00 pm Monday through Saturday, and 10:00 am through 11:00 pm on Sunday.  
Yes \_\_\_ No

n) Whether the applicant previously failed to pay a fee or tax levied by a municipal, county, state or federal government.

Yes \_\_\_ No

o) Whether the applicant has and/or intends to refuse to allow the Tennessee Alcoholic Beverage Commission to examine the books, papers, records, and/or premises of the licensee's retail liquor business.

Yes \_\_\_ No

12. **Plans:** Attach eight (8) copies of a site plan drawn to a scale of not less than one (1) inch equals fifty (50) feet giving the following information.

- a) The shape, size, address, Map and Parcel number, and location of the lot of where the proposed retail liquor store will be located.
- b) The shape, dimensions, size, height, and location of the proposed building in which the retail liquor store will be located.
- c) The available off-street parking as well as any vehicular accesses from a public street.
- d) Other site information as deemed necessary by the City of Mt. Juliet.

13. **Compliance with Law and Ordinances:** By its signature affixed to this application, the applicant affirms its agreement to comply with all applicable laws and ordinances and with the Rules of Regulations of the Tennessee Alcoholic Beverage Commission, state law, and local law, and affirms its agreement as to the validity and reasonableness of the regulations and inspection fees provided in the Mt. Juliet Code of Ordinances with reference to the sale of alcoholic beverages.<sup>3</sup>

14. **Certifications:** By signing this application, the applicant certifies that the premises of the proposed retail liquor store complies with the requirements of Mt. Juliet City Code § 4-101 et. seq., and state law, and the applicant verified compliance with such requirements, and/or provides a basis to dispute any reason the applicant is given as to why the proposed retail liquor store does not comply. The applicant shall submit verification information, if available, with the application.

15. **Certifications:** By signing this application, the applicant certifies that the City of Mt. Juliet may conduct a criminal background check on the persons identified in response to Paragraph One and/or Two, unless the applicant provides a Tennessee Bureau of Investigation background check that was completed within 30 days of the date of this application.

*(signature block on next page)*

---

<sup>3</sup> To the extent any such law and/or ordinance, and/or any portion thereof, is unconstitutional, has no rational basis, or is otherwise deemed unenforceable, then such law and/or ordinance (or portion thereof) is severed and the remaining law and/or ordinance remains in effect.

**BY ITS SIGNATURE BELOW, THE APPLICANT CERTIFIES THE ACCURACY OF EACH STATEMENT IN THIS APPLICATION.**

If the applicant is an individual, please complete this signature block and notary acknowledgement:

Sign: [Signature]

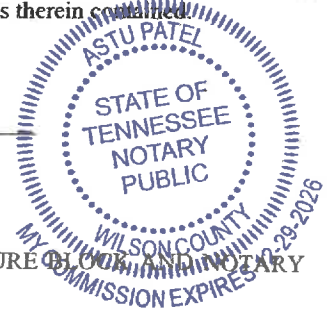
Print: NARENDRA B. PATEL

State of TN County of WILSON

Personally appeared before me, Notary Public of said County and State, NARENDRA PATEL, the within named bargainer, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he/she executed the within instrument for the purposes therein contained.

Witness my hand, at office, the 30 day of OCT, 20 24

[Signature]  
Notary Public



My commission expires: 12/29/2026

**IF THE APPLICANT IS AN ENTITY, PLEASE COMPLETE THIS SIGNATURE BLOCK AND NOTARY ACKNOWLEDGEMENT:**

Name of Entity: BECKWITH WING & SPIRITS LLC

Sign Name: [Signature]

Print Name: NARENDRA B. Patel

Print Title: MEMBER

State of TN County of WILSON

Before me, a Notary Public of the state and county aforesaid, personally appeared NARENDRA Patel with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged himself/herself to be MEMBER (or other officer authorized to execute the instrument) of BECKWITH WING & SPIRITS LLC the within named bargainer, a MEMBER, and that he/she as such MEMBER executed the foregoing instrument for the purpose therein contained, being authorized to do so, by signing the name of the BECKWITH WING & SPIRITS LLC by himself/herself as NARENDRA PATEL

Witness my hand, at office, this 30 day of OCT, 20 2024

[Signature]  
Notary Public



My commission expires: 12/29/2026

THIS COMPLETED APPLICATION MUST BE SUBMITTED TO THE CITY RECORDER AT CITY HALL, 2425 N. MT. JULIET RD., MT. JULIET, TN 37122



**City of Mt. Juliet, Tennessee  
Retail Liquor Store License Application Addendum**

Each person or entity, including the applicant, identified in the answer to question number one and two of the City of Mt. Juliet's Retail Liquor Store License Application must complete and submit a separate application addendum at the time of application submittal.

In addition to the non-refundable application fee payment of \$500.00, a non-refundable payment of \$29.00 for a Tennessee Bureau of Investigation background check is due for each application addendum.

This completed application addendum must be submitted with the Retail Liquor Store Application to Emily Taylor or Sheila Luckett at City Hall, 2425 N. Mt. Juliet Rd., Mt. Juliet, TN 37122. Applications will be released October 22, 2024, at 9a.m. and must be turned in on or before Friday, November 1, 2024, no later than 4:00p.m.

Attach additional sheets as needed to provide the required information.

The information collected in this application will be used to conduct a criminal background check.

1. **Name:** State your full name and title.

Full Name: NARENDRA B. PATEL

Title: MEMBER

2. **Identifying Information:** Provide your date of birth, social security number, address, and phone number. This information will be used solely for a criminal background check.

Date of Birth: 02/25/1984

Social Security Number:     

3. **Contact Information:** Provide your home address, phone number, and email address.

Home Address: 4424 ANDREW JACKSON PKWY, HERMITAGE TN 37076

Phone Number: 615-218-3973

Email Address: NAREN@GOLDEMBEARSTORES.COM

4. **Public Office:** State whether you hold a public office, whether appointed or elected.

Hold public office: \_\_\_ yes  no

If yes, what position: \_\_\_\_\_

If yes, is it an uncompensated appointment to a municipal board or commission where you have no duty to vote, overlook, or superintend the sale of alcoholic beverages? \_\_\_\_\_

5. **Public Employee:** State whether you are a public employee.

Public employee: \_\_\_ yes  no

If yes, what position and where? \_\_\_\_\_ NA

6. **Residency:** Identify the state(s) you have lived in for the past ten (10) years. Provide an address for each location as well as the time you spent at that location.

Address: 4424 ANDREW JACKSON PKWY HERMITAGE TN 37076

Dates: To: 01/2017 From: current

Address: 110 CEDARWOOD DRIVE LEBANON TN 37087

Dates: To: 04/12 From: 04/17

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

Dates: To: \_\_\_\_\_ From: \_\_\_\_\_

7. **Interest:** Identify your interest, whether direct or indirect, in the applicant and/or business entity.

MEMBER 100%

8. **Other Licenses:** Identify any interest that you held or hold in a retail liquor business, including, but not limited to, a sale of wine in retail food store license, a direct or indirect interest in the profits of a retail liquor business, or any distillery, beer manufacturer/distributor, etc. Identify the State that granted the license and, if the person or entity no longer holds such a license or interest, the reason why the person or entity no longer holds such a license or interest.

YES LIQUOR VAULT LLC LIC#RTL RPS-WLS-222870  
12 FRANKLIN RD LEBANON TN 37087



9. **Occupation:** Provide the name, contact information, and type of business in which you have been employed for the past five years. List these positions by date, most recent to least recent. Include dates of employment. \*Further, state that you give the City of Mt. Juliet permission to contact these employers.

Name: Golden Bees #1  
Type of Business: C-store convenience store  
Address: 1110 S maple street Lebanon TN 37087  
Phone: 620-218-3973  
Dates: To: 04/2019 From: current

Name: LIQUOR VAULT LLC  
Type of Business: LIQUOR STORE  
Address: 12 Franklin Rd. Lebanon TN 37087  
Phone: 620-218-3973  
Dates: To: 08/2022 From: current

10. **Business References:** Provide the name and phone number of three business references.

Name: Bobby Hackney Dist Phone: 615-347-3540  
Name: DET Dist. Pete Phone: 615-260-7227  
Name: FIRST VISION BANK Phone: 615-840-2988

11. **Violations of Law:** State whether you, your spouse, or any of the entity's officers or managers have been convicted within the ten (10) year period immediately preceding the date of the application of any violation of any State or federal law or of any violation of any municipal ordinance and provide the details of such violation(s), excluding minor traffic violations.

None

12. **Capital:** Identify the amount of capital you propose to invest in the business.

1.5 million

13. **Funds:** Identify where the funds listed in response to Paragraph Ten are and/or how such funds will be obtained. Provide verification that such funds can be obtained within three months of obtaining a certificate of compliance. \* Further, authorize the City of Mt. Juliet to contact any persons or entity from which funds will be obtained.

BANK LETTER OF CREDIT OR CASH  
LL

14. **Bankruptcy:** Identify whether you have filed for bankruptcy. Include the date, case number, type of bankruptcy, and the resolution.

None

15. **Relatives:** Provide the name and position of any relative that is an elected and/or appointed official (for appointed officials, only include persons who enforce, vote for, or oversee the sale of alcohol) in the City of Mt. Juliet and/or employed by the City of Mt. Juliet.

Name: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Name: NA Position Held: \_\_\_\_\_

16. **Relatives:** Provide the name and contact information of any relative that holds any interest in any liquor business.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name: NA Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

17. **Spouse:** Identify whether your spouse would be eligible or ineligible to receive a retail liquor license. If ineligible, provide the reason.

Spouse is  eligible \_\_\_ ineligible

Reason for ineligibility: \_\_\_\_\_

18. Identify any system the applicant will use, or previously used,<sup>1</sup> in an alcohol related business, to ensure that alcohol was not sold to minors and/or persons who were visibly intoxicated.

Pos & ID Scanned

19. **Questions:** Answer “yes” or “no” to the following questions. If yes, attach an addendum with an explanation.

- a) Whether the holder of any compensated public office and/or public employee has an interest and/or potential interest in the profits of the retail liquor business.  
Yes \_\_\_ No
- b) Whether any alcoholic beverage manufacturer, brewer, or wholesaler holds an interest and/or potential interest in the proposed retail liquor store’s building and/or fixtures and/or parcel of any person seeking a retail license.  
Yes \_\_\_ No
- c) Whether you and/or the entity has, in a liquor related business, employed at any time or intends to employ any person under the age of eighteen (18).  
Yes \_\_\_ No
- d) Whether you and/or the entity, in a liquor related business, employed and/or intends to employ any person who was convicted of a felony of moral turpitude in the ten years prior to their, hire, or any felony within five years prior to their hire.  
Yes \_\_\_ No
- e) Whether you and/or the entity has and/or intends to purchase alcoholic beverages for resale from anyone other than a licensed wholesaler.  
Yes \_\_\_ No
- f) Whether the applicant has and/or intends to take and/or deliver orders for alcoholic beverages at the residence or place of business of a consumer.  
Yes \_\_\_ No
- g) Whether the applicant has, in a liquor related business, obtained or intends to obtain less than 65% of its annual sales from the sale of alcoholic beverages, including beer and wine.  
Yes \_\_\_ No
- h) Whether you and/or the entity has and or intends to sell and/or give away alcoholic beverages to any person who is visibly intoxicated and/or accompanied by someone who is visibly intoxicated.  
Yes \_\_\_ No
- i) Whether you and/or the entity has and or intends to sell and/or give away alcoholic beverages to persons under the age of twenty-one (21).  
Yes \_\_\_ No
- j) Whether you and/or the entity has and/or intends to sell and/or give away alcohol on: Christmas, Thanksgiving, and/or Easter.  
Yes \_\_\_ No

<sup>1</sup> This includes any person identified in response to Paragraph One and or Two.

k) Whether you and/or the entity has and/or intends to sell and/or give away alcohol at a time other than between 8:00 am and 11:00 pm Monday through Saturday, and 10:00 am through 11:00 pm on Sunday.

Yes \_\_\_ No

l) Whether you and/or the entity failed to pay a fee or tax levied by a municipal, county, state or federal government.

Yes \_\_\_ No

m) Whether you and/or the entity has and/or intends to refuse to allow the Tennessee Alcoholic Beverage Commission to examine the books, papers, records, or premises of the licensee's retail liquor business.

Yes \_\_\_ No

20. **Compliance with Law and Ordinances:** By its signature affixed to this application, you and/or the entity affirms its agreement to comply with all applicable laws and ordinances and with the Rules of Regulations of the Tennessee Alcoholic Beverage Commission, state law, and local law, and affirms its agreement as to the validity and reasonableness of the regulations and inspection fees provided in the Mt. Juliet Code of Ordinances with reference to the sale of alcoholic beverages.<sup>2</sup>

21. **Authorization to Speak With Prior Employers:** By its signature affixed to this application, you and/or the entity agrees to allow the City of Mt. Juliet to contact any person or entity identified in response to Paragraph Nine.\*

22. **Authorization to Speak With Bank Reference:** By its signature affixed to this application, you and/or the entity agrees to allow the City of Mt. Juliet to contact any furnisher of information set forth in Paragraph Thirteen.\*

23. **Certifications:** By signing this application, you and/or the entity certifies that the City of Mt. Juliet may conduct a criminal background check on you and/or the entity, unless you and/or the entity provides a Tennessee Bureau of Investigation background check completed within 30 days prior to the date of the application.

*(signature block on next page)*

---

<sup>2</sup> To the extent any such law and/or ordinance, and or any portion thereof, is unconstitutional, has no rational basis, or is otherwise deemed unenforceable, then such law and/or ordinance (or portion thereof) is severed and the remaining law and/or ordinance remains in effect.

**BY ITS SIGNATURE BELOW, THE APPLICANT IS CERTIFYING THE ACCURACY OF EACH STATEMENT MADE IN THIS APPLICATION.**

If the applicant is an individual, please complete this signature block and notary acknowledgement:

Sign: [Signature]

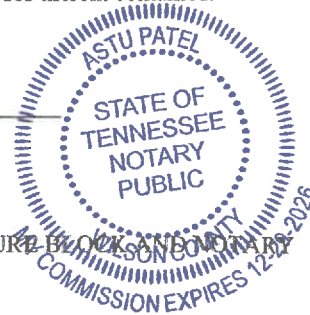
Print: NARENDRA PATEL

State of TN County of WILSON

Personally appeared before me, Notary Public of said County and State, NARENDRA Patel, the within named bargainer, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he/she executed the within instrument for the purposes therein contained.

Witness my hand, at office, the 30 day of OCT, 2024

[Signature]  
Notary Public



My commission expires: 12/29/2026

IF THE APPLICANT IS AN ENTITY, PLEASE COMPLETE THIS SIGNATURE BLOCK AND NOTARY ACKNOWLEDGEMENT:

Name of Entity: BECKWITH WING & SPORTS LLC

Sign Name: [Signature]

Print Name: NARENDRA Patel

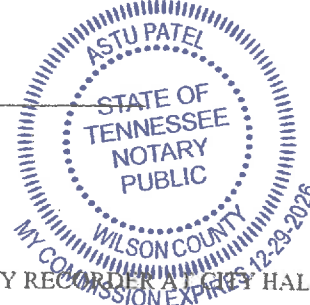
Print Title: MEMBER

State of TN County of WILSON

Before me, a Notary Public of the state and county aforesaid, personally appeared NARENDRA Patel with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged himself/herself to be MEMBER (or other officer authorized to execute the instrument) of BECKWITH WING & SPORTS the within named bargainer, a MEMBER; and that he/she as such MEMBER executed the foregoing instrument for the purpose therein contained, being authorized to do so, by signing the name of the BECKWITH WING & SPORTS by himself/herself as NARENDRA Patel

Witness my hand, at office, this 30 day of OCT, 2024

[Signature]  
Notary Public



My commission expires: 12/29/2026

THIS COMPLETED APPLICATION MUST BE SUBMITTED TO THE CITY RECORDER AT CITY HALL, 2425 N. MT. JULIET RD., MT. JULIET, TN 37122



# Beckwith Wine and Spirits

Meridian Architecture Design Proposal For Naren Patel

May 27, 2022

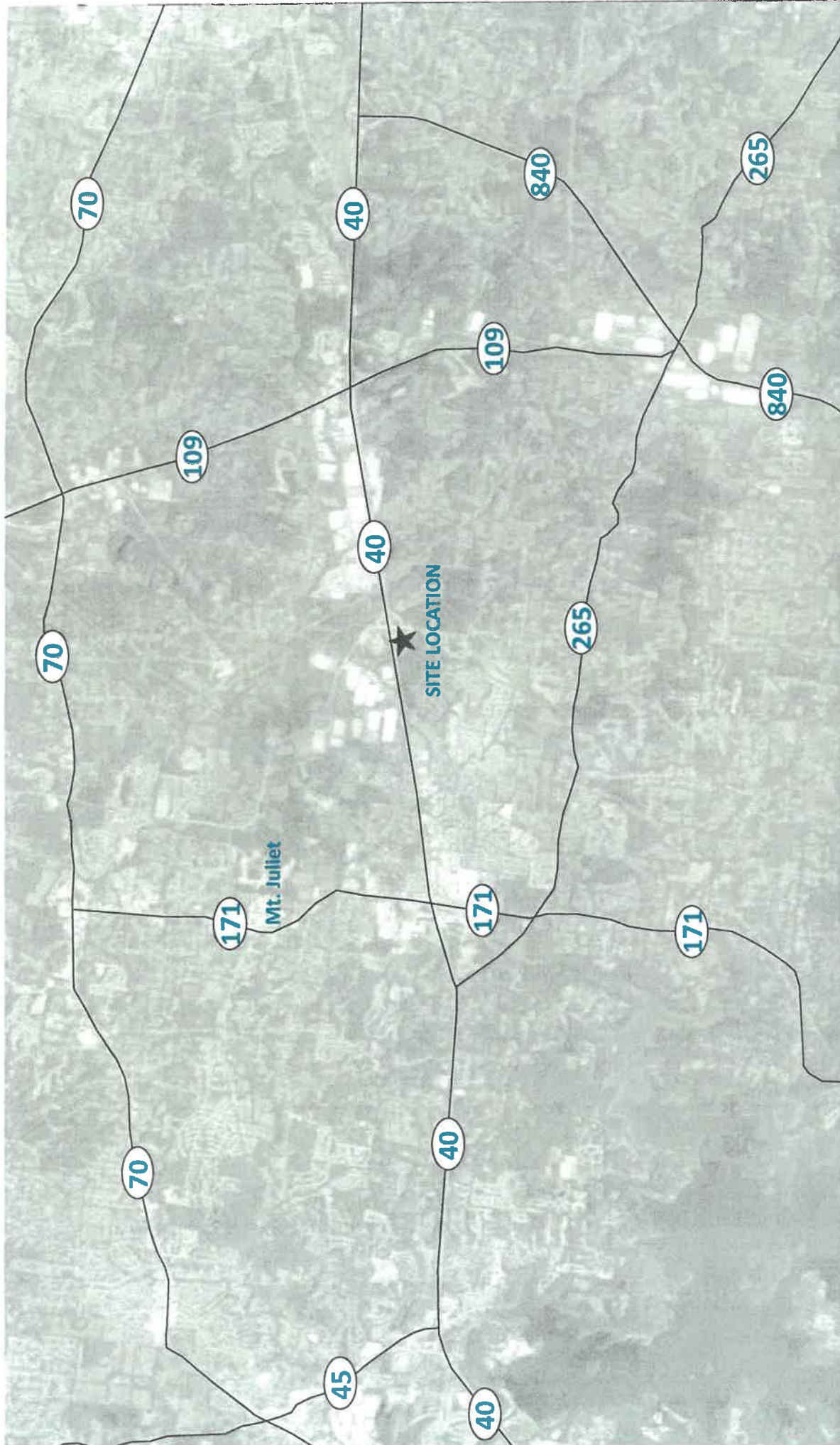
MERIDIAN

ARCHITECTURE

meridiantn.com | www.meridiantn.com

# BECKWITH WINE AND SPIRITS





# BECKWITH WINE AND SPIRITS

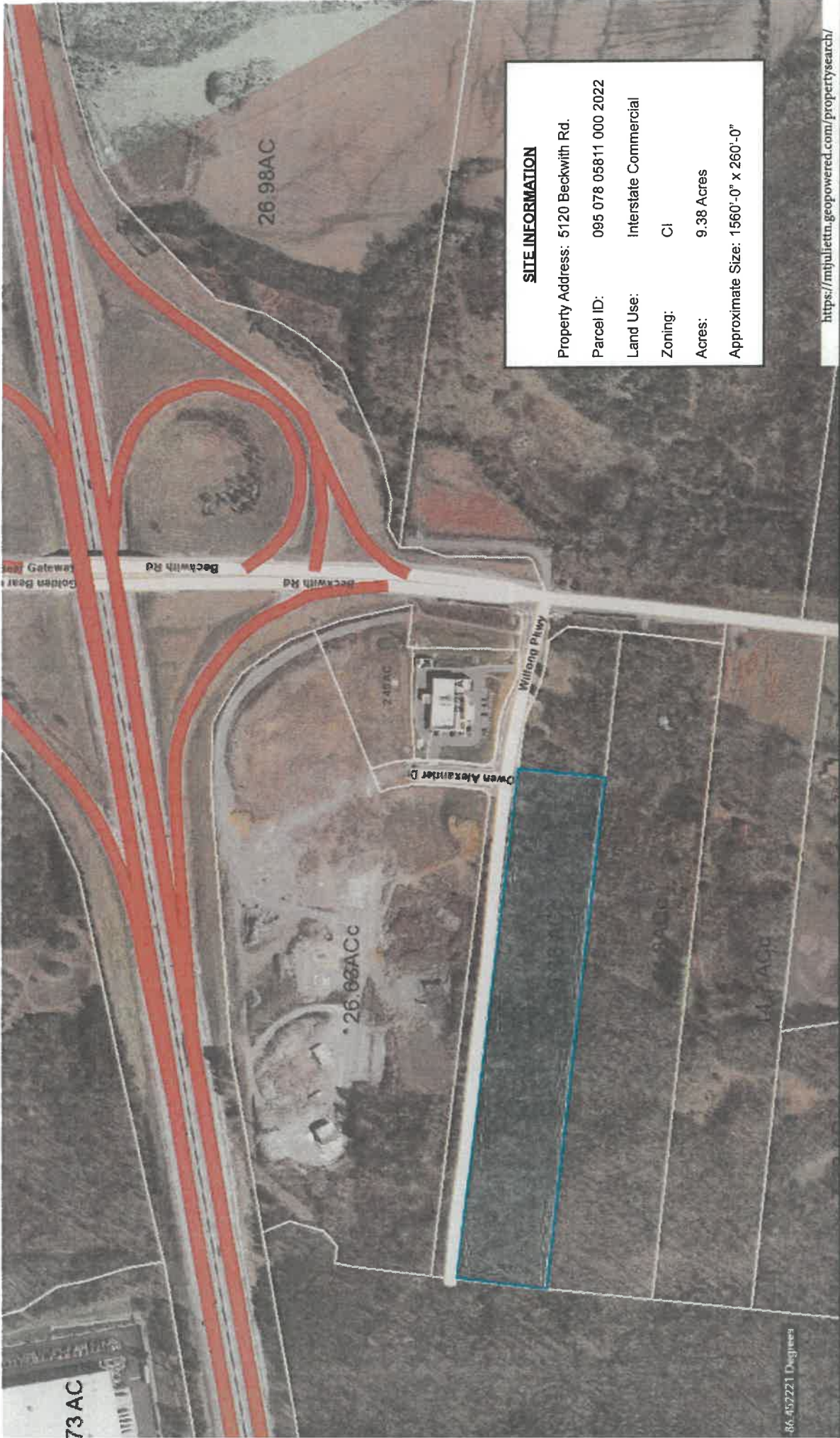
Site - Location Map

MERIDIAN

ARCHITECTURE

nashville, tn | [www.meridianarch.com](http://www.meridianarch.com)





**SITE INFORMATION**

Property Address: 5120 Beckwith Rd.  
 Parcel ID: 095 078 05811 000 2022  
 Land Use: Interstate Commercial  
 Zoning: CI  
 Acres: 9.38 Acres  
 Approximate Size: 1560'-0" x 260'-0"

<https://m7julienn.geopowered.com/propertysearch/>

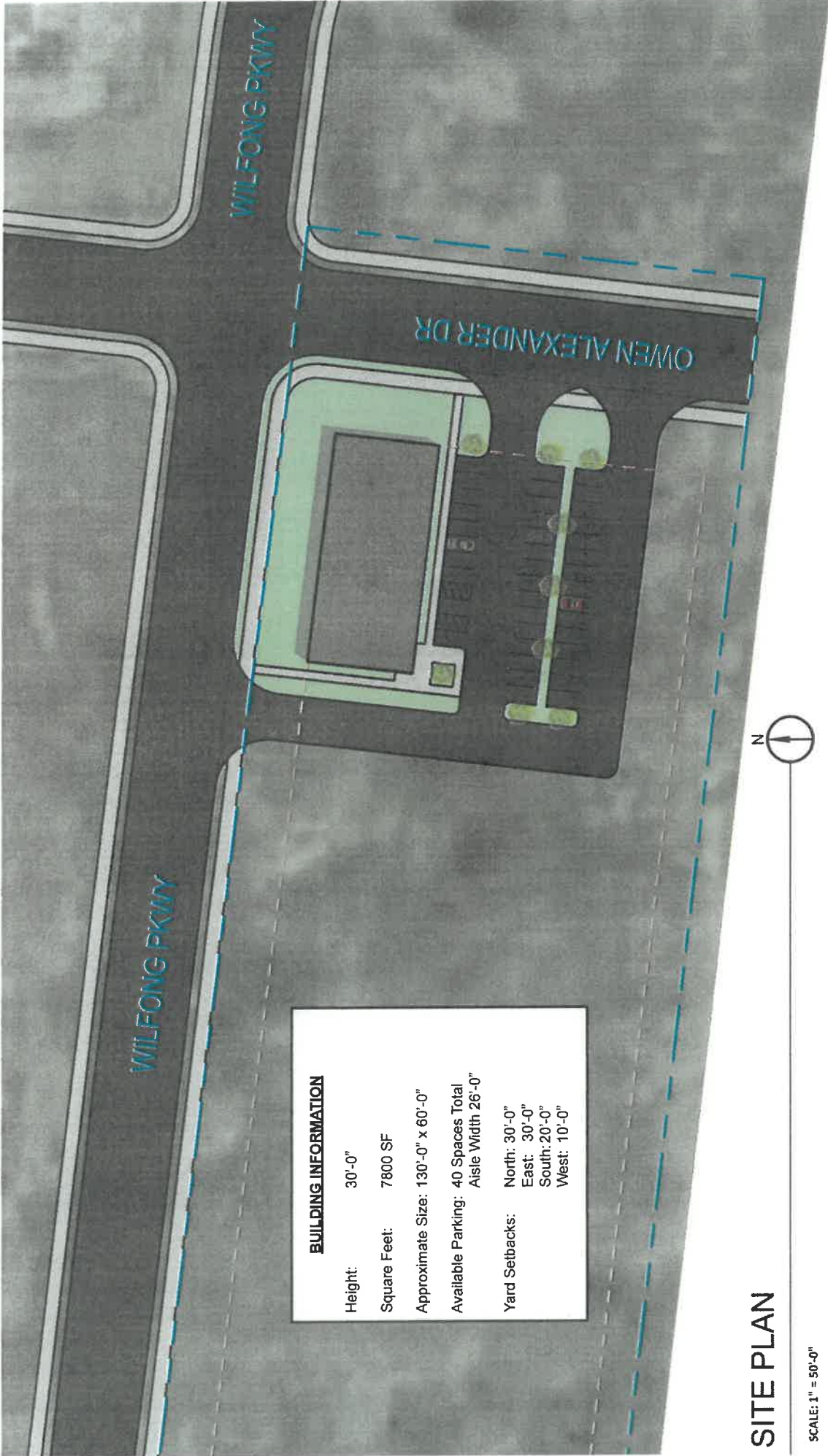
# BECKWITH WINE AND SPIRITS

Parcel Map - Site Information

MERIDIAN

ARCHITECTURE

nashville, tn | www.meridiantn.com



<b>BUILDING INFORMATION</b>	
Height:	30'-0"
Square Feet:	7800 SF
Approximate Size:	130'-0" x 60'-0"
Available Parking:	40 Spaces Total
	Aisle Width 26'-0"
Yard Setbacks:	North: 30'-0"
	East: 30'-0"
	South: 20'-0"
	West: 10'-0"

**SITE PLAN**

SCALE: 1" = 50'-0"

**BECKWITH WINE AND SPIRITS**

Site Plan- Building Information

MERIDIAN

ARCHITECTURE

meridiana.com