

**STATE OF TENNESSEE
CITY OF FRANKLIN**

PURSUANT TO SECTION 8 CHAPTER 2 OF THE CODE OF THE CITY OF FRANKLIN, TENNESSEE, AND THE REQUIREMENTS OF 57-5-101 ET. SEQ. OF THE TENNESSEE CODE ANNOTATED, I HEREBY MAKE APPLICATION FOR:

ON PREMISES PERMIT
 OFF PREMISES PERMIT
 ON AND OFF PREMISES PERMIT
 MANUFACTURER'S OR DISTRIBUTOR'S PERMIT
 SPECIAL EVENTS PERMIT **DATE OF EVENT** Saturday May 2, 2020
HOURS OF EVENT 4:00pm to 8:00 pm

DATE PERMIT NEEDED 5-2-2020

PERMITS SHALL BE ISSUED TO THE OWNER OF THE BUSINESS, WHETHER A PERSON, FIRM, CORPORATION, JOINT-STOCK COMPANY, SYNDICATE, OR ASSOCIATION.

1. **Owner (Applicant)** Downtown Franklin Rotary Charitable Foundation
Person **Firm** **Corp** **LLC** **Joint-stock co.** **Syndicate** **Association**

2. **List all persons, firm, joint-stock companies, syndicates, or associations having at least a 5% ownership interest in the business (attach additional sheet, if needed). Please give name and address.**
none

3. **If the applicant is a corporation, are they authorized to do business in the State of Tennessee?** **Yes**

4. **Under what trade name will this business operate?**
Jockeys and Juleps Kentucky Derby Party
City of Franklin business account number na

5. **Location of the business by street address. For special event, list location of the event.**

Park at Harlinsdale Farm, 239 Franklin Rd

Phone number of the business

615-591-6747 _____

6. **Please give the following information on the person who will be managing the business. This person is an owner _____ or a managing agent .**

Name Donald Beatty _____

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7. **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.**

Name _____ **NA** _____ **Title** _____

Mailing Address _____

City, State, Zip _____

Daytime contact phone number _____

Email _____

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

If so, specify number _____. List the names of the restaurants or other businesses and describe their location (use additional sheet if necessary)

9. Do you own the premises on which you will operate? No
If no, please give the name and address of the property owner.

City of Franklin, 109 3rd Av S, Franklin, TN

10. Has any person having at least 5% ownership interest, managers or employees of the business been convicted of any violation of beer or alcoholic beverage laws or any crime (other than minor traffic violations) within last ten (10) years? No If so, give particulars of each charge, court and date convicted.

11. Has this owner or the owners organization had a beer permit revoked, suspended, or denied in the State of Tennessee? Yes ___ No x If so, please give date, place and cause of said revocation.

12. Give the name and address of the former beer permittee at this establishment.

NA

13. Give applicant's history of involvement in the beer business, if any.

Rotary Club Events

14. Give applicant's employment record for the past 10 years.

NA

15. What is the exact nature of the business in which you are applying for a beer permit?
(Restaurant, tavern, motel, etc.)

501 c 3 Fund Raiser_____

16. Will a full course menu be served? Yes_____

17. Will separate and sanitary facilities be maintained for men and for women? Yes_____

18. Will dancing be allowed on your premises? Yes_____

If yes, do you acknowledge that section 9-102 of the Franklin Municipal Code prohibits the operation of establishments allowing dancing between 1:30 AM and 8:00 AM? Yes_____

TRAINING POLICY:

All beer applications must have a training policy submitted with application. This policy must include training regarding the sale of beer to minors.

19. Please read the following and upon signature of this application, you do understand and agree to comply if you are granted a permit.

- (a) You will not sell beer or similar beverages except at the place or places for which the beer board has issued your permit.
- (b) You will not sell beer or any like beverage except in accordance with the terms of said permit.
- (c) If this application is made for permit to sell and not for consumption on the premises, you will not sell for consumption on the premises and not allow consumption on the premises.
- (d) You will rigidly enforce the law against sales to minors.
- (e) You will prohibit gambling at your establishment and understand that the conduct of such activities on the premises will result in revocation of your permit.
- (f) You will secure a certificate or statement from the health department or health officer that the premises covered by the application meet the requirements of the ordinances of the City of Franklin and the laws of the State of Tennessee.
- (g) You will not attempt to transfer this permit to anyone else.
- (h) You will display this permit in a prominent place in your establishment.
- (i) You will not sell or distribute beer between the hours of 3:00 AM and 6:00 AM (8:00 AM for on premises consumption) during the week and between the hours of 3:00 AM Sunday and 12:00 Noon Sunday (10:00 AM for on premises consumption).
- (j) You will prohibit the congregation at your establishment of those who reasonably appear to be intoxicated, lawless, rowdy, or prostitutes.
- (k) You will not allow any liquor with alcoholic content of greater than five percent (5%) to be consumed on the premises.

Application Signature Page

I hereby make application to the City of Franklin Beer 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.

I understand that making 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.

Donald E Boath

Signature of Applicant/Owner (or Authorized Corporate Officer)

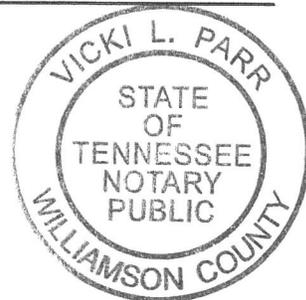
On behalf of: Downtown Franklin Rotary Charitable Foundation
Name of Business Entity

Sworn to and subscribed before me this 27 day of February, 20

Vicki L Parr

Notary Public

My Commission Expires: 1/16/24



Official Use Only

Application Fee \$ _____ Date Paid _____

Privilege Tax \$ _____ Date Paid _____

Board Meeting Date _____ / _____ / _____

**CITY OF FRANKLIN
TENNESSEE**

ACKNOWLEDGEMENT OF BEER BOARD MEETING

This is to acknowledge that I, DON BEATTY, representing
Printed name of representative
SARCF have been notified that the meeting of the
Name of business
Beer Board will be held at City Hall in the Board Room on Tuesday, MARCH 10TH
at 4:30 PM. The purpose of the meeting is to consider the application for a beer
permit for the above stated business. Presence of a representative is imperative in order
to receive a permit.

Donald E Beatty
Signature

2/27/2020
Date