

**CITY OF ARDMORE
CERTIFICATE OF COMPLIANCE
OFF-PREMISES LIQUOR STORE APPLICATION**

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. 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.

15. 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.

16. 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.

17. Plans. Please attach eight (8) 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.

18. 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 Ardmore 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.**

19. 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. _____

20. 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.

The application shall be accompanied by a copy of each questionnaire form and other material to be filled out by the applicant or each member of the applicant group with the Tennessee Alcoholic Beverage Commission in connection with the same application.

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 applicant, 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: