

SPECIAL EVENT BEER PERMIT APPLICATION

(Note: Additional Permits may be required)

NAME OF APPLICANT: _____
NAME OF BUSINESS: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
DAY PHONE: _____ EVENING PHONE: _____
CELL PHONE: _____

EVENT INFORMATION – {Use the back of this form if necessary to give additional details in an answer}

TYPE OF EVENT: _____
IS EVENT PUBLIC? _____ PRIVATE? _____ SEMI-PRIVATE? _____
IS EVENT INDOORS? _____ OR OUTDOORS? _____
NUMBER OF PARTICIPANTS EXPECTED: _____
DURATION OF EVENT: _____ DAY(S)
DATE and DESIGNATED TIME OF EVENT EACH DAY:
Day 1 DATE _____ FROM _____ TO _____
Day 1 DATE _____ FROM _____ TO _____
Day 1 DATE _____ FROM _____ TO _____
AMOUNT OF ANY ADMISSION OR TICKET CHARGE: \$ _____ ADULT
\$ _____ CHILD
WILL A PUBLIC ADDRESS SYSTEM BE USED? _____
IF "YES", FOR WHAT PURPOSE: _____
WILL FOOD BE SERVED? ____ YES ____ NO. IF "YES", DESCRIBE ALL FOOD TO BE OFFERED:

Will food be offered by separate vendors or by the applicant? _____ If separate vendors, complete the following:

Name of vendor: _____ Address _____
Name of vendor: _____ Address _____
Name of vendor: _____ Address _____

WHAT TYPE OF BEER WILL BE SERVED? ____ DRAFT ____ BOTTLED
HOW WILL BEER BE SERVED? ____ SELF SERVE ____ TABLE SERVICE ____ BARTENDER
WILL TRAFFIC CONTROL OR SECURITY BE PROVIDED FOR THE EVENT? ____ YES ____ NO IF YES, PLEASE DESCRIBE: _____

EVENT SITE

NAME OF LOCATION: _____
STREET ADDRESS: _____
LOCATION OWNERS' NAME(S): _____
LOCATION OWNERS' PHONE: _____ CELL: _____
NUMBER OF PARKING PLACES AVAILABLE ON SITE: _____ # HANDICAP PARKING: _____
TOTAL NUMBER OF ADDITIONAL PARKING PLACES AVAILABLE: _____
LOCATIONS OF ANY ADDITIONAL PARKING:

Number of spaces: _____
Number of spaces: _____
Number of spaces: _____
CAPACITY OF BUILDING ON SITE: _____ persons
HOW MANY TENTS WILL BE ERECTED? _____
SIZE OF TENTS: _____ ft. x _____ ft. _____ ft. x _____ ft. _____ ft. x _____ ft.
SEATED OCCUPANCY OF EACH TENT: _____
WILL ADDITIONAL LIGHTING BE USED? ____ YES ____ NO

DESCRIBE AVAILABLE RESTROOM FACILITIES FOR THE EVENT AND THEIR LOCATIONS:

Address: _____ # of toilets: _____ # of sinks _____
Address: _____ # of toilets: _____ # of sinks _____

HOW WILL TRASH BE MANAGED? _____

HOW WILL THE BEER CONSUMPTION AREA BE MARKED? _____

IS THE EVENT SITE HANDICAP ACCESSIBLE? _____

Applicant hereby solemnly swears that each and every statement in the foregoing application is true and correct; that the Beer Board will be notified promptly if there is a change in circumstances that affects the responses provided in this application; that this application is being relied upon to make a determination of good moral character; that (1) no beer will be sold except at places where such sale will not cause congestion of traffic or interference with schools, churches, or other places of public gathering, or otherwise interfere with public health, safety and morals; (2) no sale shall be made to anyone under twenty-one (21) years of age; (3) no person, firm, corporation, joint-stock company, syndicate or association having at least a five (5%) percent ownership interest in the Applicant has been convicted of any violation of the laws against possession, sale, manufacture, or transportation of beer or other alcoholic beverages or any crime involving moral turpitude within the past ten (10) years; (4) no person employed by the Applicant in such distribution or sale has been convicted of any violation of the laws against possession, sale, manufacture, or transportation of beer or other alcoholic beverages or any crime involving moral turpitude within the past ten (10) years; (5) no sale shall be made for on-premises consumption unless the application and the permit so state; (6) the Applicant is not a specially designated national and has legal status to hold a permit as any other U.S. citizen might possess; (7) the Applicant for purposes of compliance for any permit issued, shall make all employees aware of state and local beer laws and rules/regulations and strict adherence thereto; and (8) upon cessation of business, revocation or suspension of a permit, the permit shall immediately be surrendered to the Beer Board.

If any statement herein is false, the Applicant shall forfeit his permit and shall not be eligible to receive any permit for a period of ten (10) years, in accordance with T.C.A. 57-5-105(d).

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

Signature of Applicant:

OFFICE USE ONLY – below

Date of Beer Board Meeting _____

All Permit applications and fees submitted/paid in full – date: _____

Background check performed – date _____ Source _____

Health Department notified - date _____ By _____

Building Official Inspection/Approval – signature _____

All information verified – date _____ By _____

Special Event Permit approved – date _____ By _____