CITY OF NORRIS, TENNESSEE APPLICATION FOR CERTIFICATE TO ACCOMPANY STATE APPLICATION FOR THE SALE AND MANUFACTURING OF INTOXICATING LIQUORS

The following applicant is requesting a Certificate from the Norris City Council in accordance with T.C.A. §57-3-208 to accompany the applicant's application to the Tennessee Alcoholic Beverage Commission for a retailer's license for the sale and manufacturing of intoxicating liquors. Per the requirements of T.C.A.

| §57-3-208, the City has sixty (60) days from the date of application to approve or deny the Certificate. The City considers the date of application to be the date the City receives the application, as noted below on this application form. APPLICANT INFORMATION: | | |
|--|---|--|
| | | |
| Physical Address: | | |
| Number of years at this address: | Phone Number: | |
| Have you been convicted of a felony | in the past ten (10) years: | |
| with the certificate issued by | identified in T.C.A. §57-3-208(b)(1)(A) must obtain and submit y the City a local and national criminal history record obtained nultistate criminal records locator or other similar commercial alidation. | |
| Location of proposed retail store for | the sale of alcoholic beverages: | |
| Name and address of owner of store | D: | |
| Is the applicant a partnership? on the following page. | If yes, provide the name, age, and address of each partner | |
| | If yes, provide the name, age, and address of each executive control of the store on the following page. | |

| Partnership or Corporation Inform | nation (as indicated on previous page): | |
|------------------------------------|--|------|
| Name: | | Age: |
| Address: | | |
| | | |
| Address: | | |
| | | |
| Address: | | |
| | | |
| Address: | | |
| Attached additional page(s) if nee | eded. | |
| | dges my oath that the information partner must sign. For corporations, the | |
| Printed Name | Signature | |
| Received by: | / City of Norris | |
| Date: | | |