



CITY OF KNOXVILLE
P.O. Box 1028
Knoxville, Tennessee 37901



Application For Certificate of Compliance

Personal Data

This application must be complete when submitted to the Department of Finance & Accountability - Revenue Division. Failure to supply requested information might result in rejection of the application by City Council.

Full Name: _____ Date of Birth: _____
Home Address: _____ Zip: _____
Drivers License # _____ Social Security #: ____ - ____ - ____ Home Phone: _____
Current Occupation: _____
Name of Employer _____
Employer Address: _____ Business Phone# _____
Length of time employed by or engaged in this business: _____

Have you ever been convicted of any violation of State or Federal Law or Municipal Ordinance?

If yes, specify offense, date, and place of occurrence: _____

Store Name/Location and Financial Data

Proposed Store Name _____
Street Address of proposed store (including zip code): _____

Current Business Address (if relocation is requested): _____

Current zoning of proposed location: _____

NOTE: Zoning letter from Metropolitan Planning Commission (MPC) must be attached to this application.

Applicant must submit written documentation from a licensed surveyor that confirms the business location complies with the distance requirements found in Section 4-131 of City of Knoxville Code with this application. The proposed location must exceed five hundred (500) feet as measured from property line or lease-hold line, if applicable, to property line of any church, school, park (except in CBID), recreation facility, hospital, , mortuary, or other similar public place or within a residentially zoned area, or within one thousand (1000) feet of any other liquor or package store establishment as measured from property line to property line or lease-hold line.

Property Owner of proposed location _____

Owner's Address _____ Zip Code: _____

Amount of rent to be paid: _____

Amount of money invested or to be invested: _____

Source of these funds: _____

Are funds to be borrowed for any purposes relating to the purchase of this liquor store? _____

If so, from whom: _____

Address: _____ Zip Code: _____

List any person (s) who have or will provide endorsements relating to such loans:

Name: _____

Address: _____ Zip Code: _____

Name: _____

Address: _____ Zip Code: _____

Name and address of applicant's bank: _____

_____ Zip Code: _____

List the names and addresses of any person, firm, or corporation who will aid the venture financially or otherwise:

Name: _____

Address: _____ Zip Code: _____

Type of Assistance: _____

Name: _____

Address: _____ Zip Code: _____

Type of Assistance: _____

List the names and addresses of any person, firm, or corporation who will have any interest, direct or indirect, in the business, or in the profits thereof, and the nature and character of such interest:

Name: _____

Address: _____ Zip Code: _____

Nature of Interest: _____

Name: _____

Address: _____ Zip Code: _____

Nature of Interest: _____

Do any of the above named persons that you have listed as having an interest in the business hold retail or wholesale liquor license? _____ If so, Name: _____

Address of Licensed Business: _____ Zip Code: _____

Is this Business a partnership or corporation? _____ If so, list the name, age, and address of each partner or stockholder and his or her occupation, business, or employer.

Name: _____ Age: _____

Address: _____ Zip Code: _____

Occupation, Business, or Employer: _____

Name: _____ Age: _____

Address: _____ Zip Code: _____

Occupation, Business, or Employer: _____

This application shall be verified by the applicant and notarized below. In the event the applicant is a partnership or corporation, each partner or stockholder shall file an accompanying application.

NOTICE

Evidence of applicant's financial responsibility in the net amount of \$40,000.00 must be attached to this application. Examples of such evidence: Letter or statement from bank official, Letter or statement from accountant or other financial person or institution with knowledge of applicant's finances.

Applicant must place one advertisement in a Knoxville Newspaper of general circulation no less than seven (7) days prior to the application being acted upon originally by City Council. Applicant must attached to this application a "Publisher's Affidavit" and a copy of said advertisement.

A fee of \$300.00 payable to the City of Knoxville is required at the time of filing this application.

STATEMENTS

I, _____, certify that no person prohibited from having any direct or indirect interest in the proposed store has such an interest. I further state that all attachments are true and accurate. I realize that falsification of any portion of this application shall be grounds for rejection of this application.

The applicant, or applicants, agrees to comply with the State and Federal laws and City ordinances and the rules and regulations of the Alcoholic Beverage Commission and of the State Commissioner of Revenue with references to the sale of alcoholic beverages, and agrees to the validity of and reasonableness of the inspection fees which by ordinance are adopted by the City Council of the City of Knoxville now or during the term of the license which may be issued.

Signature of Applicant

Home Street Address

State of Tennessee)

County of Knox)

The applicant named above in my presence and who, after being duly sworn according to law, made oath that the facts as stated therein are true, signed this application.

This the _____ day of _____, 20_____

Notary Public: _____

My Commission Expires: _____

SAMPLE ADVERTISEMENT TO BE PLACED IN NEWSPAPER AT LEAST 7 DAYS BEFORE APPLICATION IS TO BE HEARD BY CITY COUNCIL. ADVERTISEMENT SHOULD RUN FOR THREE (3) CONSECUTIVE DAYS.

RETAIL LIQUOR LICENSE NOTICE

Take notice that _____ has applied to The City of Knoxville, Tennessee for a certificate of compliance and has or will apply to the Tennessee Alcoholic Beverage Commission at Nashville for a retail

(Name and address of applicant)

liquor license for a store to be named _____ and is to be located at _____

(Name of Store)

(Address of Store)

And owned by _____. All persons wishing to be heard on the certificate of compliance

(*)

may personally or through counsel appear or submit their views in writing to the Knoxville City Council in

the main assembly room of the City County Building, 400 Main Street, Knoxville, Tennessee 37902 on

_____ at _____.

(Date)

(Time)

The Tennessee Alcoholic Beverage Commission (TABC) will consider the application at a date to be set by the ABC in Nashville, Tennessee. Interested person(s) may personally or through counsel submit their views in writing by the hearing date to be scheduled by the TABC. Anyone with questions concerning this application or the laws relating to it may write or call the Alcoholic Beverage Commission at 3rd Floor Davy Crockett Tower, 500 James Robertson Parkway, Nashville, TN 37243 or (615) 741-1602.

* List whether indivial, partnership or corporation. List individual owners except if corporation, list officers and managers.