CITY OF KNOXVILLE
BEER PERMIT APPLICATION CHECKLIST

Business Name: Knoxville Adventure Collective
Account #: 60002
Business Address: 900 Volunteer Landing Ln 37915
Agenda Date: 1-28-20
CLT #: 095JB010

- [ ] New application: Received ___ / ___ / ___
- [ ] Permit fee paid: New Application - $250
- [ ] Publication fee paid - $25.00
- [ ] Records checks completed
- [ ] Current City Business License: Expiration Date ___ / ___ / ___
- [ ] Copy of Certificate of Registration for Tennessee Sales Tax
- [ ] Copy of Corporate Charter, LLC, etc.
- [ ] Copy of Certificate of Zoning from MPC: Zone
- [ ] Notice of application sent to Knox County Health Department (215-5200)
  Sent ___ / ___ / ___
  Received ___ / ___ / ___
  Approved: [ ] Yes [ ] No

- [ ] Notice of application sent to Building Inspections (215-2999) Inspector:
  Sent ___ / ___ / ___
  Received ___ / ___ / ___
  Approved: [ ] Yes [ ] No

- [ ] Notice of application sent to Fire Prevention Bureau (215-2283)
  Sent ___ / ___ / ___
  Received ___ / ___ / ___
  Approved: [ ] Yes [ ] No

- [ ] Request distances measured by Engineering Department (215-6132)
  Requested ___ / ___ / ___
  Received ___ / ___ / ___
  Location needs additional research: [ ] Yes [ ] No

- [ ] Plan for Server Compliance
- [ ] TASK Program completed

Previous business at this location: Billy Kush Board Shop (454289)

### BOARD ACTION

- [ ] Approved; permit issued to applicant/owner @ meeting
  Date ___ / ___ / ___
- [ ] Approved; subject to final documentation
  Date ___ / ___ / ___
- [ ] Permit released to:
  Date ___ / ___ / ___
- [ ] Denied; notification given to applicant/owner
  Date ___ / ___ / ___
- [ ] Deferred; notification given to applicant/owner
  Date ___ / ___ / ___
  Deferred to: ________________________________
  Date ___ / ___ / ___
- [ ] Other:
  Date ___ / ___ / ___

Notes: ________________________________


CITY OF KNOXVILLE
APPLICATION FOR BEER PERMIT

It is the applicant's responsibility to provide complete and accurate information. The Beer Board could deny or delay action on the application if any information is not accurate.

I / we hereby make application for a permit to sell, store, or distribute beer or other beverages authorized to be sold, stored or distributed under the provisions of the City of Knoxville alcoholic beverages ordinance Chapter 4 and base my application upon the answers to the following questions:

1. Reason for Application: □ New Business  ✔ New Ownership  □ Name Change  □ Other

2. Name of Business Owner(s):
   Jonathan Waller Terry
   N/A Knoxville Adventure Collective

3. Is Owner a: □ Corporation  □ General Partnership  □ Limited Partnership  ✔ LLC  □ Sole Proprietorship  □ Other

4. Under what name will the business operate: Knoxville Adventure Collective

5. Business Address: 901 Volunteer Landing Ln  Zip 37915  Phone (865) 246-5884

6. Property Owner's Name: City of Knoxville

7. Type of business you will operate: Outfitter

8. List names of all general partners and owners and designate PERCENTAGE of ownership. (Use additional paper if necessary.) Each person owning 5% or more of the business must complete an owner/manager application (attached) and submit to a city of Knoxville Police Department background check. If ownership is a corporation, please indicate whether the corporation is privately held or publicly traded. If privately held, each person owning 5% or more of the corporation must complete an owner/manager application and submit to a city of Knoxville Police Department background check.

   Jonathan Waller Terry 100%

9. List the name(s) of managers or others on-site responsible for operations. Any change in management must be reported to the Business Tax Office. A new manager is subject to a background check and applicable fees. Each individual listed must complete an owner/manager application and submit to a City of Knoxville Police Department background check.

   Jonathan Waller Terry

10. List machines currently in use or planned for use on premises and owner of machines (cigarette, pinball, jukebox, etc.)
   N/A

11. Type of permit requested:
   □ Off Premise  ✔ On/Off Premise  □ On/Off Premise w/Dancing  □ Manufacturer/Distributor  □ Self-Serve
900 VOLUNTEER LANDING LN - Property Map and Details Report

Property Information

Parcel ID: 095JB010
Location Address: 900 VOLUNTEER LANDING LN
CLT Map: 95
Insert: J
Group: B
Condo Letter: 
Parcel: 10
Parcel Type: 
District: 6
Ward: 
City Block: 
Subdivision: GATEWAY CENTER
Rec. Acreage: 0
Calc. Acreage: 0
Recorded Plat: N/R -
Recorded Deed: 2296 - 12
Deed Type: Legal Document:
Deed Date: 8/11/1998

Address Information

Site Address: 900 VOLUNTEER LANDING LN
KNOXVILLE - 37915
Address Type: BUSINESS
Site Name: GATEWAY PAVILLON

Jurisdiction Information

County: KNOX COUNTY
City / Township: Knoxville

Political Districts

Voting Precinct: 06
Voting Location: Green School
801 LULA POWELL DR
Tennessee State House: 15
Rick Staples
Tennessee Senate: 7
Richard Briggs
County Commission:
(at large seat 10)
Evelyn Gill
Larsen Jay
Justin Biggs
(at large seat 11)
City Council:
(at large seat A)
Gwen McKenzie
Lynne Fugate
Janet Testerman
Amelia Parker
(at large seat B)
(at large seat C)
School Board: 1
Evettty Satterfield

Owner Information

CITY OF KNOXVILLE
PO BOX 1631
KNOXVILLE, TN 37901

The owner information shown in this section does not necessarily reflect the person(s) responsible for Last Year's property taxes. Report any errors to the Knox County Property Assessor's office at (865) 215-2365.

MPC Information

Census Tract: 68
Planning Sector: Central City

School Zones

Elementary: GREEN ELEMENTARY MAGNET
Intermediate: 
Middle: VINE MIDDLE MAGNET
High: AUSTIN-EAST HIGH MAGNET

Disclaimer: KGIS makes no representation or warranty as to the accuracy of this map and its information nor its fitness for use. Any user of this map product accepts the same AS IS, WITH ALL FAULTS, and assumes all responsibility for the use thereof, and further covenants and agrees to hold KGIS harmless from any damage, loss, or liability arising from any use of the map product. Independent verification of all information contained on this map should be obtained by any user.
CITY OF KNOXVILLE
APPLICATION FOR BEER PERMIT

AFFIDAVIT

1. I/we Jonathan Walter Terry hereby solemnly swear or affirm that each statement in this application is true and correct and understand that if any statement contained herein is false, the permit issued is automatically forfeited and voided. Furthermore, that in the event of forfeiture I/we shall not be eligible to receive another permit for a period of ten (10) years pursuant to Tennessee Code Annotated § 57-5-105(d).

2. I/we understand that all applicants are charged with the responsibility of knowing the local and state beer laws. I/we are aware that the penalty for violating state or local beer laws can include revocation or suspension of the permit and/or the imposition of civil penalties up to ONE THOUSAND FIVE HUNDRED 00/100 DOLLARS ($1,500.00) PER OFFENSE.

3. I/we understand that if the business allows illegal gambling on the premises that the beer permit will be subject to revocation.

4. I/we understand that a requirement of beer permit issuance is the permittee(s) and ON-SITE manager(s) who will supervise and/or sell and serve the beer at the establishment must complete alcohol education and training programs in accordance with City of Knoxville Code Section 4-80(c).

5. I/we understand that by submitting this application, a background investigation shall be conducted on the applicant(s) and on all ON-SITE managers who will be selling beer at the permitted establishment. It is further understood that any and all documents related to that investigation shall become public record open for public inspection and reproduction pursuant to Tennessee Code Annotated § 10-7-503.

6. I/we understand that a requirement of maintaining good status standing with the Knoxville Beer Board, is that I/we must notify the City of Knoxville Business Tax Office each time there is a change in the on-site manager responsible for selling the beer.

7. I/we hereby release, absolve and hold harmless, the City of Knoxville, the Knoxville Beer Board, the Knoxville Police Department, its employees, agents and representatives from any and all liability of whatever type for any damages, causes of actions, personal property injuries which may result as a consequence of my application for a beer permit, background investigation, release of documents or any other matters related to my application. I/we hereby waive all possible liability of the City of Knoxville, Knoxville Beer Board, Knoxville Police Department, its employees, agents and representative as stated above.

8. I/we agree that the hiring of an employee who has been convicted within the past ten (10) years of any law relating to the sale, possession, manufacture or transportation of intoxicating beverages, including beer, as defined by City of Knoxville Code Section 4-37 or the hiring of an employee who has been convicted of any felony or crime involving moral turpitude within the past ten (10) years will be cause for possible revocation of the beer permit.

9. I/we understand if any information given in the application subsequently changes, I/we will immediately notify the Knoxville Beer Board c/o Business Tax Office.

10. I/we understand that if the business closes down, relocates, or there is ANY change in the ownership of the business, the permit will be surrendered to the Business Tax office within 15 days of said change for appropriate action.

11. I/we assume full responsibility for the permit and will be accountable for full compliance with the laws of Knoxville and the State of Tennessee in the sale of beer.

12. I/we have read the foregoing release. I/we fully understand its provisions, and voluntarily consent to abide by its requirements.

13. I/we acknowledge and understand that the fees paid for the beer permit application process are non-refundable.

14. The undersigned is the applicant or the bona fide and qualified agent/representative of the corporate applicant.

__________________________________________
Applicant Signature or Agent/Representative

Date: 12/31/19

__________________________________________
Co-Applicant Signature

Date: ____________________________

__________________________________________
Co-Applicant Signature

Date: ____________________________

Sworn to and subscribed before me this 31st day of December, 2019

Notary Public:

My Commission Expires: 4/28/20
CITY OF KNOXVILLE
APPLICATION FOR BEER PERMIT
OWNER/MANAGER APPLICATION

1. Name: Jonathan Walter Terry
   Owner—Percentage of Ownership: 100%
   Manager

2. Home Address: 116 Gay St, Knoxville
   City: Knoxville
   State: TN
   Zip: 37902

3. Home Phone: (865) 246-5684
   Cellular Phone: (865) 246-5684
   Date of Birth: 03/22/1980

4. Driver’s License #:____________
   State: TN
   Social Security #:____________

5. Local Business Name: Knoxville Adventure Collective

6. Local Business Address/ZIP: 900 Volunteer Landing, 37915
   Business Phone: (865) 246-5684

7. Have you ever been convicted of any violation of liquor and/or beer laws, felonies, or any crime involving moral turpitude, within the last ten years, or do you have any charges currently pending?  
   ☐ Yes  ☑ No
   If yes, give particulars of each charge, including city, county, state: court and date:

8. Have you ever had a beer permit revoked, suspended, or denied?  
   ☐ Yes  ☑ No
   If yes, explain:

9. Have you ever been convicted of any misdemeanors (Speeding, DUI, Simple Assault, etc.) within the last ten (10) years or have any charges currently pending?  
   ☑ Yes*  ☐ No
   If yes, give particulars of each charge, including city, county, state: court and date:

10. Do you understand both the state laws and the local laws regulating the sale and distribution of beer in the City of Knoxville?  
    ☑ Yes  ☐ No

11. Do you understand that allowing illegal gambling on the premises will subject the permit to revocation?  
    ☑ Yes  ☐ No

AFFIDAVIT

I hereby solemnly swear or affirm that each statement in this application is true and correct and agree that if my statement is false, the permit issued may be revoked by the Beer Board, upon notice and hearing, and that the burden is on the permittee to prove the correctness of all the statements in this application.

I understand that this application is subject to the Tennessee Public Records Act and shall be open for inspection and reproduction by any citizen. Tennessee Code Annotated §19-7-503.

☐ Jonathan Walter Terry understand that by submitting this application, a background investigation shall be conducted and any and all documents related to my investigation shall become public records.

☐ Jonathan Walter Terry hereby release, absolve and hold harmless, the City of Knoxville, the Knoxville Beer Board, the Knoxville Police Department, its employees, agents and representatives, from any and all liability of whatever type for any damages, causes of actions, personal or property injuries which may result as a consequence of my application for a beer permit, background investigation, release of documents or any other matters related to employees, agents and representatives as stated above.

I have read and understand the foregoing Release and understand its provisions and voluntarily consent to abide by its requirements.

Signature of Applicant

Sworn to and subscribed before me this 2nd day of January, 2020

Notary Public:

My Commission Expires:

Date: 1/2/20
CITY OF KNOXVILLE
APPLICATION FOR BEER PERMIT

Property Details

Property Address: 900 Volunteer Landing, Knoxville, TN 37915

Directions to business, including any landmarks:

| Outdoor Knoxville Building (Legacy Ports) |
| Beside Ruth’s Chris Steakhouse |

Property Owner Information:

<table>
<thead>
<tr>
<th>Name</th>
<th>City of Knoxville</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone</td>
<td>865 715 4311</td>
</tr>
</tbody>
</table>

Neighborhood Demographics

Provide the following locations nearest to the business. Provide ALL lines of information requested. You may want to drive or walk the area around the business location to determine which facilities are closest. You will be held accountable for the information provided.

**Must be filled in completely – No Exceptions**

School / Day Care:

<table>
<thead>
<tr>
<th>Name</th>
<th>South Knoxville Elementary School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>801 Sevier Ave, Knoxville</td>
</tr>
</tbody>
</table>

Funeral Home:

<table>
<thead>
<tr>
<th>Name</th>
<th>Berry Funeral Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>3704 Chapman Hwy, Knoxville, TN</td>
</tr>
</tbody>
</table>

Hospital:

<table>
<thead>
<tr>
<th>Name</th>
<th>Fort Sanders Regional Medical Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>1901 W Clinch Ave, Knoxville, TN</td>
</tr>
</tbody>
</table>
Pursuant to City of Knoxville Code Section 4-67, the City requires the applicant to designate an individual residing within Knox County to receive notice of actions of the City or the Beer Board and to accept service of process. Please provide the name of the individual, their position with the applicant (owner, manager, etc.) and their address (may be business location). Note that the applicant is required to notify the City in accordance with Section 4-67 if there is any change in this information. In addition to a local address, please provide an address to which certified mail may be sent.

BEER PERMIT APPLICATION:

Business Name: Knoxville Adventure Collective

Business Location: 900 Volunteer Landing Knoxville TN 37915

PERSON RESPONSIBLE TO RECEIVE SERVICE OF PROCESS:

Name: Jan Terry

Position: Owner/Operator Phone (865) 246 5884

Address: 900 Volunteer Landing

City, State, Zip: Knoxville TN 37915

CERTIFIED MAILING ADDRESS:

Name: SAME

Address: 

City, State, Zip:
Business Name and Location:
KNOXVILLE ADVENTURE COLLECTIVE
900 VOLUNTEER LANDING LN
KNOXVILLE, TN 37915

Mailing Address:
KNOXVILLE ADVENTURE COLLECTIVE
900 VOLUNTEER LANDING LN
KNOXVILLE, TN 37915

- FOLD -

Business Tax Receipt
Final Returns MUST be filed within 15 days of close of Business.

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail</td>
<td>0.00</td>
</tr>
<tr>
<td>Wholesale</td>
<td>0.00</td>
</tr>
<tr>
<td>Business Tax</td>
<td>0.00</td>
</tr>
<tr>
<td>Less Credits</td>
<td>0.00</td>
</tr>
<tr>
<td>Sub Total</td>
<td>0.00</td>
</tr>
<tr>
<td>Penalty</td>
<td>0.00</td>
</tr>
<tr>
<td>Interest</td>
<td>0.00</td>
</tr>
<tr>
<td>SubTotal</td>
<td>0.00</td>
</tr>
<tr>
<td>Min. Bus. Tax</td>
<td>15.00</td>
</tr>
<tr>
<td>Penalty</td>
<td>0.00</td>
</tr>
<tr>
<td>Interest</td>
<td>0.00</td>
</tr>
<tr>
<td>Coll. &amp; Rec. Fees</td>
<td>0.00</td>
</tr>
<tr>
<td>SubTotal</td>
<td>15.00</td>
</tr>
<tr>
<td>Total Amount</td>
<td>15.00</td>
</tr>
<tr>
<td>Total Payments</td>
<td>15.00</td>
</tr>
<tr>
<td>Balance Due</td>
<td>0.00</td>
</tr>
</tbody>
</table>

This Minimum Business Tax License does not permit the Licensee to operate a business of any type which is in conflict with any Federal, State, County or City ordinance, codes or laws.

Mark B.
Collection Officer
- FOLD -

City Revenue Office - P.O. Box 1028 - Knoxville, Tennessee 37901 - (865)215-2083 - (865)215-2621 (fax)
Division of Business Services  
Department of State  
State of Tennessee  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

Filing Information

Name: Knoxville Adventure Collective LLC

<table>
<thead>
<tr>
<th>General Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SOS Control #</strong></td>
<td>001065726</td>
</tr>
<tr>
<td><strong>Filing Type:</strong></td>
<td>Limited Liability Company - Domestic</td>
</tr>
<tr>
<td><strong>Status:</strong></td>
<td>Active</td>
</tr>
<tr>
<td><strong>Duration Term:</strong></td>
<td>Perpetual</td>
</tr>
<tr>
<td><strong>Managed By:</strong></td>
<td>Member Managed</td>
</tr>
<tr>
<td><strong>Formation Locale:</strong></td>
<td>TENNESSEE</td>
</tr>
<tr>
<td><strong>Date Formed:</strong></td>
<td>12/06/2019</td>
</tr>
<tr>
<td><strong>Fiscal Year Close</strong></td>
<td>12</td>
</tr>
<tr>
<td><strong>Member Count:</strong></td>
<td>1</td>
</tr>
</tbody>
</table>

**Registered Agent Address**  
UNITED STATES CORPORATION AGENTS, INC.  
STE 308  
4295 CROMWELL RD  
CHATTANOOGA, TN 37421-2163

**Principal Address**  
900 VOLUNTEER LANDING LN  
KNOXVILLE, TN 37915-2564

The following document(s) was/were filed in this office on the date(s) indicated below:

<table>
<thead>
<tr>
<th>Date Filed</th>
<th>Filing Description</th>
<th>Image #</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/06/2019</td>
<td>Initial Filing</td>
<td>B0787-3862</td>
</tr>
</tbody>
</table>

Active Assumed Names (if any)  

<table>
<thead>
<tr>
<th>Date</th>
<th>Expires</th>
</tr>
</thead>
</table>

1/2/2020 8:19:57 AM  
Page 1 of 1
Server Compliance Plan

Knoxville Adventure Collective

900 Volunteer Landing Lane

Environment: Knoxville Adventure Collective is an outfitter providing access to the TN River for the community. It has a bar inside the outfitter that serves beer, cider and hard seltzer with 7 draft lines.

Plan of Action to ensure laws and regulations are adhered to:

• compliance training for servers/clerks/management/new hires
  Manager will complete the required task class with the city of Knoxville.
  All servers behind the bar will complete ServeSafe Alcohol Rules and Regulations will be posted behind the bar as a daily reminder

• frequency of compliance training
  Managers and Servers will complete courses without letting them lapse

• signage visible to customers and staff that communicate laws and policies on drinking
  Laminated expectations will be posted in plain view as well as laws

• policy & procedure for checking IDs
  Every new sale of the day, every person, everytime.

• point-of-sale use of scanners/computers/calendars to confirm customer is a legal drinking age
  Manager will make sure that legal age is posted behind bar as a quick point of reference

• frequency of checking IDs
Every new sale of the day, every person, everytime.

- procedure for catching fake IDs
  ID's will be checked at every purchase, exp. Date checked and face checked
  Any questionable ID's will be reviewed by the MOD (Manager on Duty)

- procedure for preventing over serving alcohol
  Server's will maintain appropriate judgement for the safety of all those in the community

- procedure to refuse service or sale of alcohol
  Knoxville Adventure Collective will reserve the right to refuse anyone a drink. This includes people who show up after obviously been drinking.

- use of wristbands or other indicators for age 21 and over customers
  Will utilize hand stamps and X's for larger events

- number of alcoholic beverages that may be served at one time to a customer
  Servers will never serve more than 1 drink to 1 person.

- corrective action plan for employees who violate your alcohol policies and/or law
  Selling of alcohol to underage persons is a zero tolerance item for Knoxville Adventure Collective and the employees will be informed of this upon orientaiton.

- plan of how the public areas of your business will be monitored to prevent minors from obtaining alcohol served to other patrons
All employees will monitor at all times on aspects of the Knoxville Adventure Collective to ensure that the company, city and state laws and rules are being complied with.
DATE: 1-2-20

TO: Donald Jenkins, City Surveyor
Engineering Department

FROM: Mark Byrd, Collections Officer
Finance Department

RE: Request for distance measurements for beer permit application

Please measure the distances from the below indicated beer permit applicant’s proposed location to the public facilities indicated and forward this information back to me. As required by law, this information is necessary to process the applicant’s beer permit request. Thank you in advance for your assistance.

Business name: Knoxville Adventure Collective

Business location: 900 Volunteer Landing Ln

Property description: __ New construction  □ Pre-existing structure

Directions to and/or landmarks near location: Outdoor Knoxville building, beside Ruth’s Chris Steakhouse

SCHOOL/DAYCARE:
Name: South Knoxville Elementary
Address: 801 Sevier Ave
Distance/feet: More than 300'

FUNERAL HOME:
Name: Berry Funeral Home
Address: 3704 Chapman Hwy
Distance/feet: More than 300'

HOSPITAL:
Name: Fort Sanders Regional Medical Center
Address: 1901 W Clinch Ave
Distance/feet: More than 300'