

Town of Ashland City Water & Sewer  
PO Box 36  
Ashland City, TN 37015  
(615)792-4211

DATE : 4/19/2023, 1:25 PM  
OPER : TC  
TKBY : TRACIE CHESTER  
TERM : 1  
REC# : R00180905

LICENSES - 32000 500.00  
LICENSES AND PERMITS  
ROUMAN HENIN 500.00

Paid By:ROUMAN HENIN  
6-110 GEN CHECK 500.00 REF:6013084958

APPLIED 500.00  
TENDERED 500.00

CHANGE 0.00



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

04/21/2023

ROUMANI SAMWAEIL HENIN  
5589 DORY DRIVE  
ANTIOCH TN 37013

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.

ROUMANI S HENIN

**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



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: 04/18, 20 23

Name of Corp./LLC/LP, SP, etc.: ASHLAND CITY LIQUOR & WINE STORE LLC

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

Doing Business As: ASHLAND CITY LIQUOR & WINE STORE LLC

Business Address: 503 N MAIN ST Business Tel (615) 457-7958 Fax: ( )

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

Mailing Address (if different from Business Address) 503 N MAIN ST, ASHLAND CITY, TN 37015  
Street Address City State Zip

Email Address: JASONFINANCIALSERVICES@OUTLOOK.COM Web-Site Address: NONE

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?  
ASHLAND CITY LIQUOR & WINE STORE 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? NONE
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. ASHLAND CITY LLC 503 N MAIN ST, ASHLAND CITY, TN 37015 MONTHLY RENT IS \$6,000
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. \_\_\_\_\_
13. Who will be in active control in the management of this business? ROUMANI HENIN
14. Give the name and address of any other business in which you or your partners, if any, are actively engaged.  
SELF EMPLOYED AT TOBACCO STORE LOCATED AT 1421 W MAIN ST, FRANKLIN, TN 37064  
PLEASE BE ADVISED THAT MY CURRENT JOB WILL END UNPON RECEIVING THIS LIQUOR LICENSE TO FREE MYSELF TO RUN THIS NEW BUSINESS.
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. \_\_\_\_\_
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 IT IS FOR NEW LICENSE
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 APPLIED FOR
21. Give name and address of any relative employed by the Tennessee Alcoholic Beverage Commission N/A

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 ROUMANI HENIN  
Print Name, Owner of Establishment

Roumani Henin  
SIGNATURE, Owner of Establishment

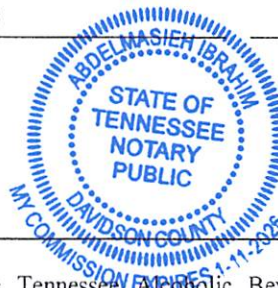
ROUMANI HENIN  
Print Name, Applicant

Roumani Henin  
Signature of Applicant

Subscribed and sworn to before me this 18TH day of APRIL 2023

My Commission Expires 01-11-2026

Notary Seal



[Signature]  
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**

**Application for Limited Certificate of Compliance for State Licensure for Sale of Package Liquor  
\$500.00 Fee**

**THIS SECTION FOR CITY USE ONLY:**

<b>Date Application Filed:</b> ____/____/____ <b>Time:</b> _____ <b>Receipt No.</b> _____ <b>Amount Paid:</b> _____ <b>Cash:</b> _____ <b>Check#</b> _____ <b>Application for:</b> <input type="checkbox"/> Retail sale of packaged alcoholic beverages <input type="checkbox"/> Renewal	<b>City Attorney review completed</b> by: _____ on _____  <b>BOARD ACTION:</b> Granted: ____/____/____ Issued: ____/____/____ Denied: ____/____/____ Deferred: ____/____/____ Withdrawn: ____/____/____	<b>Zoning:</b> _____ <b>Map No.</b> _____ <b>Parcel No.</b> _____ <b>Street Address:</b> _____  <b>Property Inspection completed</b> by: _____ on: _____ <b>Location Approved:</b> _____
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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 to the following questions:

1. Name of Applicant: Roumani Henin
2. Birth date of applicant: 03/09/1981 Age at time of applicant: 42
3. Residential address of applicant: 5589 Dory Dr.  
City: Antioch State: TN Zip: 37013
4. How long a resident of Cheatham County: N/A
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: Tobacco Store - Full Time How long? 3 yrs  
If employed, name and address of employer: Malak keriaikos  
1421 W Main St, Franklin, TN 37064  
Phone: 615-423-9282 Contact person: Malak keriaikos
8. Name of business for which permit is sought: Ashland City Liquor & Wine Store LLC

9. Address of the location of the business for which a permit is sought: 503 N Main St, Ashland City, TN 37015

10. Name(s) of the owner of the property: Ashland City LLC

Deed Book and Page No. N/A Lease Expiration Date: 06/15/2032

(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
Roumani Henin	100%	5589 Dory Dr. Antioch, TN 37013		M		Y

12. Previous Address of Applicant: 4613 Springstead TRL, Antioch, TN 37013

13. If Applicant is an individual, give name and date and place of birth of spouse: Mary Gendy, DOB 01/21/1987 , Egypt

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: N/A

Name: N/A Date/Place of Birth: N/A

15. For corporations that are not publicly traded:

Registered Name of Corporation: Ashland City Liquor & Wine Store LLC

Date and Place of Incorporation: 04/18/2023 - Ashland City, TN

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 First, Middle, Last	%	Home Address and Telephone Number	Date and Place Birth	Race and Sex	SSN:	U.S. Citizen Y or N
Roumani Henin	100%	5589 Dory Dr. Antioch, TN 37013		M		Y

**17. FOR CORPORATION ONLY:**

At regular or special meeting held on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by the Applicant, it was resolved that said application be filed with the Town of Ashland City and that \_\_\_\_\_ (name or officer and title) or \_\_\_\_\_ (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
Roumani Henin	5589 Dory Dr. Antioch, TN 37013		M		Y

**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:

N/A



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

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

Roumani Henin

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: \_\_\_\_\_

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

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 18th day of April, 2023.

Signature of Applicant: Roumani henin

[Signature]  
NOTARY PUBLIC

My Commission Expires: 01-11-2026

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

