

**CITY OF JOHNSON CITY**  
**CERTIFICATE OF COMPLIANCE RETAIL PACKAGE STORE**  
*Information*

The information and checklist set out below is not an all-inclusive list of instructions for completion of a Certificate of Compliance Retail Package Store application for the City of Johnson City, Tennessee. Instead, the list provides reminders to help applicants turn in completed applications. Incomplete and inaccurate applications are considered void and of no effect.

The application must be fully completed and must include all secondary documents with the non-refundable license application fees **(\$250.00)**. By making this application, the applicant assumes personal responsibility for all information provided. It is the applicant’s responsibility to see that the application is complete and correct. The application must be considered and approved by the Beer Board. The applicant or attorney representing the applicant must attend the Beer Board meeting. The Board can deny an application for any incomplete, incorrect, inaccurate or false information provided; at the least, the Board may delay action on an application for any information it finds unacceptable. The completed application must be submitted to the Finance Department, Municipal and Safety Building, 601 E. Main Street, Johnson City, Tennessee.

A Certificate of Compliance is valid only for the business(s) of the owner named in the license at the named location. Certificate of Compliances are issued to the owner of the business, whether a person, firm, corporation, joint-stock company, LLC, etc. A Certificate of Compliance is not transferable from owner to owner or location to location. A Certificate of Compliance is for a single location only. **The applicant MUST provide this information in the application document and is accountable for providing complete and accurate information.** A Certificate of Compliance approval is restricted to sites in compliance with current City of Johnson City building codes and in compliance with Title 8-306 of the Code of the City of Johnson City.

A Certificate of Compliance will not be issued without the legal description of the premises on which this business is or will be located; a copy of the deed to the subject premises or leases agreements to which the same are subject; and a survey by a licensed surveyor depicting all boundaries of the subject premises and showing the location of any and all structures thereon. The City will perform background checks on all persons listed in the application as owner, manager, supervisor and server.

***Mandatory Item Checklist***

- License application fee paid (**non-refundable**).....\$250.00
- Current Johnson City business license
- Certificate of Registration for Tennessee Sales Tax
- Current Driver’s License or Other Proof of Residents for Photo Identification Purposes
- Legal description of property
- Deed to subject property showing ownership or leases agreements
- Survey by a licensed surveyor depicting all boundaries of the subject premises and showing the location of any and all structures thereon
- Certificate of Zoning (**City office use only**)
- Background record check(s) (**City office use only**)



**Application Form**  
**Certificate of Compliance Retail Package Store**

**Personal Data**

This application must be complete when submitted to the Finance Department. Failure to supply requested information might result in rejection of the application by the Beer Board.

1. Owner/Stockholder/Applicant Name: \_\_\_\_\_  
Additional owners/stockholders/applicants shall be listed below in Section 11.
2. Home Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Street/City) (State) (Zip)
3. Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_
4. Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_
5. Drivers License # \_\_\_\_\_
6. Home Email: \_\_\_\_\_ Business Email: \_\_\_\_\_
7. Current Occupation: \_\_\_\_\_
8. Name of Employer: \_\_\_\_\_
9. Employer Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_
10. Length of time employed by or engaged in this business: \_\_\_\_\_
11. Have you ever been convicted of any violation of State or Federal Law or Municipal Ordinance? If yes, specify offense, date, and place of occurrence:  
\_\_\_\_\_

**Store Name/Location and Financial Data**

12. Purpose Store Name: \_\_\_\_\_
13. Store Location: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Street/City) (State) (Zip)
14. Current Address (if relocation is requested):  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Street/City) (State) (Zip)
15. Designated zoning of proposed Store: \_\_\_\_\_  
***NOTE: Zoning letter from Development Services must be attached to this application.***

16. Property Owner Name: \_\_\_\_\_ Phone \_\_\_\_\_

17. Property Owner Address: \_\_\_\_\_, \_\_\_\_\_  
(Street/City) (State) (Zip)

18. Amount of rent to be paid: \_\_\_\_\_

19. Amount of money invested or to be invested: \_\_\_\_\_

20. Source of these funds: \_\_\_\_\_

21. Are funds to be borrowed for any purposes relating to the purchase of this liquor store? \_\_\_\_\_

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

Address: \_\_\_\_\_, \_\_\_\_\_  
(Street/City) (State) (Zip)

22. List any person (s) who have or will provide endorsements relating to such loans:

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

Address: \_\_\_\_\_, \_\_\_\_\_  
(Street/City) (State) (Zip)

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

Address: \_\_\_\_\_, \_\_\_\_\_  
(Street/City) (State) (Zip)

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

Address: \_\_\_\_\_, \_\_\_\_\_  
(Street/City) (State) (Zip)

23. Applicant's Bank: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_, \_\_\_\_\_  
(Street/City) (State) (Zip)

24. List the names and addresses of any person, firm, or corporation who will aid the venture financially or otherwise:

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

Address: \_\_\_\_\_, \_\_\_\_\_  
(Street/City) (State) (Zip)

Type of Assistance: \_\_\_\_\_

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

Address: \_\_\_\_\_, \_\_\_\_\_  
(Street/City) (State) (Zip)

Type of Assistance: \_\_\_\_\_

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

Address: \_\_\_\_\_, \_\_\_\_\_  
(Street/City) (State) (Zip)

Type of Assistance: \_\_\_\_\_

25. List all people who profits from this business:

Name: \_\_\_\_\_  
Social security Number: \_\_\_\_\_ Nature of Interest: \_\_\_\_\_  
Address: \_\_\_\_\_, \_\_\_\_\_  
(Street/City) (State) (Zip)

Name: \_\_\_\_\_  
Social security Number: \_\_\_\_\_ Nature of Interest: \_\_\_\_\_  
Address: \_\_\_\_\_, \_\_\_\_\_  
(Street/City) (State) (Zip)

Name: \_\_\_\_\_  
Social security Number: \_\_\_\_\_ Nature of Interest: \_\_\_\_\_  
Address: \_\_\_\_\_, \_\_\_\_\_  
(Street/City) (State) (Zip)

Name: \_\_\_\_\_  
Social security Number: \_\_\_\_\_ Nature of Interest: \_\_\_\_\_  
Address: \_\_\_\_\_, \_\_\_\_\_  
(Street/City) (State) (Zip)

26. Do any of the above-named persons that you have listed as having an interest in the business hold retail or wholesale liquor license? \_\_\_\_\_. If so, Name: \_\_\_\_\_

Address of Licensed Business: \_\_\_\_\_, \_\_\_\_\_  
(Street/City) (State) (Zip)

Is this Business a partnership or corporation? \_\_\_\_\_. If so, list the name, age, and address of each partner or stockholder and his or her occupation, business, or employer.

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_, \_\_\_\_\_  
(Street/City) (State) (Zip)  
Occupation, Business, or Employer: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_, \_\_\_\_\_  
(Street/City) (State) (Zip)  
Occupation, Business, or Employer: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_, \_\_\_\_\_  
(Street/City) (State) (Zip)  
Occupation, Business, or Employer: \_\_\_\_\_

27. Please attach a copy of each questionnaire form and other material to be filed with the Tennessee Alcoholic Beverage Commission.

**STATEMENTS**

I, \_\_\_\_\_, certify that no person prohibited from having any direct or indirect interest in the proposed store has such an interest. I further state that all attachments are true and accurate. I realize that falsification of any portion of this application shall be grounds for rejection of this application. The applicant, or applicants, agrees to comply with the State and Federal laws and City ordinances and the rules and regulations of the Alcoholic Beverage Commission and of the State Commissioner of Revenue with references to the sale of alcoholic beverages, and agrees to the validity of and reasonableness of the inspection fees which by ordinance are adopted by the Board of Commissions for the City of Johnson City, Tennessee, now or during the term of the license which may be issued.

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

State of Tennessee )  
County of \_\_\_\_\_ )

The applicant named above in my presence and who, after being duly sworn according to law, made oath that the facts as stated therein are true, signed this application.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

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

My Commission Expires: \_\_\_\_\_

**SAMPLE ADVERTISEMENT TO BE PLACED IN NEWSPAPER AT LEAST 7 DAYS BEFORE APPLICATION IS TO BE HEARD BY BEER BOARD. ADVERTISEMENT SHOULD RUN FOR THREE (3) CONSECUTIVE DAYS. RETAIL LIQUOR LICENSE NOTICE**

Take notice that \_\_\_\_\_ has applied to The City of Johnson City, Tennessee for a certificate of (Name and address of applicant) compliance and has or will apply to the Tennessee Alcoholic Beverage Commission at Nashville for a retail liquor license for a store to be named \_\_\_\_\_ and is to be located at \_\_\_\_\_ (Name of Store) (Address of Store) And owned by \_\_\_\_\_. All persons wishing to be heard on the certificate of compliance (\*) may personally or through counsel appear or submit their views in writing to the City of Johnson City Beer Board in the Commission Chambers located in the Municipal and Safety Building, 601 East Main Street, Johnson City, Tennessee, on \_\_\_\_\_ at \_\_\_\_\_. (Date) (Time). The Tennessee Alcoholic Beverage Commission (TABC) will consider the application at a date to be set by the ABC in Nashville, Tennessee. Interested person(s) may personally or through counsel submit their views in writing by the hearing date to be scheduled by the TABC. Anyone with questions concerning this application or the laws relating to it may write or call the Alcoholic Beverage Commission at 3rd Floor Davy Crockett Tower, 500 James Robertson Parkway, Nashville, TN 37243 or (615) 741-1602.

\* List whether individual, partnership or corporation. List individual owners except if corporation, list officers and managers.