

TOWN OF ASHLAND CITY

Application for Limited Certificate of Compliance for State Licensure for Sale of Package Liquor
\$500.00 Additional \$100.00 fee for each additional background check.

THIS SECTION FOR CITY USE ONLY:


Date Application Filed: <u>1/18/22</u> Time: <u>2:57 PM</u> Receipt No. <u>R00143354</u> Amount Paid: <u>\$500.00</u> Cash: _____ Check# <u>1821</u> Application for: <input checked="" type="checkbox"/> Retail sale of packaged alcoholic beverages <input type="checkbox"/> Renewal	City Attorney review completed by: _____ on: _____ Police Chief review completed by: _____ on: _____ BOARD ACTION: Granted: <u> </u> / <u> </u> / <u> </u> Issued: <u> </u> / <u> </u> / <u> </u> Denied: <u> </u> / <u> </u> / <u> </u> Deferred: <u> </u> / <u> </u> / <u> </u> Withdrawn: <u> </u> / <u> </u> / <u> </u>	Zoning: _____ Map No. _____ Parcel No. _____ Street Address: _____ Property inspection completed by: _____ on: _____ Location Approved: _____
---	--	--

ANSWER ALL OF THE FOLLOWING QUESTIONS:

APPLICANT IS SEEKING A PERMIT WHICH WOULD ALLOW THE SALE OF ALCOHOLIC BEVERAGES FOR:

☒ OFF-PREMISES PACKAGED LIQUOR SALES ONLY

I hereby make application for a Limited Certificate of Compliance from the Town of Ashland City, Tennessee as provided for in the Tennessee Code Annotated 57-3-208, et seq., and the Town's Retail Alcoholic Beverage Ordinance#340 and the amendments thereto and base my application upon the answers of the following questions:

1. Name of Applicant: MF, LLC (EMAD AZER, SOLE MEMBER)
2. Birth date of applicant: [REDACTED] Age at time of applicant: 47
3. Residential address of applicant: [REDACTED]
City: BRENTWOOD State: TN Zip: 37027
4. How long a resident of Cheatham County: _____
5. Does applicant presently hold and elected office or is seeking an elected office in the next election? NO
6. Other states of residency: N/A
7. Present occupation or business: OWNER--ASHLAND MARKET How long? 5 YRS
If employed, name and address of employer: ASHLAND MARKET
303 N. MAIN ST. ASHLAND CITY, TN 37015 
Phone: 615-424-1339 Contact person: EMAD AZER
8. Name of business for which permit is sought: ASHLAND MARKET

[REDACTED]

9. Address of the location of the business for which a permit is sought: _____
303 N. MAIN STREET; ASHLAND CITY, TN 37015 _____

10. Name(s) of the owner of the property: _____

Deed Book and Page No. _____ Lease Expiration Date: _____
(Attach a copy of the executed lease or recorded deed of ownership hereto)

11. List persons, firms, corporations, joint stock companies, syndicates, or associations, having at least a five (5%) percent ownership interest in the applicant. Complete in detail. Attach a separate sheet if necessary. If corporation, give address of applicant's principal place of business.

Name of Individual Applicant Partners, or Officers and Directors	Title Percentage	Home address and Telephone Number	Date and Place of Birth	Race and Sex	SSN	U.S. Citizen Y or N
EMAD AZER	100%	██████████	██████████	male	██████████	Yes
		Brentwood, TN				
		37027				

12. Previous Address of Applicant: _____

13. If Applicant is an individual, give name and date and place of birth of spouse: n/a

14. If Applicant is a corporation, give name and date and place of birth of any spouse of anyone having a 5% or greater interest in the business corporation or partnership:

Name: n/a Date/Place of Birth: _____

Name: _____ Date/Place of Birth: _____

15. For corporations that are not publicly traded:

Registered Name of Corporation: MF, LLC (EMAD AZER, SOLE MEMBER)

Date and Place of Incorporation: JULY 18, 2016 TENNESSEE

If foreign corporation, give date of certificate of authority: N/A

16. List stockholders having five (5%) percent or more ownership interest in the business:
(attach a separate sheet if necessary)

Name of Stockholder		Home Address	Date and	Race		U.S.
---------------------	--	--------------	----------	------	--	------

[REDACTED]

[REDACTED]

7

First, Middle, Last	%	and Telephone Number	Place Birth	and Sex	SSN:	Citizen Y or N
EMAD AZER	100	[REDACTED]	[REDACTED]	MALE	[REDACTED]	YES
		[REDACTED]				
		Brentwood, TN				

17. FOR CORPORATION ONLY:

At regular or special meeting held on the 1ST day of DECEMBER, 200 , by the Applicant, it was resolved that said application be filed with the Town of Ashland City and that EMAD AZER (name or officer and title) or N/A (name of officer and title) is/are hereby authorized to execute said application and any other papers required by the Board.

18. Designate the person or persons who will be in charge of the operations on the premises including in the absence of the Applicant.

Name of Stockholder First, Middle, Last	Home Address and Telephone Number	Date and Place Birth	Race and Sex	SSN:	U.S. Citizen Y or N
EMAD AZER	[REDACTED]	[REDACTED]	male	[REDACTED]	yes
	brentwood, tn				
	37027				
	[REDACTED]				

19. Conviction Record: Has any person, firm, joint-stock company, syndicate or association having at least a five (5%) percent ownership interest in the Applicant been convicted of any violation of the laws against possession, sale, manufacture, or transportation of alcoholic beverages, or any crime either a felony or misdemeanor?

☐ Yes

☒ No

If yes, list below:

Name First Middle Last	Charge(s)	Date of Conviction	Disposition	Location, Court, County and State
n/a				

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

20. Name and address of representative to receive the annual tax notice and other communications: EMAD AZER; 303 N. MAIN STREET; ASHLAND CITY, TN 37015

21. Is the building to be licenses located within 300 feet of any church, school, public institution or public meeting place? ☐ Yes ☒ No

22. Has the Applicant ever had a liquor permit revoked, suspended or denied in the State of Tennessee?

☐ Yes ☐ No

If yes, explain: N/A

23. Does applicant hold a license for Liquor-by-the-Drink with the State of Tennessee?

☐ Yes ☐ No

24. Are you familiar with the laws of the State of Tennessee governing the retail sale of package liquor?

☐ Yes ☐ No

25. Does applicant hold a license or permit to sell beer? ☒ Yes ☐ No

Applicant hereby solemnly swears that each and every statement in the foregoing application is true and correct; that the Town of Ashland City will be notified promptly if there is a change in circumstances that affect the responses provided in this application; that (1) no sale shall be made to anyone under twenty-one (21) years of age; (2) no person, firm, corporation, joint-stock company, syndicate or association having at least a five (5%) percent ownership interest in the Applicant has been convicted of any violation of the laws against possession, sale, manufacture, or transportation of alcoholic beverages or any crime involving moral turpitude within the past ten (10) years; (3) no person employed by the Applicant in such distribution or sale has been convicted of any violation of the laws against possession, sale, manufacture, or transportation of any alcoholic beverages or any crime involving moral turpitude within the past ten (10) years; and (4) the Applicant is not a specially designated national and has legal status to hold a permit of any other U.S. Citizen might possess.

If any statement herein is false, the Application shall become void in its entirety and a new

application will not be accepted for a minimum of 90 days .

Attached to this application form is the following required documentation:

- ☐ Copy of application to the Tennessee Alcoholic Beverage Commission
- ☐ Copy of valid Tennessee Driver's License or other photo identification
- ☐ Copy of utility bills for the past 50 months to prove residency or statement from utility provider.
- ☐ Actual newspaper ad and certification of publication
- ☐ Copy of lease, Bill of Sale or deed on property to be used for retail sales
- ☐ List of personal referenced (non-related)-form provided

Sworn to and subscribed before me this the 3 day of JAN, 2027.

Signature of Applicant: [Signature]

[Signature]
NOTARY PUBLIC

My Commission Expires: 8/27/22

Note: State law allows up to 60 days to process this application.





STATE OF TENNESSEE
ALCOHOLIC BEVERAGE COMMISSION

Davy Crockett Tower
500 James Robertson Parkway, 3rd Floor
Nashville, TN 37243
615-741-1602

www.tn.gov/abc

4420 Whittle Springs Road
Knoxville, TN 37917
865-594-6342

One Commerce Square
40 South Main Street
4th Floor, Suite 415
Memphis TN 38103
901-543-7284



540 McCallie Avenue, Suite 341
Chattanooga, TN 37402-2055
423-634-6434

Business Check, Money Order or Cashiers Check ONLY

APPLICATION FEE
NON-REFUNDABLE

APPLICATION FOR PERMIT TO SELL
ALCOHOLIC BEVERAGES

ALL signature spaces MUST
be signed and notarized.

RETAIL PACKAGE STORE

Date: 12-28-21, 20

Name of Corp./LLC/LP, SP, etc.: MF, LLC (EMAD AZER, SOLE MEMBER)

hereby make application for a permit to sell alcoholic beverages at the following location.

Doing Business As: ASHLAND MARKET

Business Address: 303 N. MAIN ST Business Tel () Fax: ()

City: ASHLAND CITY State TN Zip Code: 37015 County: CHEATHAM

Mailing Address (if different from Business Address) _____
Street Address City State Zip

Email Address: MF.MARKET@YAHOO.COM Web-Site Address: _____

1. Have you and all partners (if any) been legal residents of the State of Tennessee for at least the preceding two years?
YES
2. Are you and all partners (if any) United States Citizens? YES All applicants must complete Form AB-0116 – Declaration of Citizenship.
3. Do you hold a public office (either appointive or elective), or are you a public employee (either National, State, City or County)? NO
4. Have you, partners, or any other person having any kind of interest in your business ever been convicted of any criminal offense under the laws of the State of Tennessee or of any other State or of the United States? If yes, please specify
NO
5. Have you, partners, or any other person having any kind of interest in this business ever 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? NO If yes, please explain on an additional sheet of paper and attach.
6. Have you or your partners (if any) ever been cited to appear before the Commissioner of Revenue or the Tennessee Alcoholic Beverage Commission and charged with a violation of the law or rules and regulations made pursuant to law?
NO

7. In whose name is the Alcohol Dealer Registration (TTB F 5630.5d) as a retail liquor dealer issued at this location?
MF, LLC
8. Give the names and addresses of persons related to you by blood, marriage, or otherwise who own, operate, or have any interest either in a licensed Retail Store, Wholesale Distributor, Distillery, Supplier or Liquor-By-The-Drink establishment? N/A
9. Give the names and addresses of all persons other than those shown on this application who have any kind of interest, financial, stock ownership, loans, gifts, or securing loans, or otherwise, made for carrying on said business: N/A
10. Give the names and addresses of all persons other than those shown on the application who share in the profits from this business and state their interest: NONE
11. Give the name and address of the owner of the premises on which the business is to be located and the amount of the rental, if any. Also submit a copy of any lease agreement which has or may be entered into for this business. _____
12. Do you sub-lease or allow anyone to occupy any of the space covered in this lease? NO
If so, state the name of the person and the type of business being operated. N/A
13. Who will be in active control in the management of this business? EMAD AZER
14. Give the name and address of any other business in which you or your partners, if any, are actively engaged.
ASHI AND MARKET (CONVENIENCE STORE NOW-TO BE CONVERTED TO LIQUOR STORE)
15. Do you employ some person not otherwise connected with your store to keep your books? NO
If the answer is yes, give name and address of person. N/A
16. Do you agree to accept full responsibility for the action of any member of the partnership or any person employed by you in the conduct of your business? YES
17. If this is an application for a renewal license, state whether you received any additional or new financial assistance, loans, or otherwise, during the previous year? N/A
18. If the answer to question 17 is "yes", state all facts and details in connection with said financial assistance, loans, etc.
N/A
19. If you are indebted to the State of Tennessee for any tax, state the tax and amount. NO
20. Furnish Tennessee Sales Tax Registration Number [REDACTED]
21. Give name and address of any relative employed by the Tennessee Alcoholic Beverage Commission NONE

~~SECRET~~

All data, written statements, affidavits, evidence or other documents submitted in support hereof, or upon bearing hereon, shall be deemed to be a part of this application.

The applicant or applicants agrees that the place for which application is made will be operated in conformity with Chapter 257, Public Acts of 1963, and in conformity with all applicable rules and regulations made pursuant to law, which are now, or may hereafter be, in force.

WARNING: "YOUR STATEMENT IS MADE UNDER OATH OR AFFIRMATION. PROVIDING OR INCOMPLETE INFORMATION ARE GROUNDS FOR REJECTION OF APPLICATION OR SUSPENSION OR REVOCATION OF PERMIT IF ISSUED. FALSE STATEMENTS OR INCOMPLETE INFORMATION ARE ALSO SUBJECT TO THE PENALTIES OF PERJURY UNDER TENNESSEE LAW"

* "THE ACCEPTANCE OF FEES DOES NOT GUARANTEE THE ISSUANCE OF A LICENSE OR PERMIT" *

Application authorized by EMAD AZER
Print Name, Owner of Establishment


SIGNATURE, Owner of Establishment

EMAD AZER
Print Name, Applicant

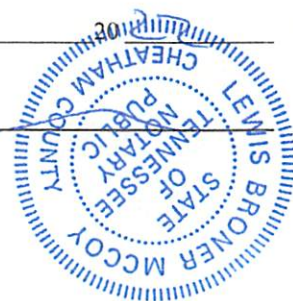

Signature of Applicant

Subscribed and sworn to before me this 3 day of July

My Commission Expires 8/27/22

Notary Seal

Notary Public



The State of Tennessee and the Tennessee Alcoholic Beverage Commission are Equal Opportunity Employers. Discrimination, in any of its practices, which is based on age, race, sex, color, religion, national origin, disabling condition or any other non-merit factor is prohibited. Thus, the Tennessee Alcoholic Beverage Commission is an equal opportunity, equal access, affirmative action public entity.

FOR ADDITIONAL INFORMATION:

Contact the agency ADA Coordinator for this state agency: Assistant Director at 615-741-1602 or the Tennessee Office of Americans with Disabilities, Department of Personnel. Alternate formats of this notice are available on request.

APPLICANT BACKGROUND CHECK

CITY USE ONLY

Social Security Number:

- Yes X No

N/A

N/A

Other

~~XXXXXXXXXXXXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXXXX~~

WAIVER FOR BACKGROUND CHECK

I by signing this document have applied for a package liquor store/beer permit and as such understand that part of the requirement for a package liquor store/beer permit is that the applicant can not have a criminal record of a felony, a crime involving moral turpitude, or a violation of any laws dealing with the possession, sale, manufacture, or transportation of beer or any other alcoholic beverage within the last ten years. This applies to anyone with an interest in the business of five percent (5%) or more. By signing this document, I hereby consent to myself as well as the other individuals listed that have a five percent (5%) or more interest in the business to have a background check run by the local police department including a criminal check. I fully release the Town of Ashland City from any and all liability from conducting the search and understand and release them from the reliability of the information that they receive in that they are relying on third parties for the supply of the information. I hereby consent to the Town of Ashland City to conduct a background check.

12-29-21
Date

EMAN AZER
Applicant

[REDACTED]
Social Security Number

[REDACTED]
DOB

List of other individuals who own at least a five percent (5%) or more in the business:

N/A
Owner's Name

DOB

Social Security Number

[REDACTED]

[REDACTED]

N/A
Owner's Name

DOB

Social Security Number

1/27/22, 1:59 PM

Mail - Alicia Martin - Outlook

Receipt #R00143354

No-Reply <No-Reply@ashlandcitytn.gov>

Thu 1/27/2022 1:59 PM

To: Alicia Martin <ayoung@ashlandcitytn.gov>

The Town of Ashland City would like to thank you for your payment!

Town of Ashland City Water & Sewer

PO Box 36

Ashland City, TN 37015

(615)792-4211

DATE : 1/18/2022 2:57 PM

OPER : AB

TKBY : ALYSSA BARNHILL

TERM : 1

REC# : R00143354

LIQUOR TAX - 31720 WHOLESALE LIQUOR TAX

303 N MAIN LIQUOR APP FEE 500.00

LIQUOR TAX - 31720 WHOLESALE LIQUOR TAX

303 N MAIN BACKGROUND FEE 100.00

Paid By:303 N MAIN LIQUOR APP FEE

6-110 GEN CHECK 600.00 REF:1821