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HISTORIC  
**F R A N K L I N**  
T E N N E S S E E

## Application Procedure for Retail Liquor License

To Whom It May Concern:

For a liquor license application, individual shall file information as their application packet:

- Valid Driver's License showing current address
- Retail Liquor License Application (Exhibit A)
- Affidavit For Retailer's Certificate of Compliance (Exhibit C)
- Copy of **signed** lease agreement for proposed business location, including street address and suite number.

Submit complete application packet to the City Recorder:

- In person at 740 Columbia Ave, Franklin, TN
- By mail at 109 Third Avenue S. Franklin, TN 37064
- Email Recorder@franklintn.gov
- For questions call 615-791-3217

The City Recorder's office then submits the information to the Franklin Police Department for review (felony conviction record) and Building and Neighborhood Services Department for zoning compliance. Upon approval by the Police Department and Building and Neighborhood Services Department, the applicant is notified by this office.

It is then placed on the next available Board of Mayor and Aldermen 5:00 p.m. work session, and then the next consecutive Board of Mayor and Aldermen 7:00 p.m. meeting agenda for their consideration.

APPLICATIONS ARE A MATTER OF PUBLIC INFORMATION WHEN FILED.

For further information, please contact Angie Skarp, City Recorder, (615) 550-6707.

**City of Franklin**  
RETAIL LIQUOR LICENSE APPLICATION



*To be completed by applicant:*

Check one:  New Application/Location  Ownership Change for Existing Location

Name of Business \_\_\_\_\_

Location of Business \_\_\_\_\_

Managing Agent  
(Name to appear on license): \_\_\_\_\_

Residence Address:  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver License # \_\_\_\_\_ State \_\_\_\_\_

Date of Birth \_\_\_\_\_ Contact Phone number: (\_\_\_\_) \_\_\_\_\_

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**FOR OFFICE USE ONLY:**

TO: POLICE DEPARTMENT - RECORDS

FROM: Angie Skarp, CITY RECORDER

RE: RECORDS CHECK - APPLICATION FOR RETAIL LIQUOR STORE  
BOARD MEETING DATE \_\_\_\_\_

- Please return by \_\_\_\_\_ to provide information for Board meeting agenda.
- APPLICANT HAS NO RECORD
- APPLICANT HAS RECORD, NOT RECOMMENDING

CENTRAL RECORDS DIVISION  
FRANKLIN POLICE DEPARTMENT

By \_\_\_\_\_

Date \_\_\_\_\_

Approved \_\_\_\_\_  
Signature

