

City of Franklin
Beer Board Cover Page

Beer Board Meeting Date 12/10/2019 Permit # 19/58

Owner/Applicant Franklin Commons LLC

On Prem	Off Prem	On & Off	X	Special Event
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Name of Business/Event Residence Inn
Special Event Date(s)/Hours _____

Location of Business/Event 8078 Berry Farms Crossings
Franklin TN 37067

Mailing Address Hitesh Patel
1650 Murfreesboro Rd Ste 233
Franklin TN 37067

Phone 615-414-1326

Email _____

Primary Contact Hitesh Patel

Phone 615-414-1326

Email _____

Managing Agent Hitesh Patel

Review Sign Off:

Police Y Fire Y BNS Y

COMMENTS
 New Business Change of Ownership Other Location Occupancy

Permit # 19/58

CITY OF FRANKLIN

INFORMATION SHEET for BEER PERMIT APPLICATION

Permits shall be issued to the owner of the business, whether a person, firm, corporation, joint-stock company, syndicate, or association.

A permit is valid only for the business of the owner named in the permit.

The beer privilege tax fee is \$100.00 per year and is due January 1.

If the business operates through a managing agent and the owner changes managing agents, it shall notify the Beer Board in writing within 30 days of the change and shall supply the name, address, drivers license number and phone number of the new managing agent. (For your convenience, a blank "change of managing agent" form has been provided in the packet).

Periodic renewal of beer permits is not required; however, there will be annual inspections for the on premises permit holders.

A permit holder must return a permit to the county or city that issued it within fifteen (15) days of termination of the business, change in ownership, relocation of the business or change of the business name. A change in ownership occurs for a corporate owner when at least fifty percent (50%) of the stock of the corporation is transferred to a new owner.

A permit is only for a single location and is valid for all decks, patios, and other outdoor serving areas that are contiguous to the exterior of the building in which the business is located.

Where an owner operates two or more restaurants or other businesses within the same building, the owner may, in his or her discretion, operate some or all of such businesses under the same permit.

The City of Franklin also has a liquor privilege tax for selling alcoholic beverages on premises. The tax is at the same rate as the State in the manner prescribed by State law and shall be collected annually.

A copy of the sales tax certificate must be provided within 10 days of approval of the permit. If you already have it, please submit with application.

Please note that all questions must be answered on the application. Failure to do so will only delay the process. The Beer Board will not approve any incomplete applications.

Date of next Beer Board Meeting _____ Time _____ P.M.

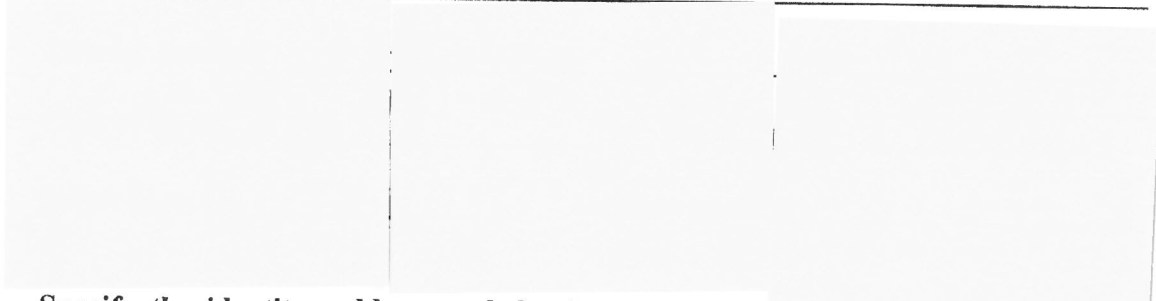
5. Location of the business by street address. For special event, list location of the event.

8078 Berry Farms Crossings, Franklin, TN 37067

Phone number of the business _____

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 Hitesh Patel



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 Hitesh Patel Title owner

Mailing Address 1650 Murfreesboro Rd Ste 233

City, State, Zip Franklin TN 37067

Daytime contact phone number 615-414-1326

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? yes
If no, please give the name and address of the property owner.

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 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.

N/A

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

NONE

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

Halifax Hospitality, LLC 2008 - Present

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

Hotel

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? no
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? _____

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.



Signature of Applicant/Owner (or Authorized Corporate Officer)

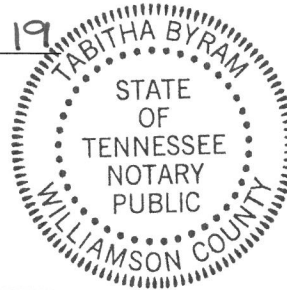
On behalf of: _____
Name of Business Entity

Sworn to and subscribed before me this 5th day of Nov., 20 19

Tabitha Byram

Notary Public

My Commission Expires: 01-17-21



Official Use Only

Application Fee \$ _____ Date Paid _____

Privilege Tax \$ _____ Date Paid _____

Board Meeting Date _____ / _____ / _____