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HISTORIC  
**FRANKLIN**  
TENNESSEE

**INSTRUCTIONS FOR COMPLETING  
APPLICATION TO SELL WINE IN A RETAIL FOOD STORE  
IN THE CITY OF FRANKLIN, TENNESSEE**

1. Read Title 8 of the Franklin Municipal Code.
2. Complete Part 1 – Information About the Business. This part of the application must be signed by the chief executive officer or other authorized representative of the business for which the application is submitted. The application must be notarized.
3. Separate copies of Part 2 – Questionnaire for Participants in the Business must be completed for each person who is to be an executive officer of the business, for any individual who will have an ownership interest of at least 50 percent of the business, and for each person who will oversee the management of the business or the sale of wine at the business.
4. Submit completed application 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](mailto:Recorder@franklintn.gov)
  - For questions call 615-791-3217

The application will be placed on the Board of Mayor and Aldermen’s next available agenda for approval.

5. Upon approval, the City will issue a Certificate of Compliance to the applicant; the applicant will be contacted by the City Recorder’s Office for retrieval of the certificate. The Certificate of Compliance is a prerequisite to obtaining a license for the sale of wine from the Tennessee Alcoholic Beverage Commission. Tennessee law allows the City 60 days to grant or deny a Certificate of Compliance.



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Part 1 – Information About the Business

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

1. Name of retail food store: \_\_\_\_\_  
Address of retail food store: \_\_\_\_\_ Franklin, TN zip: \_\_\_\_\_.

2. Name and address of retail store owner \_\_\_\_\_  
\_\_\_\_\_

Owner is a(n): \_\_\_\_\_ Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Limited Partnership  
\_\_\_\_\_ Limited Liability Corporation \_\_\_\_\_ Other (describe: \_\_\_\_\_)

3. If the business is not a sole proprietorship, list the name and title of each executive officer below:  
(or list on an additional sheet if necessary)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. If the business is not a sole proprietorship, list the name of any individual who will own at least 50% of the business below  
\_\_\_\_\_  
\_\_\_\_\_

5. Names and title of person(s) who will oversee the management of this business or the sale of wine at the business  
\_\_\_\_\_  
Contact/Phone #: \_\_\_\_\_

6. A completed questionnaire form is to be provided for each person identified above. Does a completed questionnaire form accompany this application for each such person? \_\_\_\_\_

The undersigned hereby solemnly swears that each and every statement in this application (and on the pages attached to this application) is true and correct. The undersigned certifies that he/she has read and is familiar with the laws of the City of Franklin and the State of Tennessee governing the sale of wine at retail food stores, and promises to be in compliance therewith. If the owner is other than an individual, the undersigned affirms that he/she is a representative of the owner duly authorized to submit this application.

By: \_\_\_\_\_  
Signature Title

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_



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**Part 2 – Questionnaire for Participants in the Business**

To be completed by each person identified in Part 1 of this application.

1. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Issuance: \_\_\_\_\_

2. Home Address: \_\_\_\_\_

If less than 2 years, list previous home addresses and dates of residency for the last two years:

\_\_\_\_\_

\_\_\_\_\_

3. What is your position with the business for which this application is submitted? \_\_\_\_\_

4. Have you been convicted of a felony within the past ten (10) years? If yes, explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have answered the above questions truthfully. I have read Title 8, Chapter 1 of the Franklin Municipal Code and promise to be in compliance therewith. I authorize the City of Franklin to conduct a criminal background investigation as necessary for the issuance of a Certificate of Compliance in accordance with *Tennessee Code Annotated*, Section 57-3-806.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_