

**INSTRUCTIONS FOR APPLICANTS FOR A CERTIFICATE OF COMPLIANCE  
TO APPLY TO THE STATE ALCOHOLIC BEVERAGE COMMISSION TO  
SELL ALCOHOLIC BEVERAGES AT A RETAIL LIQUOR STORE WITHIN THE CORPORATE  
LIMITS OF THE TOWN OF NOLENSVILLE, TENNESSEE**

1. A Certificate of Compliance shall be issued solely to the applicant, whether a person, business entity, association, firm, corporation, joint-stock company, syndicate, or association.
2. An application for a certificate of compliance must be completed on behalf of all of the owner(s) of the applicant.
3. Separate questionnaires, releases of information for both a record check and financial record check must be completed by all persons having any ownership interest in Applicant.
4. A new release of information request for record check must be submitted when a new person begins managerial duties associated with the business.
5. A certificate of compliance is valid only for the applicant, and cannot be transferred or sold to another person or group.
6. To be considered a complete application, the following must be returned no earlier than July 8, 2013 and no later than August 20, 2013 at 2:00 p.m. EST to the Town Recorder's office, Cindy Lancaster, on the second floor of Town Hall located at 7218 Nolensville Road, Nolensville, Tennessee. The completed application must include the following:
  - A. Application for Certificate of Compliance completed and signed by all owners of Applicant with payment of an application fee of \$500.00 (Five hundred dollars) as described in the Nolensville Municipal Code Title 8, Chapter 3, Section 8-302.
  - B. Individual Questionnaire completed by each person in an applicant group that has any interest in the proposed business.
  - C. Release for request for record check completed by all parties in an applicant group and the manager of the proposed store.
  - D. Release for request for financial record check completed by all parties in an applicant group for the proposed store.
  - E. Affidavit of publication of public notice set forth in the Rules of the Alcoholic Beverage Commission found in Rule 0100-3.09 (15) and (16) with such notice being published in three (3) consecutive issues in a newspaper of general circulation within the Town of Nolensville as outlined and clearly defined in Subsection 16 of the Alcoholic Beverage Commission Rules 0100-3.09. The site plan shall be in compliance with the city's prevailing ordinances and regulations.
  - G. Written documentation from a licensed surveyor that confirms the business location complies with the distance requirements found in Title 8, Chapter 3, Section(s) 8-310 and 8-315 of the Nolensville Municipal Code.
7. The Nolensville Board of Mayor and Aldermen will hold a public hearing on the applications and will consider the applications at that board meeting.
8. Incomplete applications will not be considered by the Board of Mayor and Aldermen. Only complete applications will be accepted and reviewed by the Board.

**TOWN OF NOLENSVILLE  
7218 NOLENSVILLE ROAD  
NOLENSVILLE, TENNESSEE 37135**

**APPLICATION FOR CERTIFICATE OF COMPLIANCE**

\$500.00 NON-REFUNDABLE APPLICATION  
FEE PAID ON: \_\_\_\_\_

Date \_\_\_\_\_

This application must be complete when submitted to the Town Recorder. Failure to supply requested information may result in rejection of the application by the Nolensville Board of Mayor and Aldermen.

The Applicant(s) is/are \_\_\_\_\_  
\_\_\_\_\_

The Applicant is a:     sole proprietorship     corporation     general partnership  
                                  limited partnership, or     limited liability company

If other than sole proprietorship, list all names, titles and % of ownership of owners of this applicant.

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

List the business address, property tax identification number and current zoning classification of the location in Nolensville for which license is sought:

\_\_\_\_\_

Property owner of proposed location: \_\_\_\_\_

Owner's address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Property owner telephone number: \_\_\_\_\_

Is property owned by applicant? ( Yes     No)                      Is property leased? ( Yes     No)

Term of lease? \_\_\_\_\_

Does applicant have an option to purchase the property? ( Yes     No)

If none of the above, explain: \_\_\_\_\_

Include a listing of persons having any interest, direct or indirect, in such premises.

\_\_\_\_\_

If license is granted, what is the proposed opening date for this store? \_\_\_\_\_

Give name and address of any other business(es) in which owner(s) of applicant are actively engaged:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Each Question Must Be Fully Answered**

1. Under what name will this business operate? \_\_\_\_\_  
\_\_\_\_\_
2. What is the applicant's mailing address? \_\_\_\_\_  
\_\_\_\_\_
3. Specify the identity, title, address, and telephone number of the person who is to receive notices and correspondence for the applicant. \_\_\_\_\_  
\_\_\_\_\_
4. Which of the applicant and the owner(s) of the applicant have been a resident of Nolensville or Williamson County, Tennessee? \_\_\_\_\_  
If not a resident of Nolensville or Williamson County, what city and/or county in Tennessee is residence? \_\_\_\_\_ with a timeframe for at least \_\_\_\_\_ (\_\_\_\_) years immediately prior to the time the application is filed? List the name, address, and time periods at the listed address. \_\_\_\_\_  
\_\_\_\_\_
5. If a corporation, limited partnership, or limited liability corporation, when and where organized?  
State: TENNESSEE    Date: \_\_\_\_\_    Control Number: \_\_\_\_\_
6. Has any person having any kind of interest in the applicant been convicted of any offense under the laws of the State of Tennessee, or of any other state, or of the United States; prohibiting or regulating the sale, possession, transportation, storing, manufacturing or otherwise handling intoxicating liquors within ten (10) years preceding the date of this application? (\_\_\_\_ Yes    \_\_\_\_ No)  
If the answer is yes, list the NAME, DATE, PLACE, OFFENSE and DISPOSITION of all such convictions: \_\_\_\_\_  
\_\_\_\_\_
7. Has any person having any kind of interest in the applicant been convicted within the last ten (10) years for any offense other than minor traffic violations and those specified in 6, above, under the laws of the State of Tennessee or of any other state, or of the United States? (\_\_\_\_ Yes    \_\_\_\_ No)  
If the answer is yes, list the NAME, DATE, PLACE, OFFENSE and DISPOSITION of all such convictions: \_\_\_\_\_  
\_\_\_\_\_
8. Has any person having any kind of interest in Applicant ever been cited to appear before the Commissioner of Revenue, the Tennessee Alcoholic Beverage Commission, Williamson County or the Town of Nolensville, Tennessee and charged with a violation involving alcoholic beverages?  
(\_\_\_\_ Yes    \_\_\_\_ No) If the answer is yes, list the NAME, DATE, PLACE, OFFENSE and DISPOSITION of all such convictions: \_\_\_\_\_  
\_\_\_\_\_
9. Give the name(s) of the applicant who owns, operates or has any interest, directly or indirectly, in a retail liquor store, wholesale distributor, distillery or supplier. \_\_\_\_\_  
\_\_\_\_\_

10. Give the names and addresses of persons related to any owner of the applicant by blood, marriage, or otherwise who own, operate, or have any interest in a wholesale distributor, distillery or supplier.

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11. Give the names and addresses of all persons other than those shown on the application who have any kind of interest – financial, loans, gifts, guaranties securing loans, or otherwise – in applicant and describe such interest.

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12. Give the names and addresses of all persons other than those shown on the application who will share in the profits or losses of the applicant and state their respective interest.

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13. List the full name(s) of the person(s) to serve as on premises manager(s) of the business of the applicant at the location to which this application applies.

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**NOTE: The Town of Nolensville must be notified by certified mail immediately of any changes in on-premises management, and completed individual questionnaires must be submitted with such notification.**

14. Are there any outstanding debts at the date this application was filed, (utilities, property taxes, business taxes, fines, fees, etc.) owed by applicant or any owner of applicant to the Town of Nolensville? ( \_\_\_ Yes \_\_\_ No) If yes, list details, including type, date incurred and amount.

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**NOTE: THE APPLICANT(S) WILL HAVE FULL RESPONSIBILITY FOR THE ACTIONS OF ANY AND ALL OF THE APPLICANT’S EMPLOYEES.**

15. Attach six (6) copies of a detailed site plan for the proposed business location of Applicant with information referenced in the Town of Nolensville prevailing ordinances and regulations including, but not limited to, Title 8, Chapter 3 of the Nolensville Municipal Code.

**Applicant must submit written documentation from a certified licensed surveyor that confirms the business location complies with the distance requirements found in Title 8, Chapter 3, Section 310 and Section 315 of the Town of Nolensville Municipal Code with this application. The proposed location must be no closer than three hundred (300) feet from a church, school, public park building or private residence. Said distance shall be measured from the nearest point of such structure to the nearest public entrance of the proposed retail liquor store, following the usual and customary path of pedestrian travel along streets and/or sidewalks.**

16. Attach six (6) copies of a detailed financial plan for applicant that includes projected profit (loss), revenue, and expenditures for a period covering at least five (5) years. Include the initial investment in the building, fixtures and the initial inventory investment. The items listed are the minimum requirements and additional information that would be helpful in the evaluation process should be included.

17. Attach six (6) copies of the following items for each owner of Applicant.

- ▶ Three trade references
- ▶ One bank reference
- ▶ Current Balance Sheet
- ▶ Current Income Statement
- ▶ Previous 2 year's tax returns (personal and business)
- ▶ Personal financial statement

Applicant or applicants hereby state(s) that he, she, or it meets all of the requirements for obtaining a State Liquor Retailer's License.

Each applicant or applicants hereby expressly agree to comply with the provisions of the Town of Nolensville Municipal Code, Title 8, Chapter 3, and with all applicable state laws, rules and regulations.

**WARNING: THIS STATEMENT IS MADE UNDER OATH OR AFFIRMATION. FALSE STATEMENTS MAY BE GROUNDS FOR REJECTION OF THE APPLICATION OR SUSPENSION OR REVOCATION OF THE LICENSE. (Additional applicant sheets should be attached if necessary).**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Home Street Address

\_\_\_\_\_  
City and Zip Code

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Home Street Address

\_\_\_\_\_  
City and Zip Code

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Home Street Address

\_\_\_\_\_  
City and Zip Code

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Home Street Address

\_\_\_\_\_  
City and Zip Code

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_ appeared  
before me, subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_,

Notary Public: \_\_\_\_\_ Commission expires: \_\_\_\_\_

**TOWN OF NOLENSVILLE, TENNESSEE  
INDIVIDUAL QUESTIONNAIRE RELATIVE TO  
APPLICATION FOR CERTIFICATE OF COMPLIANCE  
TO SELL ALCOHOLIC BEVERAGES  
AT A RETAIL LIQUOR STORE IN NOLENSVILLE, TENNESSEE**

To be filed by all persons who have any ownership interest in Applicant for which an application for a Certificate of Compliance is on file with the Town of Nolensville. Each individual owner must submit a **separate Questionnaire**, which is to be attached to the application.

Date: \_\_\_\_\_

Applicant for License (as listed on application): \_\_\_\_\_

Information Relating to Person Completing this Questionnaire ("owner"):

Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

1. State the amount of capital you propose to invest in the Applicant. \$ \_\_\_\_\_

2. What is the source of this capital? (state in detail) \_\_\_\_\_

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

3. If savings or personal funds, give the name of the bank where deposited.

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

4. If a loan was made for this investment, state the name of the lender and the amount.

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

5. State names, addresses and type of business of all employment for the past ten (10) years.

<u>Employer</u>	<u>Address</u>	<u>Type of Business</u>	<u>Period of Employment</u>
_____	_____	_____	_____
_____	_____	_____	_____

6. State all addresses where you have resided the last ten (10) years.

Address

City

State

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7. Give the name and address of any relatives that have any interest in any liquor business.

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8. Have you been convicted within the last ten (10) years of any violation of any law against possession, sale, manufacture, or transportation of intoxicating liquor, or any crime involving moral turpitude? (\_\_\_ Yes \_\_\_ No) If the answer is yes, furnish complete details of all convictions including DATE, PLACE, CHARGE, and DISPOSITION. \_\_\_\_\_

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9. Have you been convicted within the last ten (10) years of any criminal offense other than minor traffic violations and other than an offense referenced in 9, above? (\_\_\_ Yes \_\_\_ No) If the answer is yes, furnish complete details of all convictions including DATE, PLACE, CHARGE, and DISPOSITION. \_\_\_\_\_

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10. Are you a citizen of the United States? (\_\_\_ Yes \_\_\_ No) If naturalized, set forth DATE, PLACE, and COURT. \_\_\_\_\_

11. How long have you been a bona fide continuing resident of \_\_\_\_\_, Tennessee:

Years \_\_\_\_\_ Months \_\_\_\_\_

Specify the dates of your continuing residency: \_\_\_\_\_

12. Give the names and addresses of five (5) references. At least three (3) must reside or own a business within the corporate limits of the Town of Nolensville.

Name

Address

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

13. Do you hold a public office, whether appointed or elected? (\_\_\_ Yes \_\_\_ No) If yes what position? \_\_\_\_\_

14. Are you a public employee, either national, state, county, or city? (\_\_\_ Yes \_\_\_ No) If yes what position and where? \_\_\_\_\_

15. Furnish your full name, including any nickname or any other names by which you are or have been known. \_\_\_\_\_

16. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_,

Notary Public: \_\_\_\_\_ Commission expires: \_\_\_\_\_

By my signature above, I state that I, \_\_\_\_\_ have read, and familiar with Title 8, Chapter 3, of the Nolensville Municipal Code and Chapters 0100-1 through 0100-8 the Rules of the Tennessee Alcoholic Beverage Commission. Further I grant the Town of Nolensville permission to perform a thorough background (criminal and any other method to obtain information on myself as to prove my moral turpitude).

**CERTIFICATE OF COMPLIANCE, FOR RETAIL LIQUOR STORE  
WITHIN THE CORPORATE LIMITS OF THE TOWN OF NOLENSVILLE**

Pursuant to Tennessee Code Annotated, Title 57, §§ 57-3-208 and 57-3-213, this is to certify that:

Name of Applicant: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

Date of Birth/Date of Formation: \_\_\_\_\_ SSN/Tax ID: \_\_\_\_\_

has made application for a Certificate of Compliance to sell retail alcoholic beverages in the Town of Nolensville, State of Tennessee, at \_\_\_\_\_

\_\_\_\_\_  
(Street Address of Liquor Store)

and that an investigation has been undertaken of the applicant's criminal record and of the compliance of said business with local law, ordinances or resolutions, and from said investigation the undersigned certified:

1. That the applicant or applicants who are to be in actual charge of said business have not been convicted of a felony within a ten-year period, immediately preceding the date of the application and, if a corporation, that the executive officers or those in control have not been convicted of a felony within a ten-year period immediately preceding the date of the application, and further, that it is the undersigned's opinion that the applicant will not violate any provisions of Tennessee Code Annotated, Title 57, Chapter 3;
2. That the applicant has secured a location which complies with all restrictions of the laws, ordinances and resolutions;
3. That the applicant or applicants have complied with the Town's State of Tennessee residency provisions;
4. That the issuance of this license will not exceed the numerical limit.

This the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

MAJORITY OF THE BOARD OF MAYOR AND ALDERMEN

\_\_\_\_\_  
Jimmy Alexander, Mayor Town of Nolensville

MAIL TO:

Tennessee Alcoholic Beverage Commission  
226 Capitol Boulevard Building, Suite #300  
Nashville, Tennessee 37243-0755