

# CITY OF KNOXVILLE BEER PERMIT

APPLICATION CHECKLIST | DISTRICT: 6

Business Name: El Molino Super Market Account Number: 66951

Business Address: 911 W Baxter Ave 37921

Agenda Date: 4, 29, 25 CLT Number: 094CS007

TASK	COMMENTS
New Application:	Received 3/24/25
Permit Fee Paid	✓ (New Application \$250.00)
Publication Fee Paid:	✓ (\$50.00)
Records Check Completed	
Current City Business License:	Expiration Date: <u>5 / 15 / 26</u>
Copy of Certificate of Registration for Tennessee Sales Tax	✓
Copy of Corporate Charter; LLC; ETC.	✓
Notice of Application to Knox County Health Dept. (215-5200) <i>Dept. of Agriculture</i>	Sent: ___/___/___ Received: ___/___/___ Approved: Pending: ✓ 4/23/25
Notice of Application to Building Inspections (215-3669)	Sent: ___/___/___ Received: ___/___/___ Approved: Pending:
Notice of Application to Fire Prevention Bureau (633-0400)	Sent: ___/___/___ Received: ___/___/___ Approved: Pending:
Request distances measured by Engineering Dept. (215-6132)	Sent: <u>3 / 27 / 25</u> Received: <u>4 / 11 / 25</u> Approved: ✓ Pending Location needs add'l research?
Plan for Server Compliance	
KAST Program completed	
Previous Business at this location:	<u>no prior permits at this location</u>

**CITY OF KNOXVILLE**  
**APPLICATION FOR BEER PERMIT**

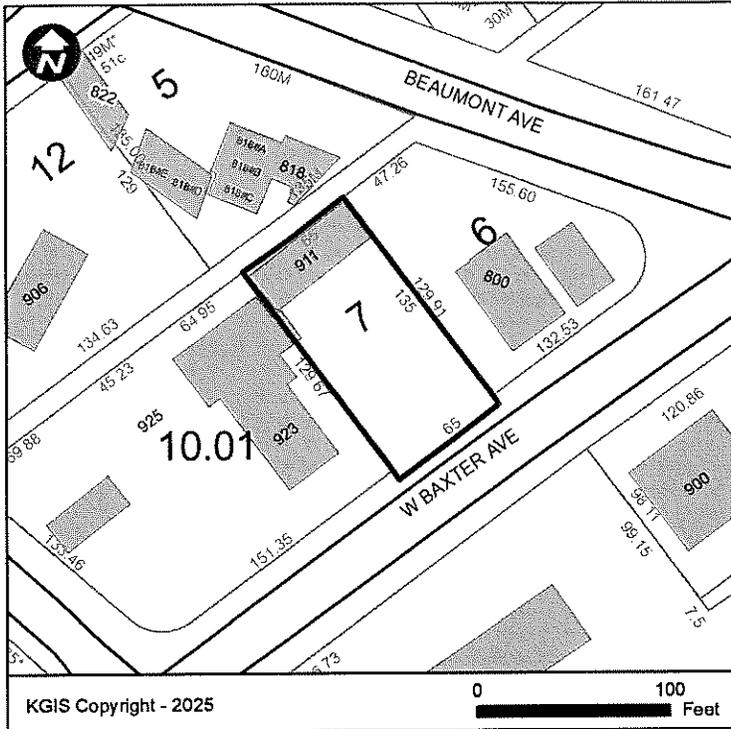
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**It is the applicant's responsibility to provide complete and accurate information. The Beer Board could deny or delay action on the application if any information is not accurate.**

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): El Molino SuperMarket LLC
3. Is Owner a:  Corporation     General Partnership     Limited Partnership     LLC     Sole Proprietorship  
 Other \_\_\_\_\_
4. Under what name will the business operate: El Molino SuperMarket LLC
5. Business Address: 911 W Baxter ave    Zip 37921    Phone (210) 396-0275
6. Property Owner's Name: Ma. Monica castillo Loreda    Phone 210-396-0275
7. Type of business you will operate: Beer & food sales
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.  
Ma. Monica castillo Loreda 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.  
Ma. Monica castillo Loreda  
\_\_\_\_\_  
\_\_\_\_\_
10. List machines currently in use or planned for use on premises and **owner** of machines (cigarette, pinball, jukebox, etc.)  
\_\_\_\_\_
11. Type of permit requested:  
 Off Premise     On/Off Premise     Caterer     Manufacturer/Distributor     Self-Serve

### 911 W BAXTER AVE - Property Map and Details Report



#### Property Information

Parcel ID:	094CS007
Location Address:	911 W BAXTER AVE
CLT Map:	94
Insert:	C
Group:	S
Condo Letter:	
Parcel:	7
Parcel Type:	NORMAL
District:	
Ward:	20
City Block:	21104
Subdivision:	BON VIEW ADD PT 22
Rec. Acreage:	0
Calc. Acreage:	0
Recorded Plat:	7 - 140
Recorded Deed:	-
Deed Type:	
Deed Date:	

#### Address Information

Site Address: 911 W BAXTER AVE  
KNOXVILLE - 37921

Address Type: BUSINESS

Site Name:

Please contact Knoxville-Knox County Planning at (865) 215-2500 if you have questions.

#### Owner Information

CHABELLA LLC  
805 DORSET DR  
KNOXVILLE, TN 37923

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.

#### Jurisdiction Information

County: KNOX COUNTY

City / Township: Knoxville

Fire Response: KNOXVILLE FIRE DEPARTMENT

Please contact the Knox County Fire Prevention Bureau at (865) 215-4660 if you have questions.

#### Other Information

Census Tract: 70

Planning Sector: Central City

Please contact Knoxville-Knox County Planning at (865) 215-2500 if you have questions.

#### Political Districts

Voting Precinct: 20

Voting Location: Communication Workers of America  
1415 ELM ST

TN State House: 15

TN State Senate: 5

County Commission: 1 Damon Rawls  
(at large seat 10) Larsen Jay  
(at large seat 11) Kim Frazier

City Council: 6 Gwen McKenzie  
(at large seat A) Lynne Fugate  
(at large seat B) Debbie Heisley  
(at large seat C) Amelia Parker

School Board: 1 John Butler

Please contact Knox County Election Commission at (865) 215-2480 if you have questions.

#### School Zones

Elementary: BEAUMONT  
ELEMENTARY  
MAGNET

Intermediate:

Middle: NORTHWEST  
MIDDLE

High: FULTON HIGH

**Disclaimer:** KGIS makes no representation or warranty as to the accuracy of this map and its information nor to 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 Ma. Monica Castillo Ioreda 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.

Ma. Monica Castillo Ioreda  
Applicant Signature or Agent/Representative

Date: 01-25-25

\_\_\_\_\_  
Co-Applicant Signature

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

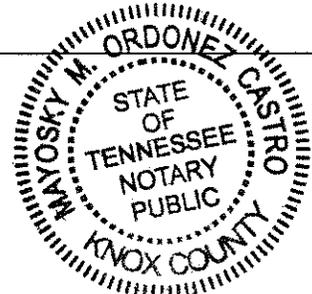
\_\_\_\_\_  
Co-Applicant Signature

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

Sworn to and subscribed before me this 27 day of January, 2025.

Notary Public: Mayosky M. Ordóñez Castro

My Commission Expires: 10-30-2027



**CITY OF KNOXVILLE**  
**APPLICATION FOR BEER PERMIT**  
**OWNER/MANAGER APPLICATION**

Reason for Application:     New Application     Manager Change or Addition

1. Name Ma. Monica Castillo Laredo     Owner—Percentage of Ownership 100 %     Manager
  2. Home Address 2808 South Fork    City Knoxville    State TN    Zip 37921
  3. Home Phone ( ) \_\_\_\_\_    Cellular Phone (210) 396-0275    Date of Birth 08/18/92
  4. Driver's License # \_\_\_\_\_    State \_\_\_\_\_    Social Security # \_\_\_\_\_
  5. Local Business Name El Molino SuperMarket LLC
  6. Local Business Address/ZIP 911 W Baxter ave Knox TN 37921    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, Ma. Monica Castillo Laredo, 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, Ma. Monica Castillo Laredo 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.

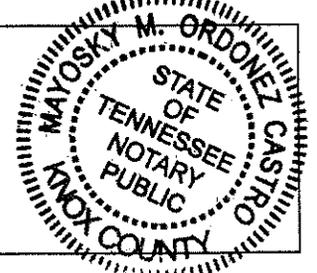
Ma. Monica Castillo Laredo  
 Signature of Applicant

Date: 01-25-25

Sworn to and subscribed before me this 27 day of January, 2025.

Notary Public: Mayosky H. Ordóñez Castro

My Commission Expires: 10-30-2027



CITY OF KNOXVILLE  
APPLICATION FOR BEER PERMIT

**Property Details**

Property Address: 911 W Baxter Ave Knoxville TN 37921

Directions to business, including any landmarks:

<u>The store will be located next to Friends food mart</u>

Property Owner Information:

Name Ma. Monica Castillo Laredo  
Phone 210-396-0875

**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 Beaumont Magnet Academy  
Address 1211 Beaumont Ave Knox TN 37921

Funeral Home:

Name Rose Funeral & Cremation  
Address 1421 N Broadway Knox TN 37917

Hospital:

Name Fortsanders Regional  
Address 1901 W Clinch Ave Knox TN  
37916

**CITY OF KNOXVILLE**  
**APPLICATION FOR BEER PERMIT**

**Notice of Actions Contact**

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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: EL Molino Supermarket LLC

Business Location: 911 W Baxter ave knoxville TN 37921

**PERSON RESPONSIBLE TO RECEIVE SERVICE OF PROCESS:**

Name: Ma. Monica castillo Laredo

Position: Owner Phone (210) 396-0275

Address: 2808 Southfork Dr

City, State, Zip: knoxville TN 37921

**CERTIFIED MAILING ADDRESS:**

Name: 2808 Southfork Dr

Address: EL molino Supermarket LLC

City, State, Zip: knoxville TN 37921

**Department  
of  
Finance**

**CITY OF KNOXVILLE, TENNESSEE**  
*Minimum Activity Business Tax License*

**Business  
Tax  
Division**

Business Name and Location:  
EL MOLINO SUPERMARKET LLC  
911 W BAXTER AVE



Mailing Address:

EL MOLINO SUPERMARKET LLC  
2808 SOUTHFORK DR  
KNOXVILLE, TN 37921

Account #	66951
Classification	1A
License/Receipt #	279678
Issue Date	03/24/2025
Expiration Date	05/15/2026
State Account #	

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.

**Must be posted in a conspicuous place**

**DETACH LICENSE ABOVE AND POST IN A CONSPICUOUS PLACE**

Taxes Due:	15.00
Payments:	15.00
Balance:	\$0.00

Lic\_ML

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**

February 24, 2025

EL MOLINO SUPERMARKET LLC  
2808 SOUTHFORK DR  
KNOXVILLE TN 37921-3749

Letter ID: L0336032960  
Account ID: 1002599127-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 <https://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**

EL MOLINO SUPERMARKET LLC  
911 W BAXTER AVE  
KNOXVILLE TN 37921-6852

Effective Date: March 1, 2025  
Account No.: 1002599127-SLC  
Location No.: 1001823023  
Filing Status: Monthly

**David Gerregano**  
Commissioner of Revenue



001615523

**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 # 001615523

**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: EL MOLINO SUPERMARKET 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:**

MA MONICA CASTILLO LOREDO  
2808 SOUTHFORK DR  
KNOXVILLE, TN 37921  
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: 1**

**9. Period of Duration: Perpetual**

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

911 W BAXTER AVE  
KNOXVILLE, TN 37921  
KNOX COUNTY

DA 12/10-7/12 01/71/2023 9:08 AM Received by Tennessee Secretary of State Tre Hargett



RL610-2113 01/21/2025 9:08 AM 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 # 001615523

The name of the Limited Liability Company is: **EL MOLINO SUPERMARKET LLC**

11. The complete mailing address of the entity (if different from the principal office) is:  
2808 SOUTHFORK DR  
KNOXVILLE, TN 37921

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

MA.MONICA CASTILLO LOREDO  
Title/Signer's Capacity

MA.MONICA CASTILLO LOREDO  
Printed Name

Jan 21, 2025 9:08AM  
Date

**CITY OF KNOXVILLE**  
INTEROFFICE MEMORANDUM

DATE: 3-27-25

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: El Molino Super Market

Business location: 911 W Baxter Ave

Property description:  New construction  Pre-existing structure

Directions to and/or landmarks near location: \_\_\_\_\_

**SCHOOL/DAYCARE:**

Name: Beaumont Magnet Academy

Address: 1211 Beaumont Ave

Distance/feet: MORE THAN 300'

**FUNERAL HOME:**

Name: Rose Funeral

Address: 1421 N Broadway

Distance/feet: MORE THAN 300'

**HOSPITAL:**

Name: Fort Sanders Regional Medical Center

Address: 1901 W Clinch Ave

Distance/feet: MORE THAN 300'