

# 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>10/18/2022</u> Time: <u>3:30pm</u> Receipt No. <u>Pop 165375</u> Amount Paid: <u>\$500.00</u> Cash: <input checked="" type="checkbox"/> Check# _____ Application for: <input checked="" type="checkbox"/> Retail sale of packaged alcoholic beverages <input type="checkbox"/> Renewal	City Attorney review completed by: <u>Jennifer Noe</u> on <u>10/20/2022</u> Police Chief review completed by: _____ on: _____  <b>BOARD ACTION:</b> Granted: ____/____/____ Issued: ____/____/____ Denied: ____/____/____ Deferred: ____/____/____ Withdrawn: ____/____/____	Zoning: _____ Map No. _____ Parcel No. _____ Street Address: _____  Property Inspection completed by: _____ on: _____ Location Approved: _____
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## 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: AJA, LLC (NATAVARBHAI PATEL, SOLE MEMBER)
2. Birth date of applicant: \_\_\_\_\_ Age at time of applicant: 60
3. Residential address of applicant: \_\_\_\_\_  
 City: CLARKSVILLE State: TN Zip: 37043
4. How long a resident of Cheatham County: N/A LIVES IN CLARKSVILLE, TN MONTGOMERY Co
5. Does applicant presently hold and elected office or is seeking an elected office in the next election? NO
6. Other states of residency: PRIOR TO TENNESSEE, GEORIGIA
7. Present occupation or business: CLERK AT CONVENIENCE STORE How long? 2YRS  
 If employed, name and address of employer: SHIVAA, LLC; 1721 DOTSONVILLE, RD  
 Phone: \_\_\_\_\_ Contact person: \_\_\_\_\_
8. Name of business for which permit is sought: ASHLAND CITY LIQUOR AND WINE

9. Address of the location of the business for which a permit is sought: \_\_\_\_\_

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
NATAVARBHAI PATEL	100%			A/Male		No

12. Previous Address of Applicant: \_\_\_\_\_

13. If Applicant is an individual, give name and date and place of birth of spouse: \_\_\_\_\_

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: AJA, LLC \_\_\_\_\_

Date and Place of Incorporation: 9-7-22; 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.
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First, Middle, Last	%	and Telephone Number	Place Birth	and Sex	SSN:	Citizen Y or N
NATAVARBHAI PATEL	100%		INDIA	MALE		NO

**17. FOR CORPORATION ONLY:**

At regular or special meeting held on the 8TH day of SEPTEMBER, 200, by the Applicant, it was resolved that said application be filed with the Town of Ashland City and that Natavarbhai Patel, Owner (name or officer and title) or DANIELLE ELKS, ATTORNEY (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
NATAVARBHAI PATEL		India	A/male		no
	Clarksville, TN				
	37043				

**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				


20. Name and address of representative to receive the annual tax notice and other communications: NATAVARBHAI PATEL; !

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.

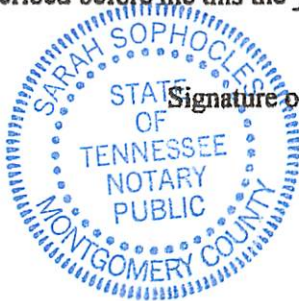
If any statement herein is false, the Application shall become void in its entirety and a new

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 14 day of October, 2022



Signature of Applicant: MS Patel

Sarah Sophocles  
NOTARY PUBLIC

My Commission Expires: 9/18/24

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



**TOWN OF ASHLAND CITY, TENNESSEE**

**PERSONAL REFERENCES**

**For Submittal with Application for Limited Certificate of Compliance for State Licensure for Sale of Package Liquor**

**List three personal references that are not related to you or to each other.**

**1. Name:**April presson

**Address:** \_\_\_\_\_ **City:**ashland city **Zip:** 37015

**Phone Numbers:** \_\_\_\_\_

**How long have you known this person?**3 years

**Relationship:**friend

**2. Name:**bobbie pace

**Address:** \_\_\_\_\_ **City:**clarksvilke **Zip:** 37043

**Phone Numbers:** \_\_\_\_\_

**How long have you known this person?**2 years

**Relationship:**friend

**Name:**Vicente mondragon

**Address:** \_\_\_\_\_ **City:**ashland city **Zip:**37015

**Phone Numbers** \_\_\_\_\_

**How long have you known this person?**2 years

**Relationship:**co worker

Town of Ashland City, Tennessee  
Public Safety Department

**APPLICANT BACKGROUND CHECK**

For Application for Limited Letter of Compliance for License to Sell Retail/Alcohol

**CITY USE ONLY**

Address of Location of Proposed Store: 503 N. MAIN STREET; ASHLAND CITY, TN 37043

*Use a separate form for each applicant.*

Applicant's Full Name: NATAVARBHAI PATEL

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

Social Security Number: \_\_\_\_\_

1. Convicted of felony, misdemeanor or any offense of the alcohol laws of the State or the U.S. in the past 10 years: \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Has been engaged in business with anyone who was in violation of the laws mentioned above:

\_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes" under questions 1 or 2, explain offense: \_\_\_\_\_

\_\_\_\_\_

Any other information that was revealed in background check that is relative: \_\_\_\_\_

\_\_\_\_\_

**I have conducted a background search for all applicants for the above described retail liquor establishment.**

\_\_\_\_\_  
MARC COULON, Police Chief  
Town of Ashland City, Tennessee

\_\_\_\_\_  
Date

Resources used for background search; \_\_\_\_\_ TBI \_\_\_\_\_ ACCity \_\_\_\_\_ Cheatham County \_\_\_\_\_ NCIC

\_\_\_\_\_ Other

## 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.

10/14/2022  
Date

NATAVAR BHAT PATEL  
Applicant

\_\_\_\_\_  
Social Security Number

1 1  
DOB

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

\_\_\_\_\_  
Owner's Name

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Social Security Number



Owner's Name

DOB

Social Security Number



STATE OF TENNESSEE  
ALCOHOLIC BEVERAGE COMMISSION

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

[www.tn.gov/abc](http://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: 10-4-2022, 20\_\_

Name of Corp./LLC/LP, SP, etc.: AJA, LLC

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

Doing Business As: ASHLAND CITY LIQUOR AND WINE

Business Address: 503 N. MAIN STREET; Business Tel ( ) Fax: ( )

City: ASHLAND CITY State TN Zip Code: 37043 County: CHEATHAM

Mailing Address (if different from Business Address) SAME AS ABOVE  
Street Address City State Zip

Email Address: HARALLCTN@GMAIL.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? NO 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?  
AJA, 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? CHANDRAKANTBHAI PATEL, \_\_\_\_\_  
DISCOUNT LIQUOR, CLARKSVILLE JDY'S
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: \_\_\_\_\_  
none
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? \_\_\_\_\_  
NATAVARBHAI PATEL
14. Give the name and address of any other business in which you or your partners, if any, are actively engaged.  
NONE
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? No
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. \_\_\_\_\_  
N/A
20. Furnish Tennessee Sales Tax Registration Number PENDING
21. Give name and address of any relative employed by the Tennessee Alcoholic Beverage Commission \_\_\_\_\_  
None


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 NATAVARBHAI PATEL;  
Print Name, Owner of Establishment

  
SIGNATURE, Owner of Establishment

NATAVAR BHAI PATEL  
Print Name, Applicant

  
Signature of Applicant

Subscribed and sworn to before me this 14 day of October 20 22

My Commission Expires 9/18/24

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.

**Town of Ashland City, Tennessee**

**GENERAL PROCEDURES FOR PACKAGE LIQUOR LOCATIONS\***

**Note:** This location application process could take up to 4 (four) weeks to complete. If the application is made by a corporation, or partnership, this process will have to be applied to every member of the corporation or partner with an interest of 5% or more.

**\*Recommended: CONSULT WITH APPLICABLE STATE AUTHORITIES AND ADVICE OF LEGAL COUNSEL TO CLARIFY QUESTIONS REGARDING THE APPLICATION PROCESS WITH THE STATE AND LOCAL GOVERNMENT.**

- 1. Obtain application for Certificate of Compliance from City Hall.**
- 2. Applicant must run notice in The Ashland City Times for three consecutive editions prior to turning in the application.**
- 3. Inspection of premises no more than 7 days prior to application date by the Town=s Building Official to receive a Use and Occupancy certificate to be submitted with application to the Town.**
- 4. Submit completed application to City Hall with the following documentation attached and the \$500.00 Investigation Fee, payable in cash or money order (payable to The Town of Ashland City):**
  - a. Copy of application to the Tennessee Alcoholic Beverage Commission**
  - b. Proof of five years residency in Cheatham County:**

**Copies of electric bills or water bills for past five years including the most recent bill or appropriate statement from Utility provider that applicant has been a customer for 5 years.**
  - c. Copy of applicant's valid Tennessee Driver's License with photo or another valid photo I.D.**
  - d. Copy of Vehicle registration**
  - e. Copy of lease, bill of sale or deed on property to be used for retail sales location.**
  - f. Actual newspaper ad and certification of publication from the editor**
  - g. Personal referenced list (form provided)**

**NOTICE:** Failure to produce any of the required documentation listed above, or failure to complete the application form may result in voiding the application process. New application may be made after 90 days.

- 5. Upon receipt of application at City Hall, the Chief of the Police will run a background**

check including financial records. A period of 7 (seven) days may be required to complete this process. If the application's made by a partnership or corporation, every member with an interest of 5% or more will be required to have a background check. There will be a fee of \$100.00.

6. A final review by the City Recorder to verify that all information has been obtained will be performed which may take up to two business days to complete.

7. Completed application will be submitted to the City Council for selection as per Ordinance and applicant shall appear before the City Council for an interview. Scheduling for the interview will be determined by the order that completed applications were submitted to the Town. Applications will be dated and time stamped upon receipt at City Hall.

8. The Mayor will issue a letter of Compliance to the applicant when all approvals have been received and verified.



Bill Lee  
Governor

**TENNESSEE BUREAU OF INVESTIGATION**

**ATTN: TORIS**

901 R.S. Gass Boulevard  
Nashville, Tennessee 37216-2639  
(615) 744-4057  
Facsimile (615) 744-4289



David B. Rausch  
Director

10/20/2022

NATAVARBHAI B PATEL  
511 CEDAR VALLEY DR  
CLARKSVILLE TN 37043

**Tennessee Criminal History Records Request**

**NO TENNESSEE CRIMINAL HISTORY RECORD HAS BEEN FOUND FOR THE PERSON LISTED BELOW.**

**NOTE:** All aliases submitted have been searched.

NATAVARBHAI B PATEL

**Please be aware that, unless a fingerprint comparison is performed, it is impossible for the Tennessee Bureau of Investigation to be sure the record belongs to the individual you requested . A fingerprint comparison will only be performed in the event of a written appeal of criminal history results. The information you receive will be based on only those arrests which occurred within the state of Tennessee.**

The Tennessee Bureau of Investigation found no Tennessee criminal history based on the information provided. No criminal record check was conducted for other states or for the Federal Bureau of Investigation.

Tennessee Open Records Information Services  
Tennessee Bureau of Investigation  
901 R.S. Gass Blvd.  
Nashville, TN 37216



INTERNATIONALLY ACCREDITED SINCE 1994



## Receipt #R00165375

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

Fri 10/21/2022 2:33 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

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DATE : 10/21/2022 2:31 PM

OPER : TC

TKBY : TRACIE CHESTER

TERM : 1

REC# : R00165375

LICENSES - 32000 LICENSES AND PERMITS

CK PATEL-ASHLAND CITY LIQUOR AND WINE 500.00

Paid By:CK PATEL-ASHLAND CITY LIQUOR AND WINE  
5-110 GEN CASH 500.00