TOWN OF FARRAGUT BEER PERMITS

The Town Recorder’s Office is responsible for all beer permits located within the town limits of Farragut. The attachment is a helpful guide to assist you in the process of obtaining a beer permit.

The Town of Farragut Beer Board meets on the second and fourth Thursday of each month, when necessary, at 6:55 in the board room. All completed applications are due in the Recorder’s Office at least ten business days before the meeting.

The beer board requires that the applicant or representative be present at the board meeting. You will be informed by the Recorder’s office when to appear.

Allison Myers, Town Recorder
11408 Municipal Center Drive
Farragut, TN 37934

Telephone: 865-966-7057
Fax: 865-675-2096
Website: www.townoffarragut.org
Email: Allison.myers@townoffarragut.org
Beer Permit Process

1. Obtain application from the Town Recorder’s Office or online at www.townoffarragut.org.
2. Apply for building and/or sign permits needed through the building codes office.
3. Return completed application at least ten business days prior to the next scheduled beer board meeting.
4. Pay $250 non-refundable fee.
5. Background investigation conducted by the Knox County Sheriff’s Department.
7. Representative or applicant present at meeting.
8. Prorated privilege beer tax payable when license is approved.

If you have any questions, please call the Recorder’s Office at 865-966-7057.
APPLICATION FOR BEER PERMIT

STATE OF TENNESSEE

TOWN OF FARRAGUT

I hereby make application for a permit to sell, store, manufacture, or distribute Beer under the provisions of Tennessee Code Annotated Section 57-5-101 et seq. and base my application upon the answers to the following questions:

1. Reason for application: New Business ____ New Ownership ____ Name Change ____ Other ____
2. Type of permit requested, please circle all that apply:

Class 1 On-Premise
Class 2 On-Premise, Other
Class 3 On-Premise, Hotel/Motel
Class 4 On-Premise, Tavern
Class 5 Off-Premise
Class 6, Special Occasion

3. Name of Applicant(s) (Owner(s) of Business) _____________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

4. Type of applicant (check one):
   Person ____ Firm ____ Corporation ____ Joint-Stock Company ____ Syndicate ____ Other ____

5. List all persons, firms, corporations, joint-stock companies, syndicates, or associations having at least a 5% ownership interest in the business:
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

6. Applicant’s present home address:
   ______________________________________________________________________________

7. Date of Birth ________________ Home Telephone Number ____________________________
   Business Telephone Number ________________ Social Security Number ________________

8. Representative Email Address: ______________________________________________________

9. Under what name will the business operate? __________________________________________

10. Business address ____________________________________________________________________
    Business Telephone number _________________________________________________________
11. Specify the identity, email and physical address of the person to receive annual privilege tax notices and any other communication from the Town:

__________________________________________________________________________________

12. Information of any manager, other than the applicant:
   Name: ___________________ Birth Date: ______________________
   Address: ___________________________________________________
   Phone Number: _____________________________________________

13. Has any person having at least a 5% ownership interest, any of the managers, or any other employee of the business, been convicted of any violation of the beer or alcoholic beverage laws or any crime within the last ten (10) years: _____Yes _____No. If yes, give particulars of each charge, court, and date convicted.

__________________________________________________________________________________

14. Have you or your organization ever had a Beer Permit revoked, suspended, or denied in the State of Tennessee? ______ If so, specify, where, when, and why:

__________________________________________________________________________________

15. Name and address of property owner, if other than the business owner:

__________________________________________________________________________________

16. What is the name and address of the Church (or other place of worship) nearest to your business?

__________________________________________________________________________________

17. What is the name and address of the school nearest to your business?

__________________________________________________________________________________

18. Special Occasion Event Name: _______________________
   Location of the special occasion event: _______________________
   Event Date & Times: _________________________________________
   Representative name & phone number: _________________________
   Have you received a special event permit to hold the event in the Town of Farragut? ______

19. Tennessee Sales Tax Number: __________________________

20. Town of Farragut Business License Number ____________________________
I certify that I am knowledgeable of the laws prohibiting the sale of beer to minors and that this application contains true information to the best of my knowledge and belief.

I understand that this application is subject to the Tennessee Public Records Act and shall be open for inspection and reproduction by any citizen. Tennessee Code Annotated 10-7-503.

I understand that by submitting this application, a background investigation shall be conducted and any and all documents related to my request shall become public records.

I understand that the applicant or representative must be present at the beer board meeting in which the permit will be discussed.

____________________________________
Signature of Applicant/Owner (or authorized Corporate Official)

Sworn to and subscribed before me this _____ day of _________________, 20__.

____________________________________
Notary Public
My Commission Expires: __________________________

Notice: A non-refundable $250 fee must accompany this application. Any applicant making false statement in this application shall forfeit his/her 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.

FOR OFFICE USE ONLY

Application is hereby: Approved _____ Denied _____

On this date: ________________, 20__

_________________________  _______________________
Beer Board Chairman                Town Recorder