

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:

	chapte	r 4 of the Mt. Juliet Code and base my application on	the ans	swers to the following questions:
		RETAILER ON PREMISES PERMIT (Seating/parking chart required)		CHANGE IN MANAGEMENT
		RETAILER COMBINED PERMIT (Seating/parking chart required)		RETAILER OFF PREMISES PERMIT
		WHOLESALE PERMIT (Distributors, manufactures, (and) brewers selling directly	uy to reta	RETAILER SPECIAL EVENTS PERMIT ilers)
	DATE	PERMIT NEEDED		
	CORP IN OV	ITS SHALL BE ISSUED TO THE OWNER OF THE B ORATION, JOINT-STOCK COMPANY, SYNDICAT YNERSHIP OR MANAGEMENT REQUIRES A NEW AND APPEARANCE BEFORE THE ALCOHOLIC B IE ALCOHOLIC BEVERAGE BOARD A NEW BEER	E, OR . APPLI EVERA	ASSOCIATION. ANY CHANGES CATION BE COMPLETED, FEES AGE BOARD. UPON APPROVAL
Ap	plicant l	nformation:		
1.	Full	name of applicant Juon Corlos AR50 (Please Print Full Na	JA me)	
2.	Enti	ty: Person Firm Corp LLC \(\sqrt{ Joint-sto} \)	ck co	Syndicate Association
3.		e applicant is a corporation, are they authorized to do busi No	ness in t	he State of Tennessee?
4.	B	der what trade name will this business operate?		
5.	Loc	ation of the business by street address:	4- 3	E WT, tailor

	Map and Parcel:
	Will the permit be used to operate two or more restaurants or other businesses under the same permit as p by T.C.A. §57-5-103(a)(4) within the same building? Yes No
	Will this business sell wine and/or liquor? Yes No
	Will food be served? Yes \ No
	Will dancing or any other entertainment be permitted at this business? Yes No
	Previous business addresses for the past ten years: (Use separate piece of paper if additional space is needed)
	Name of previous business:
	What is the relationship of the applicant or its owners to the operator of prior businesses operating at the
	OWVXC
	List all persons, firm, corporations, joint-stock companies, syndicates, partnerships, limited liability compassociations having at least a 5% ownership interest in the business. Please give full name, address, phon number, social security number, tax ID number and email address of each person. (Attach additional sheat needed)
	List all persons, firm, corporations, joint-stock companies, syndicates, partnerships, limited liability compassociations having at least a 5% ownership interest in the business. Please give full name, address, phon number, social security number, tax ID number and email address of each person. (Attach additional sheet needed)
•	List all persons, firm, corporations, joint-stock companies, syndicates, partnerships, limited liability compassociations having at least a 5% ownership interest in the business. Please give full name, address, phon number, social security number, tax ID number and email address of each person. (Attach additional sheet needed) Sun colus Arbura List all person(s) who will be designated as operator(s) and/or manager(s) of the business, meaning the p site overseeing the business of selling beer. (Use separate piece of paper (f additional space is needed)

15.	Has any person having at least 5% ownership interest, manager(s), or the applicant of the business ever had a least 5% ownership interest, manager(s), or the applicant of the business ever had a least 5% ownership interest, manager(s), or the applicant of the business ever had a least 5% ownership interest, manager(s), or the applicant of the business ever had a least 5% ownership interest, manager(s), or the applicant of the business ever had a least 5% ownership interest.					
	permit revoked, suspended, or denied in the State of Tennessee? Yes No If so, give date, place and cause of said revocation.					
	and cause of Said revocation.					
6.	Does the applicant hold any other beer permits? Yes No					
	If yes, where? L. L. Genen, Hendersonill					
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 Junicolus ARZONA					
	Home address					
	Driver's license #State					
	Date of birth Soc. Sec. #					
	Home Phone # Daytime Phone #					
	Email					
8.	Specify the identity, address, and daytime contact phone number of the person to receive annual privilege tax notic					
	and any other communication from the City of Mt. Juliet.					
	Name JUCACOLOS ARJUMA Title CW UGA					
	Mailing Addres:					
	City, State, Zip					
	Daytime Contact Phone Number					
	Email \					
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9.	Has any person, firm, corporation, joint stock company, syndicate, or association having at least 5% ownershinterest in the business, any person employed in the distribution or sale of beer, designated operator(s) or manager(
	of the business, meaning the person on site overseeing the business of selling beer, been charged and penalize					
	whether through settlement, fines, conviction or otherwise, of any state, city county or federal law relating to be					
	and/or liquor, including, but not limited to DUI's, public intoxication, sales to minors, or possession, storage,					
	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.					
	came monn of 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 turpifiede 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 Chabia Bahola					
	Mailing Address City, State, Zip					
	Daytime Contact Phone Number					
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 No No					
25	Will you need an interpreter present at the ABB Meeting? Yes No					