

CITY OF MILAN, TENNESSEE
1061 SOUTH MAIN STREET
MILAN, TENNESSEE 38358
(731) 686-3301

**APPLICATION FOR CERTIFICATE
FOR RETAIL PACKAGE LIQUOR STORE**

This application shall be submitted to the City Recorder. This application must be complete when submitted. Failure to supply a complete application could result in rejection of the application by the Board of Mayor and Aldermen.

An Application must be submitted in the name of the owner of the retail package liquor store business. If an Application is for a business entity other than a sole proprietorship, the Application shall be accompanied by an Application completed by each owner of the retail package store business, including each and every partner, shareholder, member or any other person or entity, however described, who has any ownership interest in the retail package store business.

SECTION 1. IDENTIFYING INFORMATION

Full Name of Applicant: _____

(If Applicant is a business entity other than a sole proprietorship, you may proceed to Section 2 of this Application, but you must submit with this Application a separate Application completed by each owner of the retail package store business, including each and every partner, shareholder, member or any other person or entity, however described, who has any ownership interest in the retail package store business. Such separate Applications shall have this Section 1 completed.)

Date of Birth: _____

Home Address: _____

Social Security Number: _____

Phone Number: _____

SECTION 2. BUSINESS INFORMATION

Full name of the business entity that owns or will own the retail package store business and the names, dates of birth, addresses, telephone numbers and Social Security numbers of each person who has or will have an ownership interest in the business entity:

Name of Business Entity

Full Name: _____

Date of Birth: _____

Home Address: _____

Social Security Number: _____

Phone Number: _____

Title / Role in Business Entity: _____

Percentage of Ownership in Business Entity: _____

Full Name: _____

Date of Birth: _____

Home Address: _____

Social Security Number: _____

Phone Number: _____

Title / Role in Business Entity: _____

Percentage of Ownership in Business Entity: _____

Full Name: _____

Date of Birth: _____

Home Address: _____

Social Security Number: _____

Phone Number: _____

Title / Role in Business Entity: _____

Percentage of Ownership in Business Entity: _____

(Attach additional sheets as needed to provide the required information for each person who has or will have an ownership interest in the business entity.)

Location of Proposed Retail Package Liquor Store:

Owner(s) of the Location of Proposed Retail Package Liquor Store:

Name: _____

Address: _____

Telephone Number: _____

Name: _____

Address: _____

Telephone Number: _____

(Attach additional sheets as needed to provide the required information for each owner of the location of the proposed retail package liquor store.)

SECTION 3. CRIMINAL BACKGROUND INFORMATION

Have you or any applicants who are to be in actual charge of the business been convicted of a felony within a ten-year period immediately preceding the date of this Application? _____ Yes _____ No

If the applicant is a corporation, have the executive officers or those in control been convicted of a felony within a ten-year period immediately preceding the date of this Application? _____ Yes _____ No

A true, complete and accurate Tennessee Bureau of Investigation criminal history report must be submitted with the Application(s) for each individual applicant and, if an application is for a business entity other than a sole proprietorship, the application shall be accompanied by an application completed by each owner of the retail package store business, including each and every partner, shareholder, member or any other person or entity, however described, who has any ownership interest in the retail package store business.

SECTION 4. RESIDENTIAL HISTORY

Identify each of the Applicant's residences for the ten (10) year period immediately preceding the date of this Application.

Address

City, State, Zip Code

From _____ to _____
(date) (date)

Address

City, State, Zip Code

From _____ to _____
(date) (date)

Address

City, State, Zip Code

From _____ to _____
(date) (date)

(Attach additional sheets as needed to provide the required information for each residence for the ten (10) year period immediately preceding the date of this Application.)

SECTION 5. AGREEMENT TO COMPLY WITH LAWS.

Pursuant to Section 8-103 of the Milan Municipal Code, by signing this Application the undersigned Applicant agrees to comply with all applicable State and Federal laws, the Milan Municipal Code, and the Rules and Regulations of the Tennessee Alcoholic Beverage Commission.

OATH

STATE OF TENNESSEE
COUNTY OF _____

The undersigned, after being first duly sworn, makes oath that the matters set forth in the above are true and correct to the best of my information, knowledge and belief and that any documents submitted herewith are true, complete and accurate.

This the _____ day of _____, 20_____.

[Signature]

[Print Name]

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

Notary Public
My commission Expires:_____