

APPLICATION FOR BEER PERMIT
STATE OF TENNESSEE
CITY OF FRANKLIN

<u> X </u>	ON PREMISES PERMIT	
<u> </u>	OFF PREMISES PERMIT	
<u> </u>	ON AND OFF PREMISES PERMIT	
<u> </u>	MANUFACTURER'S OR DISTRIBUTOR'S PERMIT	
<u> X </u>	SPECIAL EVENTS PERMIT	DATE OF EVENT 9-22-18 & 9-23-18 (2 days)
		HOURS OF EVENT 12:00pm (Noon) - 11:00pm

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

- See attached sheet (Item 2) hereto.

- MAFIAoZA'S Godfather Fund (at the CFMT) Fest

City of Franklin business account number N/A

- (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.

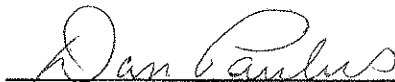
I am also aware that I shall not be issued a permit or my permit shall be revoked if my business location causes traffic congestion or interferes with schools, churches, or other public places of public gathering, or otherwise interferes with public health, safety and morals.

 *CHIEF MANAGER*

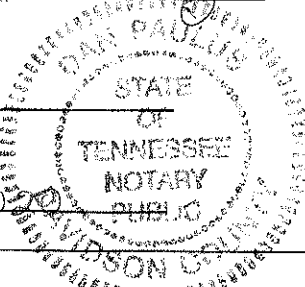
Signature of Applicant/Owner (or Authorized Corporate Officer)

On behalf of: MAFIAoZA'S Godfather Fund (On behalf of MAFIAoZA'S)
Name of Business Entity

Sworn to and subscribed before me this 27th day of July, 2018


Notary Public

My Commission Expires: 1/6/2020



Official Use Only

Application Fee \$ 250.00 Date Paid 8/3/18

Privilege Tax \$ _____ Date Paid _____

Board Meeting Date 9 / 11 / 18

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

Front parking lot of MAFIAoZA'S Franklin, 230 Franklin Rd, Building #1, Franklin, TN 37064.

(See attached location sheet.)

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 X or a managing agent ____.**

Name See attached sheet (Item 6) hereto.

Michael Dolan

Drivers l

Date of b

Home ph

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 Michael P. Dolan

Title Chief Manager

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 X. (Special Event Only)**

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

Special Event (2 days) Only

**ATTACHMENTS TO CITY OF FRANKLIN BEER BOARD APPLICATION FOR
SPECIAL EVENT PERMIT (Sept. 22-23, 2018) MAFIAoZA's GODFATHER DONOR-
ADVISED FUND c/o MAFIAoZA's Franklin, LLC**

Item 2:

MAFIAoZA's GODFATHER FUND. In an effort to give back to the communities it serves, in 2012 MAFIAoZAs established the MAFIAoZA's Godfather Fund which is a donor-advised fund held and maintained by the Community Foundation of Middle Tennessee, a 501(c) charitable organization. MAFIAoZA's contributes to this fund by holding various events and functions each year for the benefit of this donor-advised charitable fund.

MAFIAoZA's Franklin, LLC. The following persons, firms, joint-stock companies, syndicates, or associations have at least a 5% ownership interest in MAFIAoZA's Franklin, LLC:

Name and Address

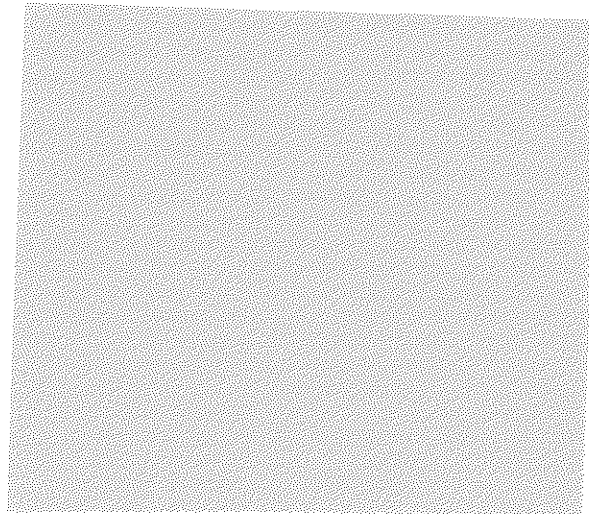
Ownership Over 5%

Michael P. Dolan
2304 Belmont Blvd.
Nashville, TN 37212

Lars O. Kopperud
1433 Cedarway Lane
Nashville, TN 37211

Randall and Jennifer Smith
622 Stonewater Blvd.
Franklin, TN 37064

Michael D. and Cynthia C. Hibschi
537 Pearre Springs Way
Franklin, TN 37064



The remaining 43.5294% of Financial Rights are owned and held by 12 other persons that own less than 5.0% each.

Item 6:

Persons who will be in charge of the operations of this Special Event in the front parking lot of MAFIAoZA's Franklin, LLC's leased premises:

<u>Name</u>	<u>Driver's License#</u>	<u>Date of Birth</u>	<u>Sex</u>	<u>SS#</u>
Michael P. Dolan Chief Manager (615) 478-3743 (cell)	TN 0794744690	9-18-1963	M	297-60-8484

9. **Do you own the premises on which you will operate?** No, MAFIAoZA'S Franklin, LLC is the lessee.
If no, please give the name and address of the property owner.

Factory at Franklin, 230 Franklin Rd.

Franklin, TN 37064

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.**
MAFIAoZA'S Franklin, LLC is the current beer permittee at this location and leases this property for its restaurant.

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.)

Special Event - Fund-raising Event/Party

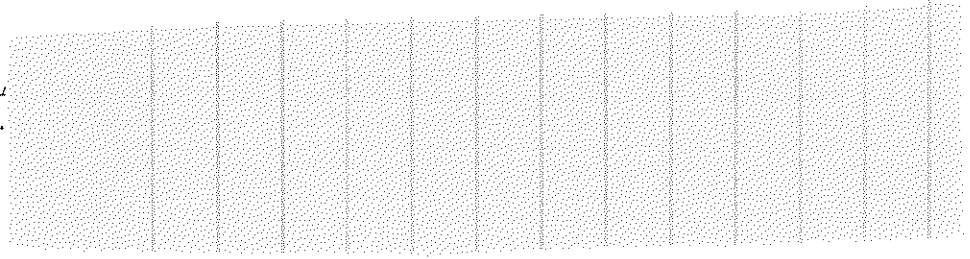
16. Will a full course menu be served? No
17. Will separate and sanitary facilities be maintained for men and for women? Yes
18. Will dancing be allowed on your premises? Yes
If yes, do you acknowledge that section 9-102 of the Franklin Municipal Code prohibits the operation of establishments allowing 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.

Lars O. Kopperud
General Operations Mgr.



Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

The Community Foundation of Middle Tenn, Inc.

2 Business name (disregarded entity name, if different from above)

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes

- ☐ Individual sole proprietor or single-member LLC
☐ Limited liability company. Enter the tax classification (C=Corporation, S=S corporation, P=partnership) **►**
☒ C Corporation
☐ S Corporation
☐ Partnership
☐ Trust/estate
☐ Other (see instructions) **►**

Note. For a single-member LLC that is disregarded, do not check LLC. Check the appropriate box in the line above for the tax classification of the single-member owner.

Charity

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3)

Exempt payee code (if any) **1,5**

Exemption from FATCA reporting code (if any) **A**

(Applicable to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)

3833 Cleghorn Ave.

Requester's name and address (optional)

6 City, state, and ZIP code

Nashville, TN 37215

7 List account number(s) here (optional)

Print or type
See Specific Instructions on page 2

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

			-			-			
--	--	--	---	--	--	---	--	--	--

or

Employer identification number

6	2	-	1	4	7	1	7	8	9
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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here

Signature of U.S. person **►**

Ellen E. Ehlman

Date **►**

1/9/17

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN), which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amounts, regarding an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third-party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

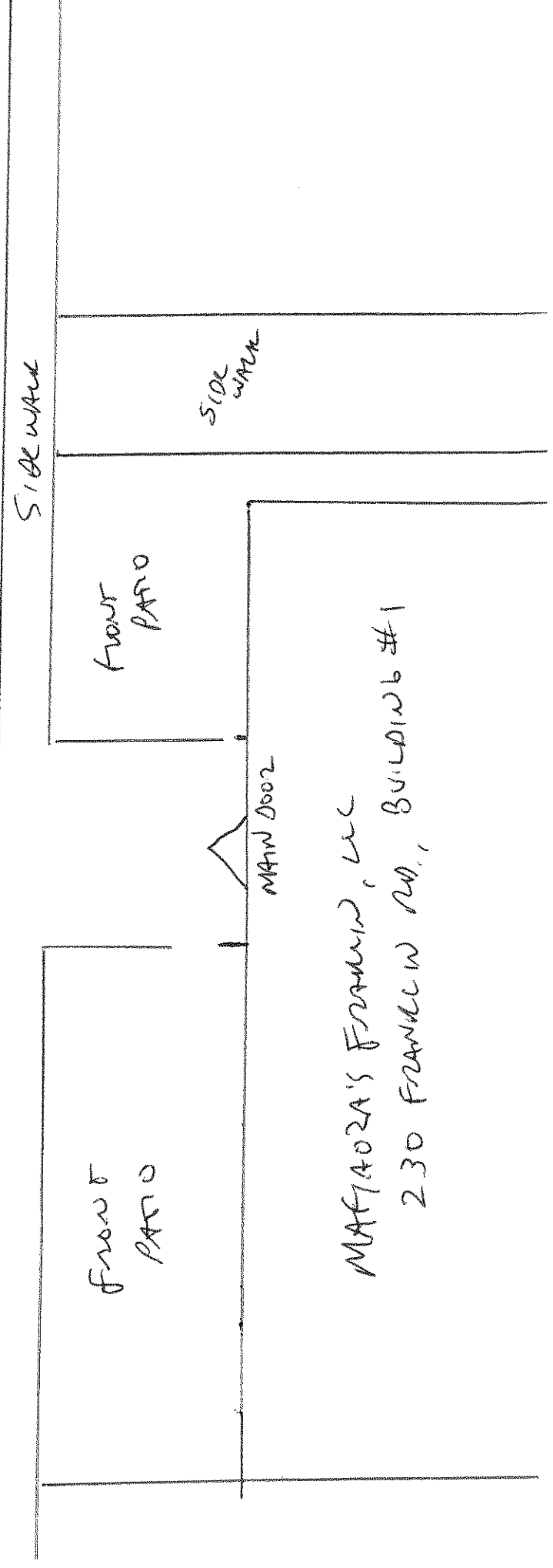
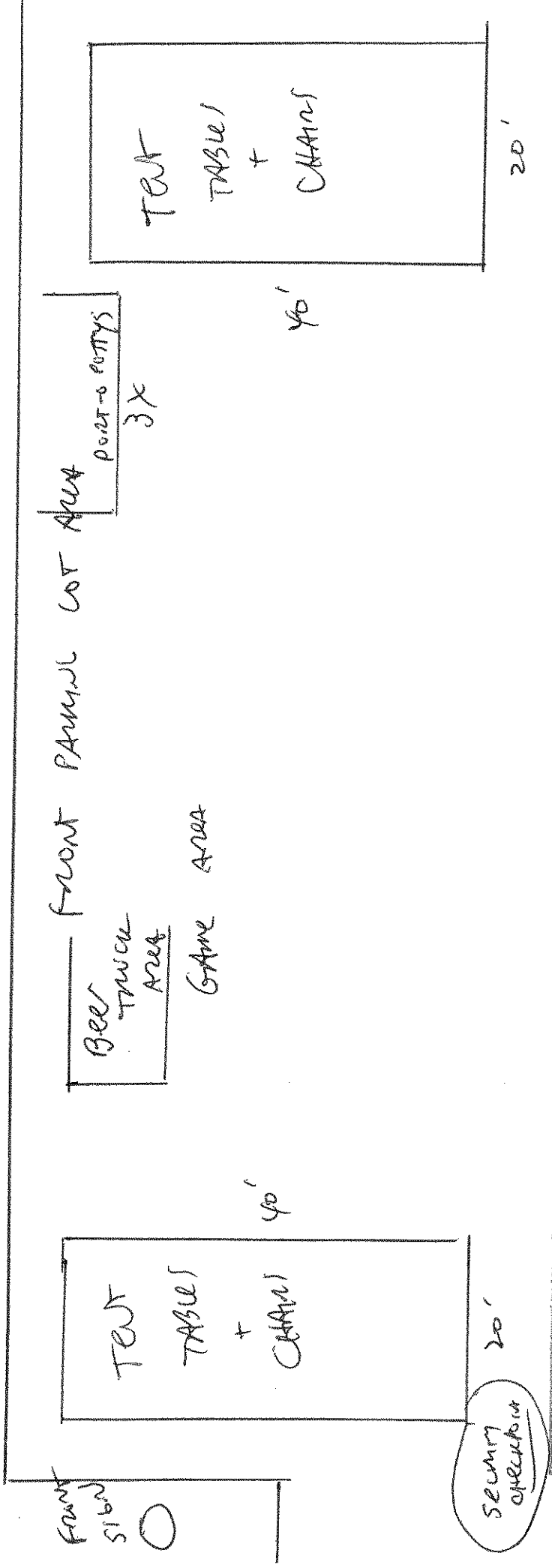
By signing the filed-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding. If you are a U.S. exempt payee, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

← Franklin Road →

SEPT 22, 23, 2018

(NATURAL BARRIER) BUSINESSES + TREE STRIP



MATTAOZA'S FRAMING, LLC
230 FRANKLIN RD., BUILDING #1

POLICE DEPARTMENT

Deborah Y. Faulkner, EdD
Chief of Police



Dr. Ken Moore
Mayor

Eric S. Stuckey
City Administrator

August 7, 2018

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 Michael P. Dolan, Managing Agent for Mafiaozza's Godfather Donor Advised Fund and found to be clear.

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

Requested by: Delisa Pugh

City of Franklin

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

Curt

DATE: 8/3/18

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

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

☒ Please return by 8/10/18 to provide information for Beer Board meeting agenda.

Beer Board Meeting Date 9/11/18

Name of Business McSlooz's God Sober Food Fest

Location of Business 230 Franklin Rd. Building #1
(Parking Lot)

CODES DEPT

Building Inspector

Date

FIRE DEPT

Christy McCandless
Fire Inspector

August 14, 2018
Date

City of Franklin

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

DATE: 8/3/18

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

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

☒ Please return by 8/10/18 to provide information for Beer Board meeting agenda.

Beer Board Meeting Date 9/11/18

Name of Business MaSiaoza's God Sotter Fund Fest

Location of Business 230 Franklin Rd. Building #1
(Parking Lot)

CODES DEPT


Building Inspector

8/7/18
Date

FIRE DEPT

Fire Inspector

Date