

**TOWN OF MASON**

**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**

1. A Certificate of Compliance shall be issued solely to the Applicant, whether a person, firm, corporation, joint-stock company, syndicate, or association.
2. An application for a certificate of compliance (Section I) must be completed on behalf of all the owners of the Applicant.
3. Separate questionnaires and releases of information for a record check (Section II) must be completed by all persons having any ownership interest in Applicant.
4. A certificate of compliance is valid only for the Applicant, and cannot be transferred or sold to another person or group.
5. To be considered a complete application for consideration at the hearing scheduled as noted below, the following must be returned by \_\_\_\_\_ at \_\_\_\_\_ p.m. CST to the Town recorder's office at Town Hall. The completed application must include the following:
  - A. Application for Certificate of Compliance (Section I) completed in full with payment of the \$250.00 (two hundred and fifty dollars) application fee.
  - B. Individual Questionnaire (Section II) completed by each person in an Applicant group that has any interest, direct or indirect, in the proposed business.
  - C. Affidavit of publication of public notice set forth in the Rules of the Alcoholic Beverage Commission found in Rule 0100-03.09 (10) and (11) with such notice being published in three (3) consecutive issues of The Leader.
6. The Mayor and Board of Aldermen will hold a public hearing for consideration of the application. The hearing for this application will be held on:

\_\_\_\_\_ at \_\_\_\_\_  
Date (Day) Time

at the Town of Mason Town Hall located 12157 Main Street, Mason, Tennessee.

TOWN OF MASON

APPLICATION FOR CERTIFICATE OF COMPLIANCE

Date \_\_\_\_\_

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

To be completed by Town Clerk

**SECTION I. APPLICANT INFORMATION.** This application must be completed in full when submitted to the Town of Mason. Failure to supply requested information may result in rejection or delay of the application by the Town.

1. Name of Applicant: \_\_\_\_\_

Individual, Partners, Corporation, LLC, LP, etc.

2. The Applicant is a  sole proprietorship  corporation  general partnership  
 limited partnership or  limited liability company

If other than sole proprietorship, list all names, titles, % of ownership and address of each owner of this Applicant: (attach separate sheet/s if needed)

(1) \_\_\_\_\_  
Name Title Interest

Address

(2) \_\_\_\_\_  
Name Title Interest

Address

(3) \_\_\_\_\_  
Name Title Interest

Address

(4) \_\_\_\_\_  
Name Title Interest

Address

3. Proposed Business Location Information:

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

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

Owner's address: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Property owner telephone number: \_\_\_\_\_

Is property owned by applicant? \_\_\_\_\_ Is property leased? \_\_\_\_\_ Term of lease? \_\_\_\_\_

Does applicant have an option to purchase the property? \_\_\_\_\_

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

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

5. Under what name will this business operate? \_\_\_\_\_

6. Applicant's mailing address? \_\_\_\_\_

7. Specify the identity, title, address, and telephone number of the person who is to receive notices and correspondence for the Applicant:

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

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

Zip Code: \_\_\_\_\_ Telephone number: \_\_\_\_\_



4. 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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. 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? \_\_\_\_\_ If yes, provide complete details including the following:

PLACE: \_\_\_\_\_ DATE: \_\_\_\_\_

OFFENSE: \_\_\_\_\_

DISPOSITION: \_\_\_\_\_

\_\_\_\_\_

6. 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 5, above? \_\_\_\_\_ If yes, provide complete details including the following:

PLACE: \_\_\_\_\_ DATE: \_\_\_\_\_

OFFENSE: \_\_\_\_\_

DISPOSITION: \_\_\_\_\_

\_\_\_\_\_

7. Have you ever been cited to appear before the Commissioner of Revenue, the Tennessee Alcoholic Beverage Commission or the Town of Mason and charged with a violation involving alcoholic beverages? \_\_\_\_\_ If yes, give the following information on each:

PLACE: \_\_\_\_\_ DATE: \_\_\_\_\_

OFFENSE: \_\_\_\_\_

DISPOSITION: \_\_\_\_\_

\_\_\_\_\_

8. Give the names, addresses and phone numbers of five (5) references.

NAME	ADDRESS	PHONE NUMBER
1.	_____	
	(Business Information) _____	
2.	_____	
	(Business Information) _____	
3.	_____	
	(Business Information) _____	
4.	_____	
	(Business Information) _____	
5.	_____	
	(Business Information) _____	

9. Have you used any other names, nicknames, aliases, or changed your name? \_\_\_\_\_  
If yes, list them and, if applicable, the court in which your legal name was changed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. List your current employment information including employer name, length of employment, position and immediate supervisor's name and contact information as well as whether your supervisor may be contacted by the Town of Mason.

\_\_\_\_\_

\_\_\_\_\_

11. Provide the following information:

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

I do hereby authorize the Town of Mason or its designee to conduct a criminal background and records check on me as a part of the Certificate of Compliance application process. I further authorize any law enforcement agency to release information, records and documents concerning any charges brought against me; and furthermore,

I hereby agree to comply with all federal and state laws as well as the ordinances of the Town of Mason, Tennessee regulating the sale of intoxicating liquors, and by signing below,

I hereby make oath that the forgoing is true and accurate to the best of my knowledge and belief.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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

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