



**CERTIFICATE OF COMPLIANCE
OFF-PREMISES LIQUOR STORE APPLICATION
FILING FEE: \$300.00**

IF THE INFORMATION REQUESTED IS TOO LENGTHY TO FIT WHOLLY ON THIS APPLICATION, PLEASE ATTACH ADDITIONAL PAGES.

PLEASE NOTE THAT IF THE APPLICANT IS AN ENTITY, IT IS NECESSARY TO COMPLETE ADDITIONAL FORMS. PLEASE SEE PARAGRAPH 3 BELOW.

1. Applicant. State the name of the individual, corporation, partnership, limited liability company or other legally recognized entity who is making this Application for Certificate of Compliance. _____

2. Entity Applicants. In the event that the Applicant is a corporation, partnership, limited liability company or other legally recognized entity, state the name of any person or entity who will have any interest, direct or indirect, in the business of the Applicant or in the profits thereof, and the nature and character thereof, and whether the person holds a wholesale or retail liquor license. _____

3. Applicant Information. For each of the persons and entities identified in Paragraph 2 above, complete an "Applicant Addendum" and attach hereto.

4. Date of Birth. List the Applicant's date of birth (or, if an entity, its date of organization). _____

5. Address. List the Applicant's street address. _____

6. Name of Proposed Store. Please state the name of the proposed off-premise liquor store. _____

7. Zoning/Location of Proposed Store. Please state the address of the proposed off-premise liquor store and its zoning designation. _____

8. Residency. If the Applicant is a person, list the number of years the Applicant has been a resident of Tennessee. If the Applicant is an entity, list the number of years the Applicant has been qualified to do business in the State of Tennessee. _____

9. Other Off-Premises Liquor Stores. List the name of the licensee and the address of other off-premise liquor stores in which an ownership interest is held by Applicant.

10. Occupation. List the occupation or business of Applicant, the name and location of such business, and the length of time the Applicant has been engaged in such occupation or business. _____

11. Violations of Law. State whether or not the Applicant has been convicted within the ten (10)-year period immediately preceding the date of the Application of any violation of any State or federal law or of any violation of any municipal ordinance (with the exception of minor traffic violations such as speeding or traffic signal violations, but not excepting alcohol related violations), and, if so, provide the details of such violation (*i.e.*, charging entity, citation to and copy of law convicted of violating, copy of charge, etc.).

12. Employment. If the Applicant is employed, list the name and address of the Applicant's employer. _____

13. Owner of Location. List the name and address of the owner of the real property of the proposed location and the amount of rent to be paid. Attach hereto a letter from such owner affirming either (i) that the parties have reached a written agreement on the terms of a lease and setting forth the amount of the rent provided for in the agreement, or (ii) that the parties have reached a written agreement on the terms of a sale of the premises to the Applicant. _____

14. Investment. Please state the amount of money invested or to be invested and the source of the funds to be used. If the funds to be used are or will be borrowed, for each source of funding, indicate the name of the person or entity from whom the funds are or will be borrowed and the name of the bank with which the Applicant does business. Additionally, please state the name of any person who is aiding the venture financially, either by a loan or guaranty. _____

15. Applicant in Charge. If the Applicant is an entity, please identify the officer or employee who will be in actual charge of the day-to-day operations of the business. The Applicant's signature hereto is a certification that neither the Applicant (if the Applicant is an individual) or such officer or employee (if the Applicant is an entity) has been convicted of a felony within a ten (10)-year period immediately preceding the date of the Application.

16. Compliance with State Law. By its signature affixed to this Application, Applicant represents and warrants, to the best of Applicant's knowledge, if awarded the certificate of compliance, the Applicant could comply with all the requirements for obtaining the required licenses under State law and the provisions of the Farragut Municipal Code applicable to the operation of off-premise liquor stores in the Town.

17. Compliance with Ordinances. By its signature affixed to this Application, Applicant affirms its agreement to comply with all applicable laws and ordinances and with the Rules and Regulations of the Tennessee Alcoholic Beverage Commission and the Town of Farragut with reference to the sale of alcoholic beverages, and further affirms its agreement as to the validity and the reasonableness of the regulations, inspection fees, and taxes provided in the Farragut Municipal Code with reference to the sale of alcoholic beverages.

18. Plans. Please attach six (6) copies of a scale plan drawn to a scale of not less than one inch equals twenty feet giving the following information:

(a) The shape, size and location of the lot which the off-premise liquor store is to be operated under the license;

(b) The shape, size, height and location of all buildings whether they are to be erected, altered, moved or existing upon the lot; and

(c) The off-street parking space and off-street loading and unloading space to be provided including the vehicular access to be provided from these areas to a public street.

19. Certifications. By its signature affixed to this Application, Applicant hereby certifies that the premises of the proposed off-premise liquor store are in full and complete compliance with the distance requirements of Farragut Municipal Code § 8-104; and, that the Applicant has taken steps to verify compliance with the distance requirements. **To the extent that the Applicant has documentation of such verification, or the process of verification, then Applicant shall submit such documentation with this Application.**

20. Partnership. If the Applicant is a partnership, please attach a copy of the partnership agreement and indicate which partners are general partners and which partners are

limited partners, if any, and for each partner the profit sharing percentage in the partnership. Persons and entities listed must complete and attach an Applicant Addendum. _____

21. Corporation/LLC. If the Applicant is a corporation or limited liability company, please attach a copy of the corporate charter or the operating agreement and a list of shareholders/members (indicating their ownership percentage), a list of officers/managers and a list of names and addresses of directors/governors. Persons and entities listed must complete and attach an Applicant Addendum. _____

BY ITS SIGNATURE BELOW, THE APPLICANT IS CERTIFYING THE TRUTHFULNESS AND VERACITY OF EACH STATEMENT MADE IN THIS APPLICATION.

IF THE APPLICANT IS AN INDIVIDUAL, PLEASE COMPLETE THIS SIGNATURE BLOCK AND NOTARY ACKNOWLEDGEMENT:

Sign: _____

Print: _____

State of _____

County of _____

Personally appeared before me, Notary Public of said County and State, _____, the within named bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he/she executed the within instrument for the purposes therein contained.

Witness my hand, at office, this ____ day of _____, 20__.

Notary Public

My commission expires: _____

IF THE APPLICANT IS AN ENTITY, PLEASE COMPLETE THIS SIGNATURE BLOCK AND NOTARY ACKNOWLEDGEMENT:

Name of Entity: _____

Sign Name: _____

Print Name: _____

Print Title: _____

State of _____

County of _____

Before me, a Notary Public of the state and county aforesaid, personally appeared _____, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged himself/herself to be _____ (or other officer authorized to execute the instrument) of _____, the within named bargainer, a _____, and that he/she as such _____ executed the foregoing instrument for the purpose therein contained, being authorized to do so, by signing the name of the _____ by himself/herself as _____.

Witness my hand, at office, this ____ day of _____, 20____.

Notary Public

My commission expires: _____

FOR OFFICE USE ONLY:

Attachments to the Certificate of Compliance Application:

- \$300 Filing Fee
 - Applicant Addendum for each person with an interest in any corporation, partnership, limited liability company or other legally recognized entity that is an Applicant (i.e., for each person listed in Paragraph 2 of the Application).
 - A letter from the owner of the location of the proposed store affirming either (i) that the parties have reached a written agreement on the terms of a lease and setting forth the amount of the rent provided for in the agreement, or (ii) that the parties have reached a written agreement on the terms of a sale of the premises to the Applicant.
 - Six (6) copies of a scale plan drawn to a scale of not less than one inch equals twenty feet giving the following information: (a) the shape, size and location of the lot which the off-premise liquor store is to be operated under the license; (b) the shape, size, height and location of all buildings whether they are to be erected, altered, moved or existing upon the lot; and (c) the off-street parking space and off-street loading and unloading space to be provided including the vehicular access to be provided from these areas to a public street.
 - If the Applicant is a partnership, its Partnership Agreement, indicating which partners are general partners, which partners are limited partners, and, for each partner, the profit sharing percentage in the partnership.
 - If the Applicant is a corporation, its corporate charter and a list of shareholders (indicating their ownership percentage), a list of officers/managers and a list of names and addresses of directors.
 - If the Applicant is a limited liability company, its operating agreement and a list of members (indicating their ownership percentage), a list of officers/managers and a list of names and addresses of directors.
 - An Applicant Addendum for each person or entity listed in Paragraphs 2, 20 and 21 of this Applicant Addendum.
 - Information (if any) to verify distance requirements. If information is submitted, examine to verify distance requirements. If no information is submitted, review surrounding land uses and Knox County GIS to pinpoint potential encroachments in distance requirements.
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**TOWN OF FARRAGUT
CERTIFICATE OF COMPLIANCE
OFF-PREMISES LIQUOR STORE APPLICATION
APPLICANT ADDENDUM**

AN APPLICANT ADDENDUM MUST BE COMPLETED FOR EACH PERSON OR ENTITY WITH AN INTEREST IN ANY CORPORATION, PARTNERSHIP, LIMITED LIABILITY COMPANY OR OTHER LEGALLY RECOGNIZED ENTITY THAT IS AN APPLICANT (EACH REFERRED TO AS AN "OWNER" HEREIN).

IF THE INFORMATION REQUESTED IS TOO LENGTHY TO FIT WHOLLY ON THIS APPLICATION, PLEASE ATTACH ADDITIONAL PAGES.

1. List the Owner's Name. _____
2. List the Owner's date of birth (or, if an entity, its date of organization). _____
3. List the Owner's street address. _____

4. If the Owner is a person, list the number of years the Owner has been a resident of Tennessee. If the Owner is an entity, list the number of years the Owner has been qualified to do business in the State of Tennessee. _____

5. List the name of the licensee and the address of other off-premise liquor stores in which an ownership interest is held by Owner. _____

6. List the occupation or business of Owner, the name and location of such business, and the length of time the Owner has been engaged in such occupation or business.

7. State whether or not the Owner has been convicted within the ten (10)-year period immediately preceding the date of the Application of any violation of any State or federal law or of any violation of any municipal ordinance (with the exception of minor traffic violations such as speeding or traffic signal violations, but not excepting alcohol related violations), and, if so, provide the details of such violation (*i.e.*, charging entity, citation to and copy of law convicted of violating, copy of charge, etc.). _____

8. If the Owner is employed, list the name and address of the Owner's employer.

9. Please state the amount of money invested or to be invested and the source of the funds to be used. If the funds to be used are or will be borrowed, for each source of funding, indicate the name of the person or entity from whom the funds are or will be borrowed and the name of the bank with which the Owner does business. Additionally, please state the name of any person who is aiding the venture financially, either by a loan or guaranty. _____

10. State the nature and character of Owner's interest in the Applicant, the business of the Applicant or in the profits thereof. _____

11. State whether the Owner holds a wholesale or retail liquor license. _____

12. By its signature affixed to this Applicant Addendum, Owner represents and warrants, to the best of Owner's knowledge, if awarded the certificate of compliance, the Applicant and the Owner could comply with all the requirements for obtaining the required licenses under State law and the provisions of the Farragut Municipal Code applicable to the operation of off-premise liquor stores in the Town.

13. By its signature affixed to this Applicant Addendum, Owner affirms its agreement to comply with all applicable laws and ordinances and with the Rules and Regulations of the Tennessee Alcoholic Beverage Commission and the Town of Farragut with reference to the sale of alcoholic beverages, and further affirms its agreement as to the validity and the reasonableness of the regulations, inspection fees, and taxes provided in the Farragut Municipal Code with reference to the sale of alcoholic beverages.

14. If the Owner is a partnership, please attach a copy of the partnership agreement and indicate which partners are general partners and which partners are limited partners, if any, and for each partner the profit sharing percentage in the partnership. Persons and entities listed must complete and attach an additional Applicant Addendum. _____

15. If the Owner is a corporation or limited liability company, please attach a copy of the corporate charter or the operating agreement and a list of shareholders/members (indicating their ownership percentage), a list of officers/managers and a list of names and addresses of directors/governors. Persons and entities listed must complete and attach an additional Applicant Addendum. _____

I HEREBY CERTIFY THE TRUTHFULNESS AND VERACITY OF EACH STATEMENT MADE IN THIS APPLICANT ADDENDUM AND IN THE APPLICATION FOR CERTIFICATE OF COMPLIANCE FOR OFF-PREMISES LIQUOR STORE.

IF THE OWNER IS AN INDIVIDUAL, PLEASE COMPLETE THIS SIGNATURE BLOCK AND NOTARY ACKNOWLEDGEMENT:

Sign: _____

Print: _____

State of _____

County of _____

Personally appeared before me, Notary Public of said County and State, _____, the within named bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he/she executed the within instrument for the purposes therein contained.

Witness my hand, at office, this ____ day of _____, 20__.

Notary Public

My commission expires: _____

IF THE OWNER IS AN ENTITY, PLEASE COMPLETE THIS SIGNATURE BLOCK AND NOTARY ACKNOWLEDGEMENT:

Name of Entity: _____

Sign Name: _____

Print Name: _____

Print Title: _____

State of _____

County of _____

Before me, a Notary Public of the state and county aforesaid, personally appeared _____, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged himself/herself to be _____ (or other officer authorized to execute the instrument) of _____, the within named bargainer, a _____, and that he/she as such _____ executed the foregoing instrument for the purpose therein contained, being authorized to do so, by signing the name of the _____ by himself/herself as _____.

Witness my hand, at office, this ____ day of _____, 20____.

Notary Public

My commission expires: _____

FOR OFFICE USE ONLY:

Attachments to the Applicant Addendum:

- If the Owner is a partnership, its Partnership Agreement, indicating which partners are general partners, which partners are limited partners, and, for each partner, the profit sharing percentage in the partnership.
 - If the Owner is a corporation, its corporate charter and a list of shareholders (indicating their ownership percentage), a list of officers/managers and a list of names and addresses of directors.
 - If the Owner is a limited liability company, its operating agreement and a list of members (indicating their ownership percentage), a list of officers/managers and a list of names and addresses of directors.
 - An Applicant Addendum for each person or entity listed in Paragraphs 14 and 15 of this Applicant Addendum.
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