



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 the requested information might result in rejection of the application by City Council.

Full name: _____ Date of birth: _____

Home address: _____ Zip: _____

Drivers license num: _____ Social Security Num: ____ - ____ - ____ Home phone: _____

Current occupation: _____ Name of employer: _____

Employer address: _____ Business phone: _____

Length of time employed by or engaged in this business: ____ Years, ____ Months.

Have you ever been convicted of any violation of a federal law, state law or municipal ordinance?

____ Yes ____ No

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

Store Name, Location and Financial Data

Proposed store name: _____

Street address: _____ Zip: _____

Current business address (If relocation is requested): _____

Current zoning of proposed location: _____

Important Notes

1. A zoning letter from the Metropolitan Planning Commission (MPC) must be attached to this application.
2. 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.
3. 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.
4. The proposed location must exceed one thousand (1,000) feet of any other liquor or package store establishment as measured from property line to property line or lease-hold line.

Property owners of proposed location: _____

Owner's address: _____

Amount of rent to be paid: \$ _____ Amount of money invested or to be invested: \$ _____

Source of funds: _____

Are funds to be borrowed for any purposes relating to the purchase of this liquor store? _____ Yes _____ No

If, 'Yes', who is the lender? _____

Lender's address: _____ Zip: _____

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

Name: _____

Address: _____ Zip: _____

Name: _____

Address: _____ Zip: _____

Name of applicant's bank: _____

Address: _____ Zip: _____

List the name(s) and address of any person, firm or corporation who will aid the venture financially or otherwise:

Name: _____

Address: _____ Zip: _____

Type of assistance: _____

Name: _____

Address: _____ Zip: _____

Type of assistance: _____

List the name(s) and address 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 interest:

Name: _____

Address: _____ Zip: _____

Nature of interest: _____

Name: _____

Address: _____ Zip: _____

Type of interest: _____

Do any of the previously named person's that you have listed as having an interest in the business hold a retail or wholesale liquor license? _____ Yes _____ No

If 'Yes', name: _____

Address: _____ Zip: _____

Is this business a partnership or corporation? _____ Yes _____ No

If 'Yes', list the name, age, address and occupation of each partner or stockholder:

Name: _____ Age: _____

Address: _____ Zip: _____

Occupation, business or employer: _____

Name: _____ Age: _____

Address: _____ Zip: _____

Occupation, business or employer: _____

Important Notes

1. This application shall be verified by the applicant and notarized . In the event the applicant is a partnership or corporation, each partner or stockholder shall file an accompanying application.
2. Evidence of applicant's financial responsibility in the net amount of \$40,000.00 must be attached to this application. Examples of such evidence are (a) Letter or statement from bank official, or (b) Letter or statement from accountant or other financial person or institution with knowledge of the applicant's finances.
3. Applicant must place an advertisement in a Knoxville Newspaper of general circulation for three (3) consecutive days but no less than seven (7) days prior to the application being acted upon originally by City Council. Applicant must attach to this application a "Publisher's Affidavit" and a copy of said advertisement.
4. 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: _____

ADVERTISEMENT

The applicant **MUST** place an advertisement in a Knoxville Newspaper of general circulation for three (3) consecutive days but no less than seven (7) days prior to the application being acted upon originally by City Council. Applicant **MUST** attach to this application a “Publishers Affidavit” ***AND*** a copy of said advertisement.

Replace the placeholders (in parentheses) below in the ad with the information as it has been provided in this application.

RETAIL LIQUOR LICENSE NOTICE

Take notice that (applicant name), (applicant’s home address), Knoxville, Tennessee (zip code) has applied to the City of Knoxville for a “Certificate of Compliance”, and will apply or has applied to the Tennessee Alcoholic Beverage Commission (ABC) in Nashville, Tennessee for a Retail Liquor License for (name of liquor store), (address of store), Knoxville, Tennessee (zip code).

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 on (date of City Council meeting) at 7:00 P.M. in the Main Assembly Room of the City/County Building located at 400 Main Street, Knoxville, Tennessee 37901.

The ABC 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 ABC. Anyone with questions concerning this application or the laws relating to it may call or write the Alcoholic Beverage Commission which is located at 4420 Whittle Springs Road, Knoxville, Tennessee 37917 or call (865) 594-6342.