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:

<u>×</u>	ON PREMISES PERMIT OFF PREMISES PERMIT ON AND OFF PREMISES PERMIT MANUFACTURER'S OR DISTRIBUTOR'S PERMIT SPECIAL EVENTS PERMIT DATE OF EVENT HOURS OF EVENT
DAT	E PERMIT NEEDED
	PERMITS SHALL BE ISSUED TO THE <u>OWNER</u> OF THE BUSINESS, WHETHER A PERSON, FIRM, CORPORATION, JOINT-STOCK COMPANY, SYNDICATE, OR ASSOCIATION.
1.	Owner (Applicant) Pradeep Agnihotri
	PersonFirmCorpLLC/_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.
	NA
3.	If the applicant is a corporation, are they authorized to do business in the State of Tennessee?
4.	Under what trade name will this business operate?
	Holiday Inn Express + Suites
	City of Franklin business account number

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

5.

7100 Berry Farms Crossing, Franklin, TIX 3700
Phone number of the business 615-499-5292.
Please give the following information on the person who will be managing the business. This person is an owner or a managing agent
Name Teri Aun Kot
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 Pradeer Agnihotri Title Olener
Mailing Address P.D. Box 680129 F
City, State, Zip Franklin, TN 37068
Daytime contact phone number 615-499-5292
Email agrigroup@comcast, net
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)

	If no, please give the name and address of the property owner.
	/ / / /
(Has any person having at least 5% ownership interest, managers or employees obusiness been convicted of any violation of beer or alcoholic beverage laws or any content than minor traffic violations) within last ten (10) years? If so, articulars of each charge, court and date convicted.
11.	Has this owner or the owners organization had a beer permit revoked, suspen or denied in the State of Tennessee? Yes No If so, please give date, pand cause of said revocation.
12.	Give the name and address of the former beer permittee at this establishment.
13.	Give applicant's history of involvement in the beer business, if any.
14.	Give applicant's employment record for the past 10 years. Holiday Inn Morsreesboro (owner) Sleep Inn (morsreesboro) (owner)

15.	What is the exact nature of the business in which you are applying for a beer permit? (Restaurant, tavern, motel, etc.)	
16.	Will a full course menu be served?NO	
17.	Will dancing be allowed on your premises? NO If yes, do you acknowledge that section 9-102 of the Franklin Municipal Cod prohibits the operation of establishments allowing dancing between 1:30 AM and 8:00 AM?	
18.		
	INING POLICY: eer applications must have a training policy submitted with application. This policy	

- 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.

must include training regarding the sale of beer 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: Holiday Inn Express + Suites Name of Business Entity	STATE STATE
Sworn to and subscribed before me this 12 day of December, 20 19	OF
hamel Glaus Allamo Notary Public	NOTARY PUBLIC
My Commission Expires: July 2023	
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, Francep Hanihotti, representing
Printed name of representative Action Cypress + Solds 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,
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.
Signature
12-12-19
Date