17.54

APPLICATION FOR BEER PERMIT
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:

- X **ON PREMISES PERMIT**
- ___ **OFF PREMISES PERMIT**
- ___ **ON AND OFF PREMISES PERMIT**
- ___ **MANUFACTURER'S OR DISTRIBUTOR'S PERMIT**
- X **SPECIAL EVENTS PERMIT** **DATE OF EVENT** DECEMBER 1, 2017
  HOURS OF EVENT 5:00 PM - 10:00 PM

DATE PERMIT NEEDED NOVEMBER 22, 2017

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

1. **Owner (Applicant)** AARON SANDS - BLOOD:WATER (CoFounder/DIRECTOR OF OPERATIONS)
   Person X **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.**

   SEE ATTACHED

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

4. **Under what trade name will this business operate?**

   JARS OF CLAY FAMILY CHRISTMAS SHOW & VIP RECEPTION

   City of Franklin business account number N/A

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

LIBERTY HALL @ THE FACTORY AT FRANKLIN - 230 FRANKLIN ROAD, FRANKLIN, TN 37064

Phone number of the business 615-791-1777

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

Name [redacted]

Drivers [redacted]

Date of [redacted]

Home p [redacted]

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 AARON SANDS **Title** Co Founder/Director of Operations

Mailing Address 521 8TH AVE. S. STE 204

City, State, Zip NASHVILLE, TN 37203

Daytime contact phone number 615-550-4296

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 ____.** N/A

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

N/A

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

N/A

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? _____ If so, give particulars of each charge, court and date convicted.**

N/A

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.**

N/A

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.**

N/A

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

N/A

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

N/A

16. **Will a full course menu be served?** N/A

17. **Will separate and sanitary facilities be maintained for men and for women?** N/A

18. **Will dancing be allowed on your premises?** N/A
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.**

(l) You will not allow any sale or delivery of beer for consumption on the premises outside of the building, it being the intention to prohibit the sale of beer by what is commonly known as "curb service" or "curb sales" of beer.

(m) You will comply with all requirements of section 2-201 through 2-229 of the municipal code of the City of Franklin.

A non-refundable $250 fee must accompany this application and the application shall be submitted at least fifteen (15) days prior to the Beer Board meeting at which it is to be considered. If the application is approved you are required to provide documentation of sales tax registration to the city within ten days of approval. Any applicant making false statement in this application shall forfeit his permit and shall not be eligible to receive any permit for a period of ten years.

A privilege tax of $100 is imposed on the business of selling, distributing, storing or manufacturing beer in this state effective January 1, 1994 and each successive January 1. Any holder of a beer permit issued after January 1, 1994 shall pay a pro rata portion of this annual tax when the permit is issued.

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 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: Blood:Water Mission Inc.
Name of Business Entity

Sworn to and subscribed before me this 9th day of October, 20 17

Jessica Lepard
Notary Public

JESSICA LEPARD
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

My Commission Expires: March 8, 2021

Official Use Only

Application Fee $ 250.00 Date Paid 10-16-17

Privilege Tax $ _____ Date Paid _____

Board Meeting Date 11, 14, 17

BLOOD:WATER

Updated 10/5/17

Board of Directors & Contact Information

Brad Gibson
Mailing Address: 6560 Worthington-Galena Rd.
Worthington, OH 43085

Caitlin Glover
Mailing Address: 212 W. Frances Ave.
Tampa, FL 33602

Jena Lee Nardella
Mailing Address:223 Horizon Ave.
Mountain View, CA 94043

Kevin Clark
Mailing Address:1354 Heather Drive, Holland,
MI 49423

Rich Hoops
Mailing Address: 745 E. South Boulder Road
#D314 Louisville, CO 80027

Steve Garber (Emeritus)
Mailing Address: 8901 Burke Rd
Burke, VA 22015

Dan Haseltine
Mailing Address: 117 Yorktown Road
Franklin, TN 37064

Stan Doerr
TN Mailing Address: 2300 Franklin Pike, Apt 220
Nashville, TN 37204
GA Mailing Address: 1106 Lytle Rd.
Chickamauga, GA 30707

Advisory Board
Porter DeLaney
Mailing Address: 3043 Military Rd.
Arlington, VA 22207

Scott Morris
Mailing Address: 1025 Settlers Ride Lane
Raleigh, NC 27614

Executive Team OF BLOOD:WATER
Aaron Sands
Mailing Address: 411 Rosebank Ave.
Nashville, TN 37206

POLICE DEPARTMENT

Deborah Y. Faulkner, EdD
Chief of Police

Dr. Ken Moore
Mayor

Eric S. Stuckey
City Administrator

October 16, 2017

TO: Chief Deborah Y. Faulkner

FROM: Mary E. Casteel
Mary E. Casteel, Communications Support Coordinator

SUBJECT: Beer Board Background Checks

A check of Franklin Police Department records was completed on Katarina Lee, Managing Agent for Bloodwater and found to be clear.

A check was completed through CLEAR and found to be clear.

Requested by: Christy McCandless

City of Franklin

P O Box 705
Franklin, TN 37065
(615) 791-3225

DATE: 10-16-17

TO: POLICE CHIEF

FROM: CHRISTY MCCANDLESS, ACCOUNT MGMT SUPERVISOR

RE: RECORDS CHECK FOR APPLICATION FOR BEER PERMIT

BEER BOARD MEETING DATE 11-14-17

☐ Applicant is requesting a temporary permit. Please return ASAP.

☑ Please return by 10-23-17 to provide information for Beer Board meeting agenda.

Name of Business Jars of Clay Family Christmas Show

Location of Business 230 Franklin Rd (The Factory) VIP Reception

Name of applicant Blood Water

Managing Age

Drivers License

Date of Birth

☐ Recommen denial of the permit under the provisions of Title 8 of the Franklin Municipal Code.

☐ Not recommending. Based on information available to date, the Police Dept. is not recommending approval of a permit.

CENTRAL RECORDS DIVISION
FRANKLIN POLICE DEPT

By _____

Date _____

Approved _____
Signature

City of Franklin

P O Box 705
Franklin, TN 37065
(615) 791-3225

DATE: 10-16-17

TO: CODES DEPT
FIRE DEPT

FROM: CHRISTY MCCANDLESS, ACCOUNT MGMT SUPERVISOR

RE: BUILDING INSPECTIONS FOR APPLICATION FOR BEER PERMIT

✓ ON PREMISES PERMIT
___ OFF PREMISES PERMIT
___ ON AND OFF PREMISES PERMIT
___ MANUFACTURER'S OR DISTRIBUTOR'S PERMIT
✓ SPECIAL EVENTS PERMIT

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Beer Board Meeting Date 11-14-17

Contact
Katarina Lee
615-400-0940

Name of Business Jars of Clay Family Christmas Show

Location of Business 230 Franklin Rd (The Factory Liberty Hall

CODES DEPT

Building Inspector

10/19/17
Date

FIRE DEPT

Fire Inspector

Date

Cert

City of Franklin

P O Box 705
Franklin, TN 37065
(615) 791-3225

DATE: 10-16-17

TO: CODES DEPT
FIRE DEPT

FROM: CHRISTY MCCANDLESS, ACCOUNT MGMT SUPERVISOR

RE: BUILDING INSPECTIONS FOR APPLICATION FOR BEER PERMIT

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Contact
Kataana Lee
615-400-0940

Beer Board Meeting Date 11-14-17

Name of Business Jars of Clay Family Christmas Show

Location of Business 230 Franklin Rd (The Factory) Liberty Hall

CODES DEPT

Building Inspector _____ Date _____

FIRE DEPT

Fire Inspector _____ Date Oct 20 2017