

CITY OF KNOXVILLE
BEER PERMIT APPLICATION CHECKLIST

District: 6

Business Name: Tern Club Account# 59145

Business Address: 135 S Gay St 37902

Agenda Date: 8-27-19 CLT #: 094EJ027

- New application: Received 7, 18, 19
- Permit fee Paid: New Application - \$250
- Publication fee paid - \$25.00
- Records checks completed
- Current City Business License: Expiration Date 5, 15, 20
- 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 7/19/19 Received ___/___/___
 Approved Pending
- Notice of application sent to Building Inspections (215-2999) Inspector: _____
Sent 7/19/19 Received ___/___/___
 Approved Pending
- Notice of application sent to Fire Prevention Bureau (215-2283)
Sent 7/19/19 Received ___/___/___
 Approved Pending
- Request distances measured by Engineering Department (215-6132)
Requested 7/19/19 Received 7/24/19
- Location needs additional research: Yes No

- Plan for Server Compliance
- TASK Program completed

Previous business at this location: Sugar Mama's Bakery (#54595)

OK inactive 7/23/19

BOARD ACTION	
<input type="checkbox"/> Approved; permit issued to applicant/owner @ meeting	Date ___/___/___
<input type="checkbox"/> Approved; subject to final documentation	Date ___/___/___
<input type="checkbox"/> Permit released to: _____	Date ___/___/___
<input type="checkbox"/> Denied; notification given to applicant/owner	Date ___/___/___
<input type="checkbox"/> Deferred to: _____ - _____	Date ___/___/___
<input type="checkbox"/> Other: _____	Date ___/___/___

Notes: _____

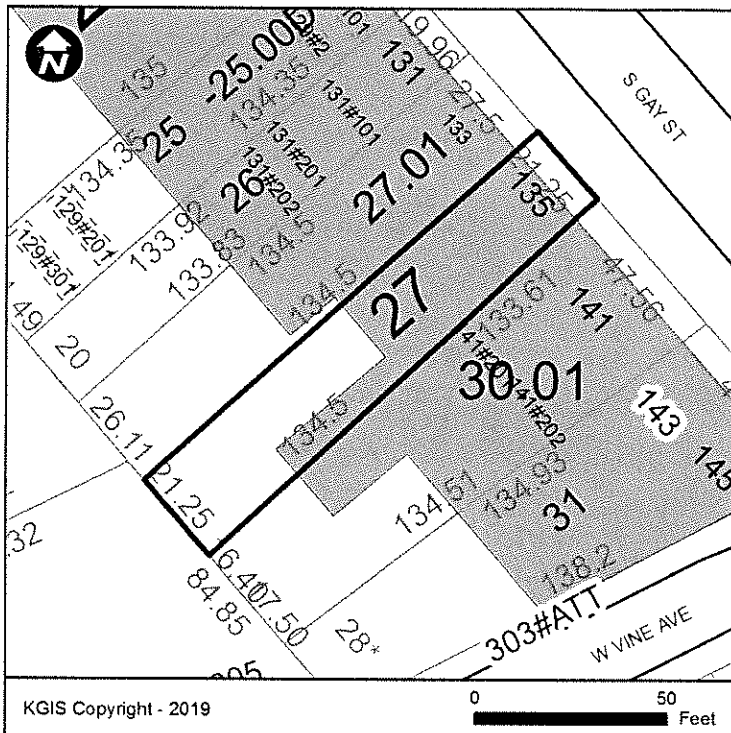
CITY OF KNOXVILLE
APPLICATION FOR BEER PERMIT

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): Ryan Shanley, Jocelyn Morin (Lore Libations LLC)
3. Is Owner a: Corporation General Partnership Limited Partnership LLC Sole Proprietorship
 Other _____
4. Under what name will the business operate: Tern Club
5. Business Address: 135 S Gay St Zip 37902 Phone (____) _____
6. Property Owner's Name: Kevin Grmac Phone (865) 332-6666
7. Type of business you will operate: Cocktail Bar
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.
Jocelyn Morin, member, 49%
Ryan Shanley, member, 51%
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.
N/A
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

135 S GAY ST - Property Map and Details Report



Property Information

Parcel ID:	094EJ027
Location Address:	135 S GAY ST
CLT Map:	94
Insert:	E
Group:	J
Condo Letter:	
Parcel:	27
Parcel Type:	
District:	06
Ward:	
City Block:	06060
Subdivision:	SNEED KING & CO ADD TO KNOXVILLE RESUB
Rec. Acreage:	0
Calc. Acreage:	0
Recorded Plat:	N-154 - B
Recorded Deed:	20120403 - 0054718
Deed Type:	Deed:Gift Deed
Deed Date:	4/3/2012

Address Information

Site Address:	135 S GAY ST KNOXVILLE - 37902
Address Type:	BUSINESS
Site Name:	SUGAR MAMAS BAKERY

Owner Information

LA CORONA FINE PROPERTIES INC 618 STE 250 S GAY ST KNOXVILLE, TN 37909
<small>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.</small>

Jurisdiction Information

County:	KNOX COUNTY
City / Township:	Knoxville

MPC Information

Census Tract:	1
Planning Sector:	Central City
<small>Please contact Knox County Metropolitan Planning Commission (MPC) at (865) 215-2500 if you have questions.</small>	

Political Districts

Voting Precinct:	06
Voting Location:	Green School 801 LULA POWELL DR
TN State House:	15 Rick Staples
TN State Senate:	7 Richard Briggs
County Commission:	1 Evelyn Gill

School Zones

Elementary:	GREEN ELEMENTARY MAGNET
Intermediate:	
Middle:	VINE MIDDLE MAGNET
High:	AUSTIN-EAST HIGH MAGNET
<small>Please contact Knox County Schools Transportation and Zoning Department at (865) 594-1550 if you have questions.</small>	

City Council:	6 Gwen McKenzie
School Board:	1 Evetty Satterfield
<small>Please contact Knox County Election Commission at (865) 215-2480 if you have questions.</small>	

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CITY OF KNOXVILLE
APPLICATION FOR BEER PERMIT
AFFIDAVIT

1. I/we Ryan Shanley / Jocelyn Marin 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 4-60(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: _____

[Signature]
Co-Applicant Signature

member

Date: 07/18/19

[Signature]
Co-Applicant Signature

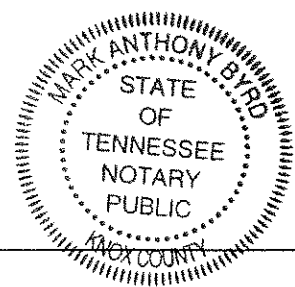
member

Date: 07/18/19

Sworn to and subscribed before me this 18th day of July, 2019.

Notary Public: [Signature]

My Commission Expires: 4/28/20



59145

CITY OF KNOXVILLE
APPLICATION FOR BEER PERMIT
OWNER/MANAGER APPLICATION

Reason for Application: New Application Manager Change or Addition

1. Name Jocelyn Morin Owner--Percentage of Ownership 49 % Manager
2. Home Address 222 N Central St Apt 406 City Knoxville State TN Zip 37917
3. Home Phone () _____ Cellular Phone (603) 393-8983 Date of Birth 11 / 19 / 1991
4. Driver's License # _____ State TN Social Security # _____
5. Local Business Name Tern Club
6. Local Business Address/ZIP 135 S Gat St / 37902 Business Phone: () _____
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 §10-7-503.

I, Jocelyn Morin, 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.

I, Jocelyn Morin, 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.

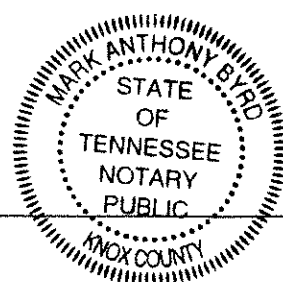
[Signature], member

Date: 7.18.19

Sworn to and subscribed before me this 18th day of July, 2019.

Notary Public: [Signature]

My Commission Expires: 4/28/20



59145

CITY OF KNOXVILLE
APPLICATION FOR BEER PERMIT
OWNER/MANAGER APPLICATION

Reason for Application: New Application Manager Change or Addition

1. Name Ryan Shanley Owner--Percentage of Ownership 51 % Manager

2. Home Address 222 N Central St. Apt. 406 City Knoxville State TN Zip 37917

3. Home Phone () Cellular Phone (503) 310-9376 Date of Birth 09 / 18 / 1990

4. Driver's License # _____ State TN Social Security # _____

5. Local Business Name Tern Club

6. Local Business Address/ZIP 135 S Gay St. Ste. A / 37902 Business Phone: () _____

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: Negligent Driving 1st Degree, Walla Walla, Walla Walla County, WA, Walla Walla District Court, 07/03/17

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 §10-7-503.

I, Ryan Shanley, 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.

I, Ryan Shanley, 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.

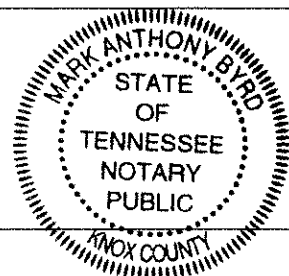
[Signature], member
Signature of Applicant

Date: 07/18/19

Sworn to and subscribed before me this 18th day of July, 2019.

Notary Public: [Signature]

My Commission Expires: 4/28/20



CITY OF KNOXVILLE
APPLICATION FOR BEER PERMIT

Property Details

Property Address: 135 S Gay St.

Directions to business, including any landmarks:

100 Block of Gay St, located between Crew and
Jacks

Property Owner Information:

Name Kevin Grimalc
Phone (865) 332-6666

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:

Name Green Magnet Academy
Address 801 Lula Powell Dr, Knoxville, TN 37915

Funeral Home:

Name Unity Mortuary
Address 1425 McCalla Ave, Knoxville, TN 37915

Hospital:

Name Fort Sanders Regional Medical Center
Address 1901 W Clinch Ave, Knoxville, TN 37916

CITY OF KNOXVILLE
APPLICATION FOR BEER PERMIT

Notice of Actions Contact

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: TERN CLUB

Business Location: 135 S Gay St Knoxville, TN 37902

PERSON RESPONSIBLE TO RECEIVE SERVICE OF PROCESS:

Name: Ryan Shanley

Position: owner Phone (503) 310-9376

Address: 222 W Central St Apt. 406

City, State, Zip: Knoxville TN 37917

CERTIFIED MAILING ADDRESS:

Name: Ryan Shanley

Address: 222 W Central St Apt. 406

City, State, Zip: Knoxville, TN, 37917

**Department
of
Finance**

CITY OF KNOXVILLE, TENNESSEE
Business License

**Business
Tax
Division**

Business Name and Location:
TERN CLUB
135 S GAY ST



Mailing Address:

TERN CLUB
c/o LORE LIBATIONS LLC
222 N CENTRAL ST
406
KNOXVILLE, TN 37917

Account #	59145
Classification	2
License/Receipt #	246315
Issue Date	04/15/2019
Expiration Date	05/15/2020

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.

Clifton B.

Collection Officer

Must be posted in a conspicuous place

- FOLD -

- FOLD -

Business Tax Receipt

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

Retail	0.00	Min. Bus. Tax	15.00
Wholesale	0.00	Penalty	0.00
Business Tax	0.00	Interest	0.00
Less Credits	0.00	Coll. & Rec. Fees	0.00
Sub Total	0.00	SubTotal	15.00
Penalty	0.00	Total Amount	15.00
Interest	0.00	Total Payments	15.00
SubTotal	0.00	Balance Due	0.00

LicNA

City Revenue Office - P.O. Box 1028 - Knoxville, Tennessee 37901 - (865)215-2083 - (865)215-2621 (fax)



STATE OF TENNESSEE
DEPARTMENT OF REVENUE

Certificate of Registration

April 10, 2019



TERN CLUB
222 N CENTRAL ST 222 N CENTRAL ST APT 406
KNOXVILLE TN 37917-7547

Letter ID: L1195241728
Account ID: 1000557508-SLC
Account Type: Sales and Use Tax

The above named taxpayer has filed an application for sales and use tax registration for the place of business at the below referenced location address. The Tennessee Department of Revenue issued this Certificate of Registration in accordance with Tenn. Code Ann. §§ 67-6-601 and 67-6-602. The Certificate of Registration must be publicly displayed at the location address for which it is issued. The tax account number and location number on this certificate are used by the Department to identify your account and must be shown on all correspondence and reports. The certificate is not assignable and is valid only for the above referenced taxpayer and for transactions of business for this registration. **In accordance with Tenn Code Ann. § 67-6-607, it is a Class C misdemeanor for any person to misuse a Certificate of Registration for the purpose of obtaining taxable property without the payment of sales or use tax when it is due. Such wrongful use is grounds for the Commissioner to revoke the taxpayer's Certificate of Registration.**

Tax Returns

All sales and use tax returns must be filed and associated tax payments made electronically to the Department. Taxpayers may do this at tntap.tn.gov/eservices. Taxpayers should file the sales and use tax return according to their filing frequency on the 20th day of the month following the reporting period. If your business opens after the 20th of the month, you may report sales made during the remaining days of the month with the next reporting period. In order to avoid penalty and interest charges, all returns must be filed and all associated tax payments must be made on or before the due date for the reporting period. Taxpayers should always file a return for their business, even if they do not make any sales during a reporting period.

Detach here and display in public area



Tennessee Department of Revenue
Certificate of Registration
Sales and Use Tax

TERN CLUB
135 S GAY ST STE 1
KNOXVILLE TN 37902-1004

Effective Date: July 1, 2019
Account No.: 1000557508-SLC
Location No.: 1001299491
Filing Status: Monthly

David Gerregano
Commissioner of Revenue



001008510

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

SS-4270



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102
(615) 741-2286

Filing Fee: \$50.00 per member
(minimum fee = \$300.00, maximum fee = \$3,000.00)

For Office Use Only
-FILED-
Control # 001008510

The Articles of Organization presented herein are adopted in accordance with the provisions of the Tennessee Revised Limited Liability Company Act.

1. The name of the Limited Liability Company is: Lore Libations LLC

(Note: Pursuant to the provisions of T.C.A. §48-249-106, each Limited Liability Company name must contain the words "Limited Liability Company" or the abbreviation "LLC" or "L.L.C.")

2. Name Consent: (Written Consent for Use of Indistinguishable Name)

This entity name already exists in Tennessee and has received name consent from the existing entity.

3. This company has the additional designation of: None

4. The name and complete address of the Limited Liability Company's initial registered agent and office located in the state of Tennessee is:

JOCELYN MORIN
JOCELYN MORIN
APT 406
222 N CENTRAL ST
KNOXVILLE, TN 37917-7547
KNOX COUNTY

5. Fiscal Year Close Month: December

6. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date and time is:
(none) (Not to exceed 90 days)

7. The Limited Liability Company will be:

Member Managed Manager Managed Director Managed

8. Number of Members at the date of filing: 2

9. Period of Duration: Perpetual

10. The complete address of the Limited Liability Company's principal executive office is:

JOCELYN MORIN
APT 406
222 N CENTRAL ST
KNOXVILLE, TN 37917-7547
KNOX COUNTY

B0647-7057 01/31/2019 1:12 PM Received by Tennessee Secretary of State Tre Hargett



B0647-7058 01/31/2019 1:12 PM Received by Tennessee Secretary of State Tre Hargett

**ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY**

SS-4270



Tre Hargett
Secretary of State

**Division of Business Services
Department of State**
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102
(615) 741-2286

Filing Fee: \$50.00 per member
(minimum fee = \$300.00, maximum fee = \$3,000.00)

For Office Use Only
-FILED-
Control # 001008510

The name of the Limited Liability Company is: Lore Libations LLC

11. The complete mailing address of the entity (if different from the principal office) is:

JOCELYN MORIN
APT 406
222 N CENTRAL ST
KNOXVILLE, TN 37917-7547

12. Non-Profit LLC (required only if the Additional Designation of "Non-Profit LLC" is entered in section 3.)

I certify that this entity is a Non-Profit LLC whose sole member is a nonprofit corporation, foreign or domestic, incorporated under or subject to the provisions of the Tennessee Nonprofit Corporation Act and who is exempt from franchise and excise tax as not-for-profit as defined in T.C.A. §67-4-2004. The business is disregarded as an entity for federal income tax purposes.

13. Professional LLC (required only if the Additional Designation of "Professional LLC" is entered in section 3.)

I certify that this PLLC has one or more qualified persons as members and no disqualified persons as members or holders.
Licensed Profession:

14. Series LLC (optional)

I certify that this entity meets the requirements of T.C.A. §48-249-309(a) & (b)

15. Obligated Member Entity (list of obligated members and signatures must be attached)

This entity will be registered as an Obligated Member Entity (OME) Effective Date: (none)
 I understand that by statute: THE EXECUTION AND FILING OF THIS DOCUMENT WILL CAUSE THE MEMBER(S) TO BE PERSONALLY LIABLE FOR THE DEBTS, OBLIGATIONS AND LIABILITIES OF THE LIMITED LIABILITY COMPANY TO THE SAME EXTENT AS A GENERAL PARTNER OF A GENERAL PARTNERSHIP. CONSULT YOUR ATTORNEY.

16. This entity is prohibited from doing business in Tennessee:

This entity, while being formed under Tennessee law, is prohibited from engaging in business in Tennessee.

17. Other Provisions:

Electronic
Signature

Knoxville
Title/Signer's Capacity

Ryan Shanley
Printed Name

Jan 31, 2019 1:12PM
Date

Plan for Clerk/Server Compliance
Tern Club 135 S Gay St.

Tern Club will comply with all local and state laws regarding the sale of liquor by the drink. In order to ensure compliance the establishment will follow the following rules and policies:

- Tern Club will be an over 21 establishment and therefore require proper identification of all patrons.
- Tern Club will staff a door person on weekends to ID patrons prior to entry; however, they will be required to show ID again prior to purchasing drinks.
- An under 21 before dd/mm/yy sign will be clearly posted for servers' reference
- There will always be a TASK certified manager on duty during hours of service.
- All servers will be TABC certified with an up to date TABC card on the premises.
- All patrons ordering alcohol will be evaluated for intoxication prior to being served.
- All patrons will be monitored during their stay at Tern Club in order to perceive if they are approaching intoxication—tabs will be regularly updated.
- Staff will communicate among themselves about patrons approaching a level of intoxication.
- Tern Club will have a house policy of one drink per customer per order.
- Tern Club will have a variety of food options to offer customers.
- Tern Club will have a variety of nonalcoholic beverages to offer customers.
- Staff of the establishment will be trained to be polite, discrete and direct if a customer needs to be cut off.
- Managers will **always** support staff members when a decision has been made to cut off a patron.
- If a patron already has a drink when they are cut off, the drink will be pulled and removed from their tab.
- Staff will offer to call a cab for patrons who are intoxicated and intend to leave
- Police will be notified if an intoxicated person attempts to drive.
- Patrons who are cut off but continue to drink (i.e. finishing a friend's beer) will be called a cab and asked to leave the premises

CITY OF KNOXVILLE
INTEROFFICE MEMORANDUM

DATE: 7-19-19

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: Tern Club

Business location: 135 S Gay St

Property description: New construction Pre-existing structure

Directions to and/or landmarks near location: 100 block of Gay St ; located between
Cru and Jacks of Knoxville

SCHOOL/DAYCARE:

Name: Green Magnet Academy

Address: 801 Lula Powell Dr

Distance/feet: MORE THAN 300'

FUNERAL HOME:

Name: Unity Mortuary

Address: 1425 McCalla Ave

Distance/feet: MORE THAN 300'

HOSPITAL:

Name: Fort Sanders Regional Medical Center

Address: 1901 W Clinch Ave

Distance/feet: MORE THAN 300'