

Town of Mount Carmel
Application for Certificate of Compliance
Retail Package Store

TO: Office of the Recorder

1. Applicant's Name, Physical Address, Phone Number and E-mail Address:

2. Name of Retail Package Store: _____

3. Physical address of Store: Must be located within approved Zoning District.

4. Type and Percentage of Ownership Interest: ____ Individual (Sole Proprietor)
____ Partnership ____ Corporation ____ LLC ____ Other (Type of Entity)_____

5. Name and address of Owner of Retail Package Store :

If 100% of the business is not owned by an Individual, each person or entity having an interest, direct or indirect, as an owner, partner, stockholder, or otherwise, must state their ownership and attach hereto a Supplemental Sheet providing the information required by items number Four (4), Five (5), Six (6), Seven (7) and Eight (8) herein, and sign the oath provided. See Supplemental Sheet.

6. Number of years residence at address: _____
7. Owner's Date of Birth: _____ Drivers License #: _____
8. Have you been convicted of a felony in last ten (10) years? _____

(Attach certified copy of criminal background check)

The undersigned hereby solemnly swears that each and every statement in the foregoing Application for Certificate of Compliance for Retail Package Store and the Supplemental Sheets attached thereto, are true and correct. The undersigned certifies that he/she has read and is familiar with the ordinances of the Town of Mount Carmel and the laws of the State of Tennessee governing retail package stores; and, accepts the validity and reasonableness of the regulations and agrees to be in compliance therewith. If the owner is other than an individual, the undersigned affirms that he/she is a duly appointed representative of the owner authorized to execute this document for the purposes therein contained.

The undersigned hereby solemnly swears that the applicant(s) who are to be in actual charge of the business have not been convicted of a felony within a ten-year period immediately preceding the date of application and, if a corporation or other entity, that the executive officers or those in control have not been convicted of a felony within a ten-year period immediately preceding the date of application.

I am enclosing a certified copy of a criminal background check conducted by the Tennessee Bureau of Investigation, or other reputable third-party, within the past thirty (30) days and authorize the Town of Mount Carmel to utilize this criminal background investigation as necessary for the issuance of a Certificate of Compliance in accordance with Tennessee Code Annotated, § 57-3-208.

Date: _____
by: _____
Signature
Title: _____

Sworn to and subscribed before me this ____ day of _____, 20__.

My Commission Expires: _____
NOTARY PUBLIC

**Town of Mount Carmel
Application for Certificate of Compliance
Retail Package Store**

SUPPLEMENTAL SHEET

TO: Office of the Recorder

1. Type of Ownership: ___ General Partnership ___ Limited Partnership
___ Corporation ___ LLC ___ Other (Type of Entity)
2. Percentage of Ownership Interest: _____
2. Name and address of Owner:

3. Number of years residence at address: _____
4. Owner's Date of Birth: _____
5. Drivers License #: _____ State of Issue: _____
6. Have you been convicted of a felony in last ten (10) years? _____
(Attach certified copy of criminal background check)

The undersigned hereby solemnly swears that each and every statement in the foregoing Application for Certificate of Compliance for Retail Package Store and this Supplemental Sheet are true and correct. The undersigned certifies that he/she has read and is familiar with the ordinances of the Town of Mount Carmel and the laws of the State of Tennessee governing retail package stores; and, accepts the validity and reasonableness of the regulations and agrees to be in compliance therewith. If the Owner is other than an individual, the undersigned affirms that he/she is a duly appointed representative of the Owner authorized to execute this document for the purposes therein contained.

The undersigned hereby solemnly swears that the Owners who are to be in actual charge of the business have not been convicted of a felony within a ten-year period immediately preceding the date of application and, if a corporation or other entity, that the executive officers or those in control have not been convicted of a felony within a ten-year period immediately preceding the date of application.

I am enclosing a certified copy of a criminal background check conducted by the Tennessee Bureau of Investigation, or other reputable third-party, within the past thirty (30) days and authorize the Town of Mount Carmel to utilize this criminal background investigation as necessary for the issuance of a Certificate of Compliance in accordance with Tennessee Code Annotated, § 57-3-208.

Date:

by: _____
Signature

Title: _____

Sworn to and subscribed before me this _____ day of _____, 2025.

NOTARY PUBLIC

My Commission Expires: