

City of Franklin
Beer Board Cover Page

Beer Board Meeting Date 2/11/2020 Permit # 20-01

Owner/Applicant The Westhaven Foundation

On Prem	Off Prem	On & Off	Special Event x
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Name of Business/Event **Whiskey Warmer**
Special Event Date(s)/Hours 03/28/2019 6pm-9pm

Location of Business/Event 401 Cheltenham Ave
Franklin TN 37064

Mailing Address Mark McCutcheon
188 Front St Box 116-25
Franklin TN 37064

Phone (615)394-7782

Email _____

Primary Contact Mark McCutcheon

Phone (615)394-7782

Email _____

Managing Agent Christy Bryan

Review Sign Off:

Police Y Fire Y BNS Y

COMMENTS

6th Year for Event

Permit # 20-01

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

401 Cheltenham Ave. Franklin TN 37064

Phone number of the business 615-791-6740

6. Please give the following information on the person who will be managing the business. This person is an owner or a managing agent X.

Name Christy Bryan

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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 Mark McCutcheon Title Board member

Mailing Address 188 Front St. 116-25

City, State, Zip Franklin TN 37064

Daytime contact phone number 615 394-7782

Email mark@westfoundation.org

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.

If so, specify number N/A. 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.

Westhaven Residential District
401 Cheltenham Ave., 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? _____ If so, give particulars of each charge, court and date convicted.

No

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.

n/a

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

Event

16. Will a full course menu be served? Food Truck
17. Will separate and sanitary facilities be maintained for men and for women? _____
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? na

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.

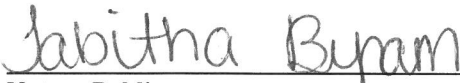
I am also aware that I shall not be issued a permit or my permit shall be revoked if my business location causes traffic congestion or interferes with schools, churches, or other public places of public gathering, or otherwise interferes with public health, safety and morals.



Signature of Applicant/Owner (or Authorized Corporate Officer)

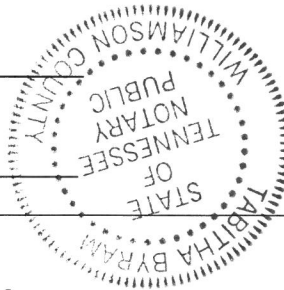
On behalf of: The Worthaven Foundation
Name of Business Entity

Sworn to and subscribed before me this 22 day of Jan, 20 20



Notary Public

My Commission Expires: 01-17-2021



Official Use Only

Application Fee \$ _____ Date Paid _____

Privilege Tax \$ _____ Date Paid _____

Board Meeting Date _____ / _____ / _____