

CITY OF PARIS, TENNESSEE

APPLICATION FOR TEMPORARY BEER LICENSE

The undersigned hereby applies to the Alcoholic Beverage Control Board of the City of Paris, Tennessee, for permission and license to exercise the privilege of:

\_\_\_\_\_ **A PERMIT** Selling, storing and distributing beer for consumption off the premises where sold and not to be consumed on said premises.

\_\_\_\_\_ **B PERMIT** Selling, storing and serving beer on the premises where sold.

**TYPE OF ORGANIZATION:** \_\_\_\_\_ Charitable Non-Profit  
\_\_\_\_\_ Religious Non-Profit

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Name of Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Phone No. \_\_\_\_\_

Residence \_\_\_\_\_

Name of Business \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Business Location \_\_\_\_\_

.....

1. Are you a citizen of the U. S.? **YES OR NO** Place of Birth \_\_\_\_\_ If a naturalized citizen give date and place of naturalization \_\_\_\_\_

2. Is business a partnership, corporation or individually owned? \_\_\_\_\_  
(If partnership, all parties must fill out a separate application. If a corporation, question number nine must be filled out and any person owning in excess of 5% of the stock in the corporation must fill out a separate application.)

3. Will this business be managed by you? \_\_\_\_\_ Do you own the premises or lease? \_\_\_\_\_; Term of Lease \_\_\_\_\_  
**(If the answer is “no” to #3 then any manager or agent must fill out a separate application.)**

4. Have you made application previously for the same or a similar permit? **YES OR NO** If “yes”, what was the disposition of application? \_\_\_\_\_

Have you ever had a previous/similar permit revoked/suspended by any State or subdivision thereof? **YES OR NO**  
If “yes” , give details: \_\_\_\_\_

5. What type of business will this be? \_\_\_\_\_ Length of time applicant has been in this business \_\_\_\_\_

6. Have you or any other owner been convicted of any violation of the liquor laws or any crime involving a felony within ten years of this date? **YES OR NO** If “yes”, please explain: \_\_\_\_\_

7. Have you obtained or applied for : A) State Sales Tax Registration # \_\_\_\_\_  
B) City Business License # \_\_\_\_\_ C) County Business License \_\_\_\_\_

8. (Please answer this question only if the applicant is a corporation)

Corporate Name \_\_\_\_\_ Date Charter Issued \_\_\_\_\_

Objects of the Corporation \_\_\_\_\_

Names and addresses of officers and directors: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. References:

Name

Address

Phone No.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. List history of personal residences for the past twenty (20) years beginning with the current address:

Street Address	City	County	State	Zip Code

STATE OF TENNESSEE  
COUNTY OF HENRY

The undersigned makes oath that all of the statements contained in the foregoing application are true. Applicant also waives his right to privacy for the purpose of a mandatory background investigation to be performed by the Paris Police Department.

\_\_\_\_\_  
Applicant

Sworn and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_.

The following action was taken upon this application:

\_\_\_\_\_

\_\_\_\_\_  
Member, Alcoholic Beverage Control Board

\_\_\_\_\_  
Member, Alcoholic Beverage Control Board

\_\_\_\_\_  
Member, Alcoholic Beverage Control Board

NOTICE: A privilege tax of \$100.00 shall be paid to the Finance Director for each temporary permit issued. (Ordinance No. 834, 07/07/93).