

# CITY OF KNOXVILLE BEER PERMIT

APPLICATION CHECKLIST | DISTRICT: 4

Business Name: Fountain City Social Account Number: 66844

Business Address: 4842 Harvest Mill Way 37918

Agenda Date: 3, 18, 25 CLT Number: 058MA01703

TASK	COMMENTS
New Application:	<u>Received 2/27/25</u>
Permit Fee Paid	<u>✓</u> (New Application \$250.00)
Publication Fee Paid:	<u>✓</u> (\$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	<u>✓</u>
Copy of Corporate Charter; LLC; ETC.	<u>✓</u>
Notice of Application to Knox County Health Dept. (215-5200)	Sent: <u>   </u> / <u>   </u> / <u>   </u> Received: <u>   </u> / <u>   </u> / <u>   </u> Approved: Pending:
Notice of Application to Building Inspections (215-3669)	Sent: <u>   </u> / <u>   </u> / <u>   </u> Received: <u>   </u> / <u>   </u> / <u>   </u> Approved: Pending:
Notice of Application to Fire Prevention Bureau (633-0400)	Sent: <u>   </u> / <u>   </u> / <u>   </u> Received: <u>   </u> / <u>   </u> / <u>   </u> Approved: Pending:
Request distances measured by Engineering Dept. (215-6132)	Sent: <u>3 / 4 / 25</u> Received: <u>   </u> / <u>   </u> / <u>   </u> Approved Pending Location needs add'l research?
Plan for Server Compliance	<u>✓</u>
KAST Program completed	
Previous Business at this location:	<u>Fountain City Social (#61958)</u>

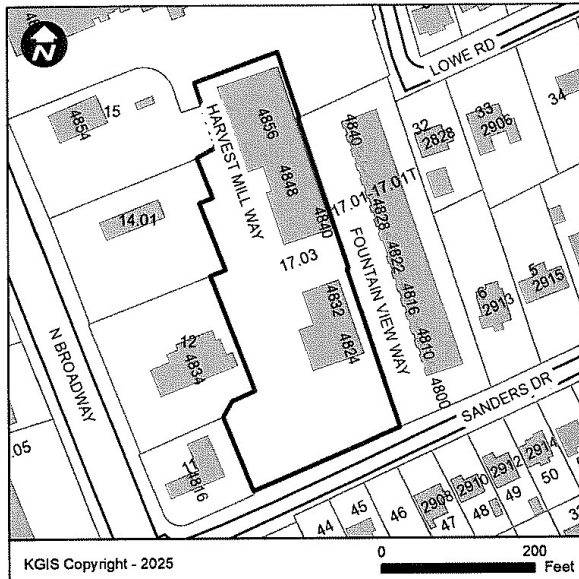
**CITY OF KNOXVILLE**  
**APPLICATION FOR BEER PERMIT**

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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): Jason Seelhorst Fountain City Social LLC
3. Is Owner a: ☐ Corporation ☐ General Partnership ☐ Limited Partnership ☒ LLC ☐ Sole Proprietorship  
☐ Other \_\_\_\_\_
4. Under what name will the business operate: Fountain City Social
5. Business Address: 4842 Harvest Mill Way Zip 37918 Phone (865) 219-1959  
Knoxville, TN
6. Property Owner's Name: \_\_\_\_\_ Phone \_\_\_\_\_
7. Type of business you will operate: 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.  
Jason Seelhorst - 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.  
Tessa Seelhorst  
\_\_\_\_\_  
\_\_\_\_\_
10. List machines currently in use or planned for use on premises and **owner** of machines (cigarette, pinball, jukebox, etc.)  
Jukebox  
\_\_\_\_\_
11. Type of permit requested:  
☐ Off Premise ☒ On/Off Premise ☐ Caterer ☐ Manufacturer/Distributor ☐ Self-Serve

**4842 HARVEST MILL WAY - Property Map and Details Report****Property Information**

Parcel ID: 058MA01703  
 Location Address: 4824 HARVEST MILL WAY  
 CLT Map: 58  
 Insert: M  
 Group: A  
 Condo Letter:  
 Parcel: 17.03  
 Parcel Type: NORMAL  
 District:  
 Ward: 34  
 City Block: 34210  
 Subdivision: HARVEST TOWNE AT FOUNTAIN CITY LOT 4R2R2R  
 Rec. Acreage: 1.98  
 Calc. Acreage: 0  
 Recorded Plat: -  
 Recorded Deed: -  
 Deed Type:  
 Deed Date:

**Address Information**

Site Address: 4842 HARVEST MILL WAY  
 KNOXVILLE - 37918  
 Address Type: BUSINESS  
 Site Name: THE CASUAL PINT  
 Please contact Knoxville-Knox County Planning at (865) 215-2500 if you have questions.

**Owner Information**

SCGIX-HARVEST TOWNE LLC  
 3715 NORTHSIDE PKWY STE 650  
 ATLANTA GA 30327

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: 42  
 Planning Sector: North City  
 Please contact Knoxville-Knox County Planning at (865) 215-2500 if you have questions.

**Political Districts**

Voting Precinct: 34  
 Voting Location: Central High School  
 5321 JACKSBORO PIKE  
 TN State House: 16  
 TN State Senate: 7  
 County Commission: 2 Courtney Durrett  
 (at large seat 10) Larsen Jay  
 (at large seat 11) Kim Frazier  
 City Council: 4 Lauren Rider  
 (at large seat A) Lynne Fugate  
 (at large seat B) Debbie Helsley  
 (at large seat C) Amelia Parker  
 School Board: 2 Anne Templeton  
 Please contact Knox County Election Commission at (865) 215-2480 if you have questions.

**School Zones**

Elementary: FOUNTAIN CITY  
 ELEMENTARY  
 Intermediate:  
 Middle: GRESHAM MIDDLE  
 High: CENTRAL HIGH

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

1. I/we Jason + Tessa Seehorst 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.

[Signature]  
Applicant Signature or Agent/Representative

Date: 27 Feb 2025

[Signature]  
Co-Applicant Signature

Date: 2.27.25

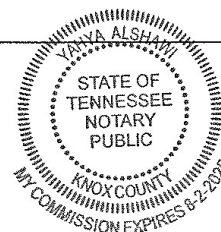
\_\_\_\_\_  
Co-Applicant Signature

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

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

Notary Public: [Signature]

My Commission Expires: 8/2/2025





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

- Reason for Application: ☐ New Application ☒ Manager Change or Addition
1. Name Jason Seelhorst ☒ Owner--Percentage of Ownership 100 % ☐ Manager
2. Home Address 1636 Eyon Way City Crofton State MD Zip 21114
3. Home Phone (443) 534-3876 Cellular Phone (443) 534-3876 Date of Birth 05/21/1976
4. Driver's License # \_\_\_\_\_ State MD Social Security # \_\_\_\_\_
5. Local Business Name Fountain City Social
6. Local Business Address/ZIP 4842 Harvest Mill Way Business Phone: (865) 219-1959  
Knoxville, TN 37918
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, Jason Seelhorst, 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, Jason Seelhorst, 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.

Jason Seelhorst  
Signature of Applicant

Date: 17 Feb 2025

Sworn to and subscribed before me this 17<sup>th</sup> day of February, 2025.

Notary Public: [Signature]

My Commission Expires: 02/22/2028

HOWAIDA GILL  
Notary Public  
Anne Arundel County, Maryland  
My Commission Expires 2/22/2028

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

- Reason for Application: ☐ New Application ☒ Manager Change or Addition
1. Name Tessa Seelhorst ☐ Owner—Percentage of Ownership \_\_\_\_\_% ☒ Manager
2. Home Address 728 Greensboro Way City Knoxville State TN Zip 37912
3. Home Phone (956) 867 2174 Cellular Phone (956) 867-2174 Date of Birth 06 / 09 / 1974
4. Driver's License # \_\_\_\_\_ State Tx Social Security # \_\_\_\_\_
5. Local Business Name Fountain City Social
6. Local Business Address/ZIP 4842 Harvest Mill Way 37918 Business Phone: (865) 219 1959
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: I may have a  
speeding ticket from Robstown, Tx - nucleus County? beer in either 2014 or  
not sure. SO.
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, Tessa Seelhorst, 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, Tessa Seelhorst, 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.

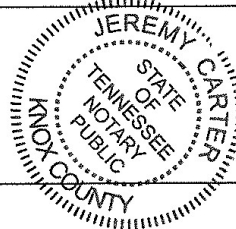
I have read and understand the foregoing Release and understand its provisions and voluntarily consent to abide by its requirements.

T. Seelhorst Date: 2-26-25  
Signature of Applicant

Sworn to and subscribed before me this 26<sup>th</sup> day of February, 20 25.

Notary Public: [Signature]

My Commission Expires: 06/01/2025



CITY OF KNOXVILLE  
APPLICATION FOR BEER PERMIT

**Property Details**

Property Address: 4842 Harvest Mill Way - Knoxville TN 37918

Directions to business, including any landmarks:


Property Owner Information:

Name Jason Seelhorst  
Phone 423.534.3876

*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 Fountain City Elementary School  
Address 2910 Montebelle Dr - Knoxville TN 37918

Funeral Home:

Name Knoxville Cremation and Memorial Soc  
Address 2902 Tazewell Pike Ste H Knoxville TN 37918

Hospital:

Name ~~the~~ North Knoxville med Center  
Address 7565 Dannaher DR ~~Knox~~ Knoxville, TN 37849

*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: Fountain City Social  
Business Location: 4842 Harvest mill Way - Knoxville, Tn 37918

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

Name: Tessa Salthers +  
Position: Manager Phone (956) 867-2174  
Address: 4842 Harvest mill Way  
Knoxville  
City, State, Zip: Knoxville, Tn 37918

**CERTIFIED MAILING ADDRESS:**

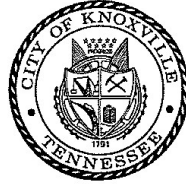
Name: Fountain City Social  
Address: 4842 Harvest mill Way - 7  
City, State, Zip: Knoxville, Tn 37918

**Department  
of  
Finance**

**CITY OF KNOXVILLE, TENNESSEE**  
*Business License*

**Business  
Tax  
Division**

Business Name and Location:  
FOUNTAIN CITY SOCIAL  
4842 HARVEST MILL WAY



Mailing Address:

FOUNTAIN CITY SOCIAL  
c/o FOUNTAIN CITY SOCIAL LLC  
4842 HARVEST MILL WAY  
KNOXVILLE, TN 37918

Account #	66844
Classification	2
License/Receipt #	279353
Issue Date	02/27/2025
Expiration Date	05/15/2026

Mark B.  
Collection Officer

- FOLD -

Must be posted in a conspicuous place

- 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

Lic\_New\_App

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

July 16, 2021



FOUNTAIN CITY SOCIAL LLC  
5405 HOLSTON DR  
KNOXVILLE TN 37914-3822

Letter ID: L1067276928  
Account ID: 1001967504-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://tnrap.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

FOUNTAIN CITY SOCIAL LLC  
4842 HARVEST MILL WAY  
KNOXVILLE TN 37918-1747

Effective Date: September 10, 2021  
Account No.: 1001967504-SLC  
Location No.: 1001426629  
Filing Status: Monthly

David Gerregano  
Commissioner of Revenue



**Tre Hargett**  
Secretary of State

**Division of Business and Charitable Organizations**  
**Department of State**  
State of Tennessee  
312 Rosa L. Parks Avenue, 6th Floor  
Nashville, Tennessee 37243  
Phone: 615-741-2286  
sos.tn.gov/

TESSA SEELHROST  
728 GREENSBORO WAY  
KNOXVILLE, TN 37912, USA

03/05/2025

### Filing Acknowledgment

Please review the filing information below and notify our office immediately of any discrepancies.

Entity Name:	FOUNTAIN CITY SOCIAL LLC	Initial Filing Date:	05/21/2021
SOS Control #:	001202549	Formation Locale:	TENNESSEE
Entity Type:	Limited Liability Company (LLC)	Duration Term:	Perpetual
Status:	Active	Annual Report Due:	04/01/2026
Fiscal Year Close:	December		
Business County:	KNOX		
Managed By:	Member Managed		
Obligated Member Entity:	No		

### Document Receipt

Receipt #: 2025-53180	Filing Fee:	\$20.00
Payment: Credit Card - 3893106534		\$20.00
Amendment Type:	Articles of Amendment	
Filing Date:	03/03/2025 03:50 PM	Tracking Number: B2025038201

This will acknowledge the filing of the attached Amendment with an effective date as indicated above. When corresponding with this office or submitting documents for filing, please refer to the control number above.

You must also file this document in the office of the Register of Deeds in the county where the entity has its principal office if such principal office is in Tennessee.

Tre Hargett  
Secretary of State

Tracking Number  
B2025038201



Tre Hargett  
Secretary of State

## Articles of Amendment

Division of Business and Charitable Organizations  
Department of State  
State of Tennessee  
312 Rosa L. Parks Avenue, 6th Floor  
Nashville, Tennessee 37243  
Phone: 615-741-2286  
sos.tn.gov/businesses

Control #: 001202549  
Filed: 03/03/2025 03:50 PM  
Tre Hargett  
Secretary of State

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### Entity Name

**Business Name:** FOUNTAIN CITY SOCIAL LLC  
**Entity Type:** Limited Liability Company (LLC)  
**Business Status:** Active  
**Annual Report Due Date:** 04/01/2026

**Control Number:** 001202549  
**Place of Formation:** TENNESSEE  
**Managed By:** Member Managed

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### Entity Information

**Less Than Six Members After Amendment:**  
☒ Yes ☐ No

**Do you have additional uploads you would like to attach to this filing?**  
☐ Yes ☒ No

**Will this filing have a delayed effective date?**  
☐ Yes ☒ No

**The amendment was duly adopted on:** 2/28/2025  
**By:** The Members

**Other Provisions:**

Please remove Derrick and Lindsey Chapman as members and add Jason Seelhorst (new owner).

---

### Signature

☒ By entering my name in the space provided below, I certify that I am authorized to file this document on behalf of this entity, have examined the document and, to the best of my knowledge and belief, it is true, correct and complete as of this day.

☒ Pursuant to the provisions of T.C.A. § 48-209-104 or T.C.A. § 48-249-204 the above limited liability company adopts the articles of amendment to its articles of organization.

**Signed Electronically:** TESSA SEELHORST  
**Title:** MANAGER

**Date:** 03/03/2025



## 1. Training Programs for Employees

- **Tennessee Alcoholic Beverage Commission (TABC) Certification:** All employees who serve alcohol (bartenders, waitstaff, etc.) must complete a state-approved alcohol training program. The TABC offers a responsible alcohol service training course that should be mandatory for all servers.
- **Server Responsibility:** Employees are trained to recognize signs of intoxication, check IDs, and understand the consequences of serving alcohol to underage or intoxicated individuals and have their server certification.
- **Refresher Courses:** We will host a safe bar class once a year to ensure staff is up to date and to refresh their knowledge on signs of intoxication and responsible alcohol service

## 2. Check Identification (ID) Protocol

- **Age Verification:** Employees will make sure patrons are 21 years of age and carry one of the following:
  - A driver's license
  - A state-issued ID card
  - A passport
  - Military identification
- **Refuse Service:** If there is any doubt about the authenticity of the ID or the age of the customer, servers will refuse service.

## 3. Preventing Over-Service of Alcohol

- **Signs of Intoxication:** Staff is trained to identify signs of intoxication, such as slurred speech, unsteady movement, or impaired judgment.
- **Do Not Serve Intoxicated Individuals:** Servers should will off intoxicated customers and notify management immediately.
- **Promoting Alternatives:** We have a water dispenser available to customers on the bar and offer snacks to customers who appear to be drinking excessively.

## 4. Record Keeping and Documentation

- **Employee Training Records:** We maintain records of all staff who have completed the mandatory alcohol training program.

- **Incident Reports:** We will document any incidents involving underage or intoxicated customers.

#### **5. Internal Monitoring and Audits**

- **Management Oversight:** Managers to periodically monitor service practices during peak hours to ensure compliance.
- **Corrective Actions:** Non-compliance will include additional training, verbal warnings, or disciplinary actions for repeated violations.

#### **6. Signage and Customer Awareness**

- **Post Signs:** Signage indicating that it is illegal to serve alcohol to minors or intoxicated individuals and that this is a 21 and over establishment is displayed for all to see. This includes legal drinking age and the consequences of non-compliance with alcohol laws.