

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:

Ø	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 a	directly to retai	RETAILER SPECIAL EVENTS PERM ilers)
DATE !	PERMIT NEEDED		
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CORI	PORATION, JOINT-STOCK COMPANY, SYND	ICATE, OR	ASSOCIATION. ANY CHANGES
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Phone Numb	per: (615) 589 - 1999
Map and Par	rcel:
-	mit be used to operate two or more restaurants or other businesses under the same permit as permit 57-5-103(a)(4) within the same building? Yes No
Will this bus	siness sell wine and/or liquor? Yes No
Will food be	served? Yes No
Will dancing	g or any other entertainment be permitted at this business? Yes No
	siness addresses for the past ten years: ece of paper if additional space is needed)
Name of pre	vious business:
What is the 1 address?	relationship of the applicant or its owners to the operator of prior businesses operating at the same
associations number, soci needed)	ons, firm, corporations, joint-stock companies, syndicates, partnerships, limited liability companies having at least a 5% ownership interest in the business. Please give full name, address, phone ial security number, tax ID number and email address of each person. (Attach additional sheet, if
	Nashville TN 37211
	2230 gmail. Com
_	on(s) who will be designated as operator(s) and/or manager(s) of the business, meaning the person
	ng the business of selling beer. (Use separate piece of paper if additional space is needed)
Name Te	
Home addre	
Date of birth	07-23-1992 Soc. Sec. #_
Operator	Manager

	permit revoked, suspended, or denied in the State of Tennessee? Yes No _X If so, give date, and cause of said revocation.
	Does the applicant hold any other beer permits? Yes No X
	Please give the following information on the person who will be managing the business.
	This person is an owner or a managing agent
	Name Teodoro Samano Torres
	Home address 3808 East ridge dr Nashville TN
	Driver's license #
	Date of birth $67-23-92$ Soc. Sec. i
	Home Phone # Daytime Phone # _615 _584 - 1444
	Email Teo. 9223 agmail. com
	Specify the identity, address, and daytime contact phone number of the person to receive annual privilege tax
	and any other communication from the City of Mt. Juliet.
	Name TEOdoro Samano Torres Title Owner
	Mailing Address 3808 East Ridge dr
	City, State, Zip NaShuille TN 37211
	Daytime Contact Phone Number 615 589-1444
	Email Teo. 9223 a gmail. Com
	Has any person, firm, corporation, joint stock company, syndicate, or association having at least 5% ow interest in the business, any person employed in the distribution or sale of beer, designated operator(s) or man of the business, meaning the person on site overseeing the business of selling beer, been <i>charged and per</i> whether through settlement, fines, conviction or otherwise, of any state, city county or federal law relating and/or liquor, including, but not limited to DUI's, public intoxication, sales to minors, or possession, storage 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.

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 <i>convicted of any crime involving moral turpitude</i> 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 Keith Pipes / Manager Lisa Mailing Address 15285 Lebanon Road Old Hickory TN 37138 City, State, Zip Old Hickory TN 37138 Daytime Contact Phone Number (615) 268-2714
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

CITY OF MT. JULIET

TENNESSEE

ACKNOWLEDGEMENT OF ALCOHOLIC BEVERAGE BOARD MEETING

This is to acknowledge that I, Temoro Samono Toms, representing Printed name of representative,
Chulitos Paraclesia y Torquesia IIC have been notified that the meeting of the Alcoholic Name of business
Name of business May 13 the Beverage Board will be held at City Hall in the Commissioners Board Room on Tuesday, 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
representative is imperative to receive a permit.

Signature

Pate

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/Owner (or Authorized Corporate Officer)

On behalf of: Chulitos Pangleria x taqueriale

Sworn to and subscribed before me this Z

My Commission Expires My Commission Expires:

January 28, 2026

James Maness Mayor

CITY OF MT. JULIET

Commissioners
Art Giles
Scott Hefner
Jennifer Milele

Bill Trivett Vice-Mayor

Kenny Martin City Manager



April 23, 2025

Re: Zoning Verification

Chulitos Panaderia y Taqueria

15311 Lebanon Road Mt Juliet, TN 37122 Map 052, Parcel 008.03

To whom it may concern:

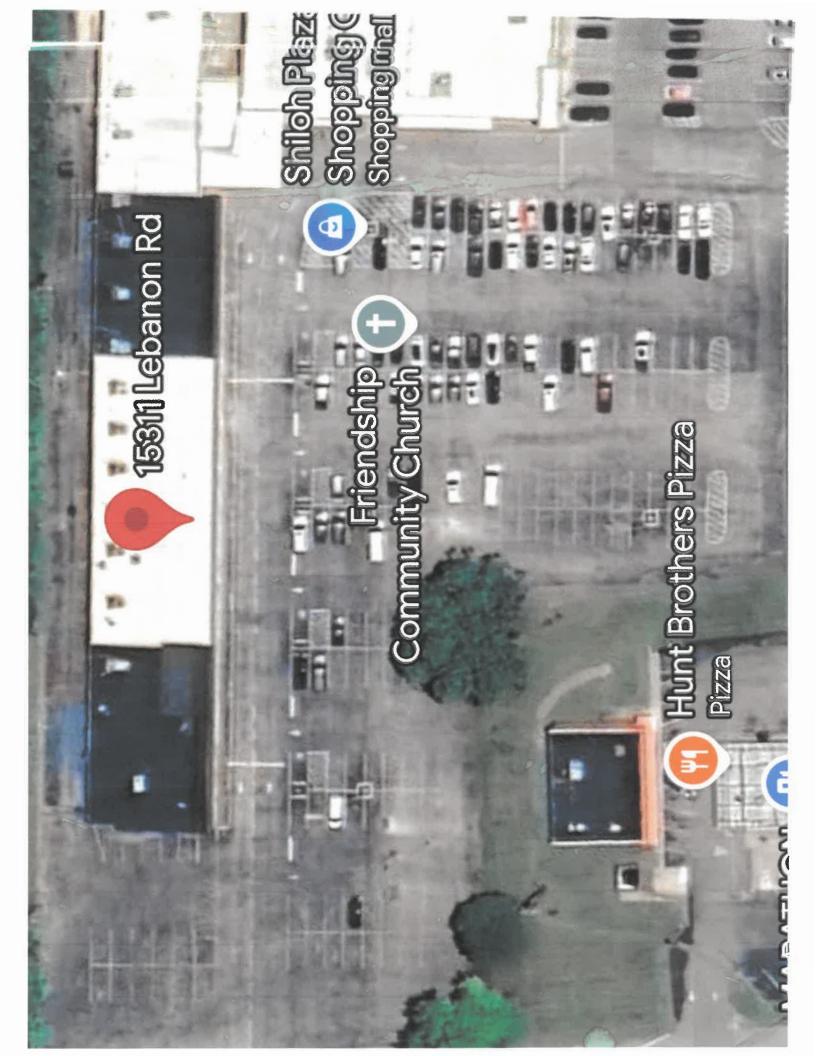
The zoning for the above-mentioned property, located at 15311 Lebanon Road, known as Map 052, Parcel 008.03, in the City of Mt. Juliet, in the county of Wilson and in the State of Tennessee is currently zoned as CG – Commercial General.

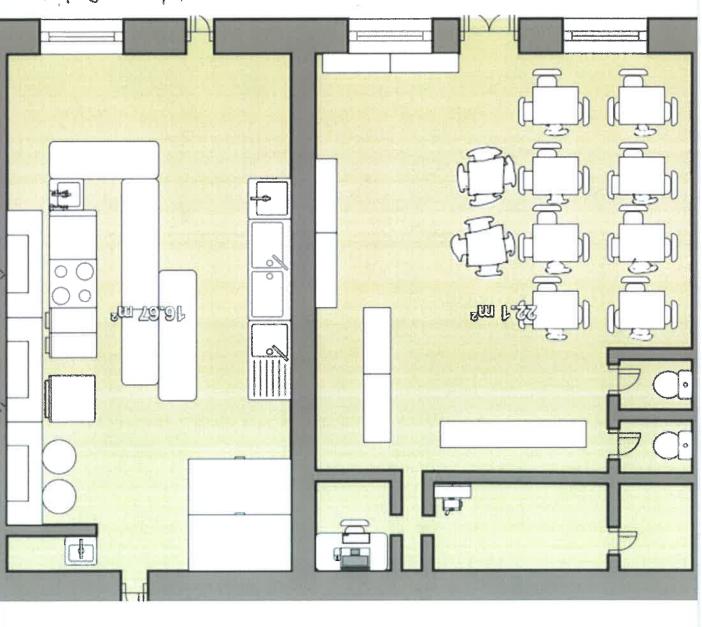
If there are any questions, please contact the office at 615-773-6283.

Respectfully,

Planning Technician

Kenny Howell





outdoor Patio





15261Lebanon Road Old Hickory, TN 37138 (615) 758-5358

April 24, 2025

City of Mt. Juliet

Re: Chulitos Panaderia y Taqueria

Please accept this as authorization for Teedoro Samano Torres to sell beer at his facility.

If you have any questions, please contact the church office.

Thank you.

Lisa Passman

Office Manager

lisa@achurchforyou.com

615-758-5358

Keith Pipes

Campus Pastor & Elder keith @achurchforyou.com