

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:

DATE PERMIT NEEDED _____

1. Owner (Applicant) Tom Henry

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.

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

FEED America First

City of Franklin business account number

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

THE FACTORY at FRANKLIN, 230 FRANKLIN RD, 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 ✓.

Name TOM HENRY

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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 TOM HENRY Title EXEC DIRECTION

Mailing Address 1105 Blue Springs Rd

City, State, Zip Franklin, TN 37069

Daytime contact phone number 615-512-5915

Email tomhenry64@gmail.com

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)

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

THE FACTORY at FRANKLIN, 280 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 ☒ 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.

N/A

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

EXECUTIVE DIRECTOR FEED AMERICA FIRST 6/2000-present

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

NON PROFIT FOOD BANK

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.

- (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.

APPLICATION FEE AND BUSINESS PRIVILEGE TAX:

For **BOTH Special Event and Business Applications**, a non-refundable fee of \$250.00 must accompany this application. Checks are payable to:

City of Franklin
Attn: Beer Board
PO Box 705
Franklin, TN 37065-0705

For **Business Applications Only**, a prorated share of the Annual Beer 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. (Please see meeting schedule below.)

APPLICATION DEADLINES:

Please see the Meeting Schedule and Application Deadlines and complete and return the “Acknowledgement of Beer Board Meeting” below. Your application must be submitted at least fifteen (15) days prior to the Beer Board meeting at which it is to be considered.

Meeting Schedule, Application Deadlines and Fees

Application Due Date	Beer Board Meeting Date	Special Event and Business Application Fee	Prorated Annual Privilege Tax (for Businesses)	Business Total Amount Due
12/17/2018	1/8/2019	\$250.00	\$100.00	\$350.00
1/29/2019	2/12/2019	\$250.00	\$92.00	\$342.00
2/26/2019	3/12/2019	\$250.00	\$83.00	\$333.00
3/26/2019	4/9/2019	\$250.00	\$75.00	\$325.00
4/30/2019	5/14/2019	\$250.00	\$67.00	\$317.00
5/28/2019	6/11/2019	\$250.00	\$58.00	\$308.00
6/25/2019	7/9/2019	\$250.00	\$50.00	\$300.00
7/30/2019	8/13/2019	\$250.00	\$42.00	\$292.00
<u>8/27/2019</u>	<u>9/10/2019</u>	\$250.00	\$33.00	<u>\$283.00</u>
9/24/2019	10/8/2019	\$250.00	\$25.00	\$275.00
10/29/2019	11/12/2019	\$250.00	\$17.00	\$267.00
11/26/2019	12/10/2019	\$250.00	\$8.00	\$258.00

Application Signature Page

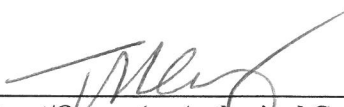
I hereby make application to the City of Franklin Beer Board for a beer permit.

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.

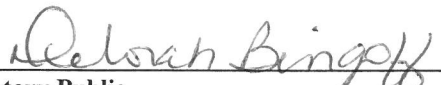
I am also aware that I shall not be issued a permit or my permit shall be revoked if my business location causes traffic congestion or interferes with schools, churches, or other public places of public gathering, or otherwise interferes with public health, safety and morals.



Signature of Applicant/Owner (or Authorized Corporate Officer)

On behalf of: FEED AMERICA FIRST
Name of Business Entity

Sworn to and subscribed before me this 7 day of August, 20 19



Notary Public

My Commission Expires: 8/16/2020



Official Use Only

Application Fee \$ _____ Date Paid _____

Privilege Tax \$ _____ Date Paid _____

Board Meeting Date _____ / _____ / _____