

BEER PERMIT APPLICATION

TOWN OF FARRAGUT, TENNESSEE

APPLICANT

Name of Business: _____

Address: _____

City/State/Zip: _____ Phone No.: _____

NAME OF MANAGER, OPERATOR AND/OR FRANCHISE OWNER

Name: _____

Home Address: _____

City/State/Zip: _____ Phone No.: _____

Social Security No. : _____ Date of Birth : _____

Name of owner of the business premises: _____

Beer Permit desired: Off Premise _____ On/Off Premise _____

Has applicant ever had a beer permit or beer license revoked in any city or county?

Yes _____ No _____

If answer to preceding question is " yes," state time and place of revocation.

Has applicant been convicted of any crime within the past ten years? Yes _____ No _____

X Applicant has obtained or will obtain a state certificate of registration and has complied or will fully comply with state and federal laws requiring the payment of special fees and taxes (consult TCA '57-202). Yes _____ No _____

X Applicant has appraised or will appraise himself of all federal, state and local laws relating to the control and regulation of beer and will abide by those laws. Yes _____ No _____

Beer Permit Application

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- X Applicant recognizes and agrees that the Farragut Beer Board may revoke or suspend his permit or place him on probation for a designated period of time if in the operation of his business he commits or is responsible for any violation of law. Yes _____ No _____
- X Applicant warrants that no owner or distributor of vending machines, pinball machines, jukeboxes and other amusement machines or devices, other than the applicant himself, has any interest, financial or otherwise, in the premises or in the business of the applicant. Yes _____ No _____
- X Applicant warrants that, at the time of the making of this application, he/she has no indebtedness or other financial obligation to any brewer, distiller or manufacturer of beer, and will not during the period this beer permit shall be in force, contract any financial obligation to any brewer, distiller or manufacturer of beer other than the purchase of such beer. Yes _____ No _____

ALL OF THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

Name (Print): _____

Address: _____

City/State/Zip: _____

Signature: _____

Subscribed and sworn to before me, this _____ day of _____, 20 _____.

Notary Public _____

My Commission Expires: _____

Application approved this _____ day of _____, 20 _____.

Chairman, Farragut Beer Board