Mt. Juliet, Tennessee

2425 North Mt. Juliet Rd Mt. Juliet, TN 37122



Agenda

Tuesday, March 11, 2025 6:30 PM

Commission Chambers

Mt. Juliet Alcoholic Beverage Board

1.	Call to Order and Declare a Quorum Present				
2.	Moment of Silence				
3.	Set Agenda				
4.	Public Notice				
	4.A.	Public Notice 3-11-25	<u>1086</u>		
		Attachments: Public Notice - 3-11-25			
5.	Appro	oval of Minutes			
	5.A.	Meeting Minutes 2-11-25	<u>1087</u>		
		Attachments: MeetingMinutes 2-11-25 Unapproved			
7.	Appli	cations			
	7.A.	4EVERECIG, LLC dba Hifive Supply	<u>1085</u>		
		Attachments: 2025 Beer Permit Application - Redacted			
8.	Discu	ission Items			

9. Adjournment



Staff Report

File #: 1086

Agenda Date: 3/11/2025

Agenda #: 4.A.

Title:

Public Notice 3-11-25

Public Notice

The City of Mt. Juliet Alcoholic Beverage Board will meet on Tuesday, March 11th, 2025, at 6:30 PM to consider the Off-Premise Beer Permit of the following:

 4EVERECIG, LLC dba Hifive Supply, located at 14665 Lebanon Rd, Old Hickory, TN 37138

The Public is invited to attend and comment.

Kenneth D. Martin,

City Manager

City of Mt. Juliet



Staff Report

File #: 1087

Agenda Date: 3/11/2025

Agenda #: 5.A.

Title:

Meeting Minutes 2-11-25

Mt. Juliet, Tennessee

2425 North Mt. Juliet Rd Mt. Juliet, TN 37122



Meeting Minutes

Tuesday, February 11, 2025 6:30 PM

Commission Chambers

Mt. Juliet Alcoholic Beverage Board

1. Call to Order and Declare a Quorum Present

Chairperson Pat Scales called the meeting to order at 6:30pm.

2. Moment of Silence

Chairperson Pat Scales asked everyone to observe a moment of silence.

3. Set Agenda

The agenda for the meeting was set by Chairperson Scales.

PresentChairperson Patrick Scales, Board Member David Usry, Board
Member Adrian Muniz, and Board Member Brian Christenson

4. Public Notice

4.A. Public Notice 2-11-25

Attachments: Public Notice - 2-11-25

5. Approval of Minutes

5.A. Approval of 10-8-24 Meeting Minutes

Attachments: Meeting Minutes 10-8-24 - Unapproved

This Minutes was approved.**RESULT:**APPROVED**MOVER:**David Usry**SECONDER:**Adrian Muniz

Aye: Patrick Scales, David Usry, Adrian Muniz, and Brian Christenson

5.B. Approval of 11-12-24 Meeting Minutes

Attachments: MeetingMinutes 11-12-24 - Unapproved

This Minutes was approved. **RESULT:** APPROVED

MOVER: Brian Christenson

SECONDER: David Usry

Aye: David Usry, Adrian Muniz, and Brian Christenson

Abstain: Patrick Scales

- 6. Applications
- 6.A. Keke's Breakfast Cafe

Attachments: Application for Agenda Redacted

Jenna Barrell, accountant, and Chris Tucker, manager, explained the business plan and how they are known for their big quantities at their breakfast place.

They will be checking everyone's ID, even their regulars. They will check the expiration date, hologram, and will not accept a paper copy.

When you order alcohol, their system will notify the manager to go double check ID and put a face to the customer. If it does not comply they are not allowed back.

They will not start selling beer until 10:30 am. Everyone will be of age to sell beer. They will bring in a corporate trainer and implement online training for servers, both Keke's provided and State provided training.

Board Member Brian Christenson asked if they will teach vertical and horizontal licenses to their trainees. Chris Tucker, manager, explained that this is apart of the training given.

Board Members asked if they have had any violations at their other locations. Chris Tucker, manager, explained that there have been 0 violations at Hendersonville or Gallatin.

Chairperson Pat Scales explained violation process and routine checks that are done through the MJPD.

A motion was made by Board Member Muniz, seconded by Board Member Christenson, that this Application be approved. The motion carried by the following vote:

RESULT:	APPROVED
MOVER:	Adrian Muniz
SECONDER:	Brian Christenson

Aye: Patrick Scales, David Usry, Adrian Muniz, and Brian Christenson

7. Discussion Items

8. Adjournment

6:40 PM

ABB Chairperson Patrick Scales

ABB Secretary Emily Taylor



Staff Report

File #: 1085

Agenda Date: 3/11/2025

Agenda #: 7.A.

Title:

4EVERECIG, LLC dba Hifive Supply



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 sold, 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:

RETAILER ON PREMISES PERMIT (Seating/parking chart required)		CHANGE IN MANAGEMENT
RETAILER COMBINED PERMIT (Seating/parking chart required)	X	RETAILER OFF PREMISES PERMIT
WHOLESALE PERMIT (Distributors, manufactures, (and) brewers selling directly t	to retail	RETAILER SPECIAL EVENTS PERMIT

DATE PERMIT NEEDED ASAP

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:

1.	Full name of applicant George Please Print Full Name)
2.	Entity: Person Firm Corp LLC X Joint-stock co Syndicate Association
3.	If the applicant is a corporation, are they authorized to do business in the State of Tennessee? Yes X No
4.	Under what trade name will this business operate?
5.	Location of the business by street address: 14665 Lebanon Road Old Minkard TN 37138

3

Map and Parcel: Ogs 0552 01606 000 Will the permit be used to operate two or more restaurants or other businesses under the same permit as performed 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 to needed) Name of previous business: NA Uhat is the relationship of the applicant or its owners to the operator of prior businesses operating at the s address? NA List all persons, firm, corporations, joint-stock companies, syndicates, partnerships, limited liability comparasocial security number, tax ID number and email address of each person. (Attach additional sheet meeded) List all person(s) who will be designated as operator(s) and/or manager(s) of the business, meaning the posite overseeing the business of selling beer. (the separate piece of paper if additional space to needed) Name Reference C 2 CRUMS Horne address Description Date of birth Soc. Sec. #	Phone Number:					
by T.C.A. §57-5-103(a)(4) within the same building? YesNo X	Map and Parcel:		095 052	01606	000 2	201
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:	Will the permit be used to by T.C.A. §57-5-103(a)(4	operate two or more rest) within the same buildin	aurants or other businesses ur g? Yes No	der the same pe	rmit as pern	mitte
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) // // // // // // // // // // // // //	Will this business sell wir	e and/or liquor? Yes	No			
Previous business addresses for the past ten years: (Use separate piece of paper if additional space is needed) Name of previous business: NA What is the relationship of the applicant or its owners to the operator of prior businesses operating at the s address? NA List all persons, firm, corporations, joint-stock companies, syndicates, partnerships, limited liability comp 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 shee needed) List all person(s) who will be designated as operator(s) and/or manager(s) of the business, meaning the pe site overseeing the business of selling beer. (Use separate piece of paper if additional space is needed) Name Reter G ZeRVMS Home address						
(Use separate piece of paper if additional space is needed) Name of previous business: NAA What is the relationship of the applicant or its owners to the operator of prior businesses operating at the s address? NAA List all persons, firm, corporations, joint-stock companies, syndicates, partnerships, limited liability comp 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 shee needed) List all person(s) who will be designated as operator(s) and/or manager(s) of the business, meaning the pe site overseeing the business of selling beer. (Use separate piece of paper if additional space is needed) Name Peter G Zervits Home address	Will dancing or any other	entertainment be permitt	ed at this business? Yes	No 📩		
Name of previous business: ///A What is the relationship of the applicant or its owners to the operator of prior businesses operating at the s address? //A 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, phone number, social security number, tax ID number and email address of each person. (Attach additional sheet needed) List all person(s) who will be designated as operator(s) and/or manager(s) of the business, meaning the persite overseeing the business of selling beer. (Use separate piece of paper if additional space is needed) Name Peter G Zerums Home address Peter G Zerums			NA			
Address? List all persons, firm, corporations, joint-stock companies, syndicates, partnerships, limited liability comp 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. (<i>Attach additional shee</i> needed) List all person(s) who will be designated as operator(s) and/or manager(s) of the business, meaning the per- site overseeing the business of selling beer. (Use separate piece of paper if additional space is needed) Name Name Home address	Name of previous busines	38:				
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, phone number, social security number, tax ID number and email address of each person. (<i>Attach additional shee needed</i>) List all person(s) who will be designated as operator(s) and/or manager(s) of the business, meaning the persite overseeing the business of selling beer. (Use separate piece of paper if additional space is needed) Name Peter G Zervits Home address		35				me
site overseeing the business of selling beer. (Use separate piece of paper if additional space is needed) Name <u>Peter 6 2 erv Ps</u> Home address	associations having at lea number, social security n	st a 5% ownership intere	npanies, syndicates, partnersh st in the business. Please give	ips, limited liab full name, addr	ility compar ess, phone	
Name <u>Peter 6 Zervas</u> Home address					ning the pers	son
Home address			parate piece of paper if additional space	is needed)		
	Name <i>Veter</i>	> LERVAS			. * *	ż
Date of birth Soc. Sec. #	Home address			8		

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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	X	
	If yes, where?			are a second and a	

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

This person is an owner or a managi	ing agent
Name Peter 6 Zeru	
Home address	
Driver's license #	State TN
Date of birth	Soc. Sec. #
Home Phone #/19	Daytime Phone #
Email	

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

Name George PZERVAS	Title_Pres
Mailing Address	
City, State, Zip	
Daytime Contact Phone Number	
Email	

Has any person, firm, corporation, joint stock company, syndicate, or association having at least 5% ownership 19. 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 X 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 Maribel & Dewey Lineberry	
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. <u>https://www.tn.gov/tbi/divisions/</u>cjis-division/background-checks.html
- 23. Are you and each of the persons named in oriention 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 ______ https://www.tn.gov/abc/alcohol-awareness/responsible-vendor-training.html

25 Will you need an interpreter present at the ABB Meeting? Yes _____ No X

CITY OF MT. JULIET TENNESSEE

ACKNOWLEDGEMENT OF ALCOHOLIC BEVERAGE BOARD MEETING

This is to acknowledge that I, _		Zervas d name of representation	
Hifive Supply Name of Dusiness			have been notified that the meeting of the Alcoholic
Beverage Board will be held at	City Hall in th	e Commissioner	s Board Room on Tuesday, <u>March</u> 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

76 175 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.

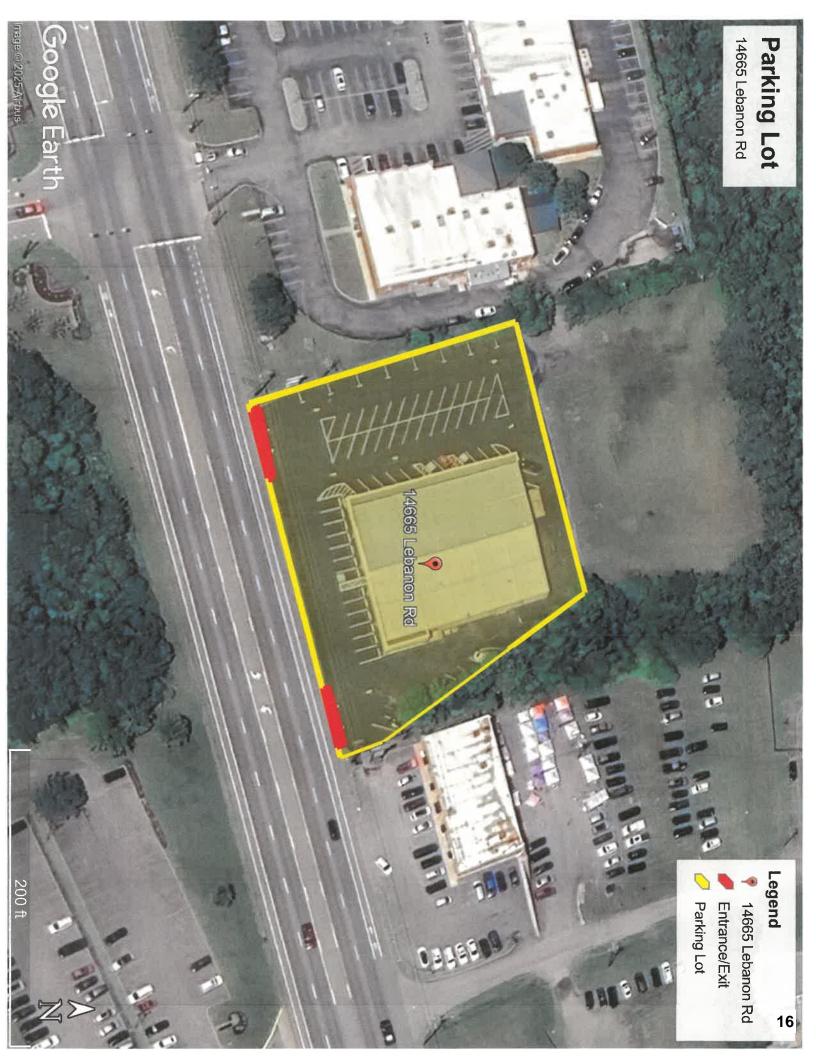
I understand that making a false statement in this application shall precipitate forfeiture of permit and holder shall not be eligible to receive any permit for a period of ten years.

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.

Signature of Applicant/Own (or Authorized Corporate Officer)

VERECIG LLC On behalf of: Name of Business Entity

Sworn to and subscribed before me this $26^{\text{+h}}$	day of February	, 20 <u>25</u>
Tgiant	J	AMULTI,
Notary Public		GANG THUY NGUL
My Commission Expires:08 2027		STATE OF TENNESSEE NOTARY PUBLIC



James Maness Mayor

Bill Trivett Vice-Mayor

Kenny Martin City Manager

February 26, 2025

Re:

CITY OF MT. JULIET

Commissioners Art Giles Scott Hefner Jennifer Milele

Zoning Verification 14665 Lebanon Road Old Hickory, TN 37138 Map 052, Parcel 016.06

To whom it may concern:

The zoning for the above-mentioned property, located at 14665 Lebanon Road, known as Map 052, Parcel 016.06, in the City of Mt. Juliet, in the county of Wilson and in the State of Tennessee is currently zoned as CG – Commercial General.

If there are any questions, please contact the office at 615-773-6283.

Respectfully,

Kenny Howell

Planning Technician

