

Town of Carthage
APPLICATION FOR BEER PERMIT

The undersigned hereby applies to the Beer Board for which type of Beer permit. # _____

1. Selling, storing and distributing beer for consumption off the premises where sold.
2. To operate as an agent or distributor at wholesale for a brewery.

Name of Applicant _____

Name of Business _____

Location of Business _____

Business Telephone _____

Residence of Applicant _____

Residence Telephone _____ Applicant's date of birth _____

Social Security # _____ Driver's License # _____

How long has applicant lived in Tennessee? _____

List residences for the past three years _____

Number of seats in business _____ Number of off-street parking spaces _____

Name of owner of business if different from applicant _____

Is business individually owned a partnership or corporation? _____

List names, ages and addresses of owners or corporate officers' _____

Have you or any owner in said business been convicted of any violation of the liquor laws or of any crime involving moral turpitude within 10 years of this date: _____ If so, explain _____

Will any person be employed by you who, within the last 10 years has been convicted of any violation of the liquor laws or of any crime involving moral turpitude? _____

Will you employ any minors? _____ If so, explain _____

Do you agree that you will make no sales, or any person employed by you to minors? _____

Will you comply with All State and/or Local laws regarding the sale of beer? _____

Do you agree to sell beer only at the location applied for? _____

Do you understand your permit may be suspended or revoked for violations of the local and/or State beer laws? _____

Do you have restroom facilities for both men and women? _____ if yes, describe _____

Do you agree to report to the Beer Board any change in ownership and agree to turn in your permit when you are no longer operating at this address? _____

References:	Name	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you agree to turn in your permit if you cease operation at the location listed above? _____

I swear the above questions are answered truthfully to the best of my knowledge.

Applicant

Date

State of Tennessee
County of Smith

The above signed make oath that all the statements contained in the foregoing application is true.

Notary Public

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

My Commission expires: _____