

CITY OF KNOXVILLE BEER PERMIT

APPLICATION CHECKLIST | DISTRICT: 5

Business Name: Pariza 2020 Inc. Account Number: 66496

Business Address: 700 Merchant Dr 37912

Agenda Date: 2, 18, 25 CLT Number: 068ND011

TASK	COMMENTS
New Application:	<u>Received 11/13/24</u>
Permit Fee Paid	✓ (New Application \$250.00)
Publication Fee Paid:	✓ (\$50.00)
Records Check Completed	
Current City Business License:	✓ Expiration Date: <u>5 / 15 / 25</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)	Sent: ____/____/____ Received: ____/____/____ Approved: Pending:
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: ____/____/____ Received: ____/____/____ Approved: ✓ Pending Location needs add'l research?
Plan for Server Compliance	✓
KAST Program completed	
Previous Business at this location:	<u>Tobacco Shop (#64910)</u>

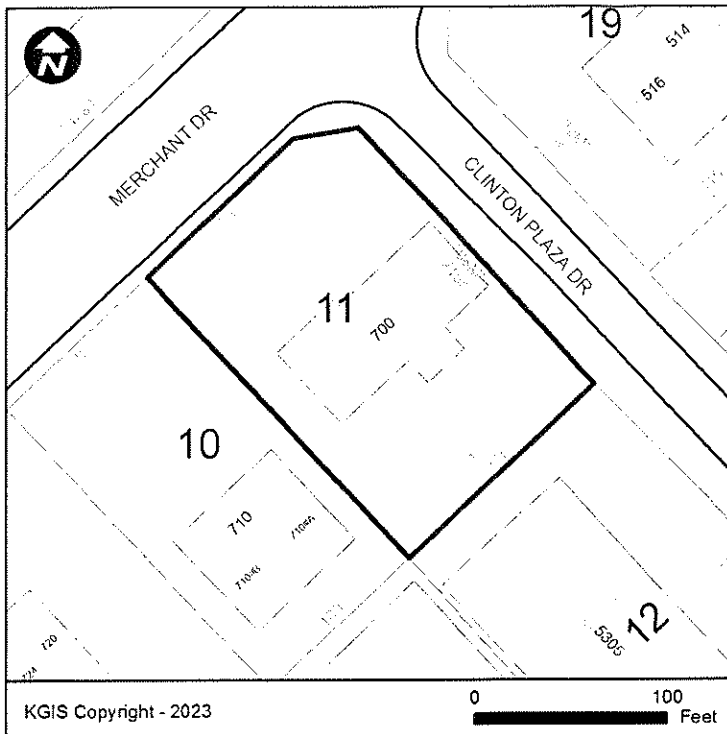
CITY OF KNOXVILLE
APPLICATION FOR BEER PERMIT

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): Pariza 2020 Inc.
3. Is Owner a: ☒ Corporation ☐ General Partnership ☐ Limited Partnership ☐ LLC ☐ Sole Proprietorship
☐ Other _____
4. Under what name will the business operate: Pariza 2020 Inc.
5. Business Address: 700 Merchant Dr. Zip 37912 Phone (865) 680 9200
Knoxville TN 37912
6. Property Owner's Name: Monday Realty Phone 865 525 5191
7. Type of business you will operate: Tobacco Shop.
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.
Gunraj Patel. 50%. 96%.
Vidhyaben Patel. 50%. 4%.
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.
Gunraj Patel.
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

700 MERCHANT DR - Property Map and Details Report**Property Information**

Parcel ID:	068ND011
Location Address:	700 MERCHANT DR
CLT Map:	68
Insert:	N
Group:	D
Condo Letter:	
Parcel:	11
Parcel Type:	NORMAL
District:	
Ward:	39
City Block:	39530
Subdivision:	MEADOW VIEW 1ST ADD
Rec. Acreage:	0
Calc. Acreage:	0
Recorded Plat:	14 - 204
Recorded Deed:	20201230 - 0052744
Deed Type:	GI: Gift Deed
Deed Date:	12/30/2020

Address Information

Site Address: 700 MERCHANT DR
KNOXVILLE - 37912

Address Type: BUSINESS

Site Name: Suntrust Bank

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

Owner Information

MONDAY CAROLYN KING (LIFE EST) & MONDAY
WILLIAM E IV

1006 E WOODLAND AVE
KNOXVILLE, TN 37917

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

Other Information

Census Tract: 39.02

Planning Sector: Northwest City

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

Political Districts

Voting Precinct: 39E

Voting Location: Inskip Rec. Center
301 W INSKIP DR

TN State House: 90

TN State Senate: 5

County Commission: 2 Courtney Durrett
(at large seat 10) Larsen Jay
(at large seat 11) Kim Frazier

City Council: 5 Charles Thomas
(at large seat A) Lynne Fugate
(at large seat B) Janet Testerman
(at large seat C) Amelia Parker

School Board: 2 Jennifer Owen

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

School Zones

Elementary: NORWOOD ELEMENTARY

Intermediate:

Middle: NORTHWEST MIDDLE

High: POWELL HIGH


Please contact Knox County Schools Transportation and Zoning Department at (865) 594-1550 if you have questions.

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CITY OF KNOXVILLE
APPLICATION FOR BEER PERMIT
AFFIDAVIT

1. I/we Guenavut H. Patel 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: 11-13-2024

Co-Applicant Signature

Date: _____

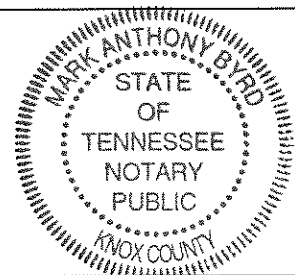
Co-Applicant Signature

Date: _____

Sworn to and subscribed before me this 13th day of November, 2024.

Notary Public: 

My Commission Expires: 4-2-28



CITY OF KNOXVILLE
APPLICATION FOR BEER PERMIT
OWNER/MANAGER APPLICATION

Reason for Application:

☐ New Application

☐ Manager Change or Addition

1. Name Gauravrai H. Patel ☒ Owner--Percentage of Ownership 96 % ☐ Manager
2. Home Address 10919 Twin Harbor City Knoxville State TN Zip 37934
3. Home Phone (865) 966 1479 Cellular Phone (865) 660 9200 Date of Birth 01 / 22 / 1950
4. Driver's License # _____ State TN Social Security # _____
5. Local Business Name Pariza 2020 Inc.
6. Local Business Address/ZIP 37912 Business Phone: (865) 660 9200
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, Gauravrai H. Patel, 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, Gauravrai H. Patel, 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.

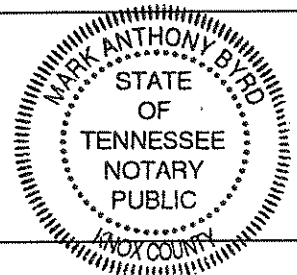
Signature of Applicant

Date: 11-13-24

Sworn to and subscribed before me this 13th day of November, 20 24.

Notary Public: Mark

My Commission Expires: 4-2-28



CITY OF KNOXVILLE
APPLICATION FOR BEER PERMIT

Property Details

Property Address: 700 Merchant Dr. Knoxville 37912

Directions to business, including any landmarks:

<u>I 75 Exit 108 Merchant Dr.</u>
<u>Go to North Less than 1/2 miles on Left</u>

Property Owner Information:

Name

Carolyn K. Monday

Phone

865 525 5191

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

Powell Kinder Care

Address

3053 Staffordshire Blvd.
Powell TN. 37849

Funeral Home:

Name

Rose Mortuary Brodway

Address

1421 N. Broadway
Knoxville TN 37917

Hospital:

Name

North Knoxville Medical Center

Address

7565 Dannaher Dr
Powell TN 37849

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: Pariza 2020 Inc.
Business Location: 700 Merchant Dr. Knoxville TN
37912

PERSON RESPONSIBLE TO RECEIVE SERVICE OF PROCESS:

Name: Gauravraj H. Patel.
Position: Owner. Phone (865) 660 9200
Address: 10949 Twin Harbor Dr.
Knoxville TN 37934.
City, State, Zip: _____

CERTIFIED MAILING ADDRESS:

Name: Gauravraj H. Patel.
Address: 10949 Twin Harbor Dr.
City, State, Zip: Knoxville TN 37934

**Department
of
Finance**

CITY OF KNOXVILLE, TENNESSEE
Business License

**Business
Tax
Division**

Business Name and Location:
PARIZA 2020 INC
700 MERCHANT DR

Mailing Address:

PARIZA 2020 INC
700 MERCHANT DR
KNOXVILLE, TN 37912



Account #	66496
Classification	3
License/Receipt #	277378
Issue Date	11/13/2024
Expiration Date	05/15/2025

Clifton 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
Wholesale	0.00
Business Tax	0.00
Less Credits	0.00
Sub Total	0.00
Penalty	0.00
Interest	0.00
SubTotal	0.00

Min. Bus. Tax	15.00
Penalty	0.00
Interest	0.00
Coll. & Rec. Fees	0.00
SubTotal	15.00
Total Amount	15.00
Total Payments	15.00
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

December 8, 2023



PARIZA 2020 INC
700 MERCHANT DR
KNOXVILLE TN 37912-3806

Letter ID: L1874034240
Account ID: 1002393865-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

PARIZA 2020 INC
700 MERCHANT DR
KNOXVILLE TN 37912-3806

Effective Date: January 1, 2024
Account No.: 1002393865-SLC
Location No.: 1001699733
Filing Status: Monthly

David Gerregano
Commissioner of Revenue



001486322

**CHARTER
FOR-PROFIT CORPORATION**

SS-4417

**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: \$100.00

For Office Use Only

-FILED-

Control # 001486322

The undersigned, acting as incorporator(s) of a for-profit corporation under the provisions of the Tennessee Business Corporation Act, adopt the following Articles of Incorporation.

1. The name of the corporation is: PARIZA 2020 INC

(Note: Pursuant to the provisions of T.C.A. §48-14-101(a)(1), each corporation name must contain the words *corporation, incorporated, or company* or the abbreviation *corp., inc., or co.*)

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 its initial registered agent and office located in the State of Tennessee is:

VIDHYABEN PATEL
700 MERCHANTS DR
KNOXVILLE, TN 37912
KNOX COUNTY

5. Fiscal Year Close Month: December Period of Duration: Perpetual

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 corporation is for profit.

8. The number of shares of stock the corporation is authorized to issue is: 10,000

9. The complete address of its principal office is:

700 MERCHANT DR
KNOXVILLE, TN 37912
KNOX COUNTY

(Note: Pursuant to T.C.A. §10-7-503 all information on this form is public record.)



**CHARTER
FOR-PROFIT CORPORATION**

SS-4417



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: \$100.00

For Office Use Only

-FILED-

Control # 001486322

The name of the corporation is: PARIZA 2020 INC

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

700 MERCHANT DR
KNOXVILLE, TN 37912

11. List the name and complete address of each incorporator:

Title	Name	Business Address	City, State, Zip
Incorporator	VIDHYABEN PATEL	934 MICRO WAY	KNOXVILLE, TN 37912
Incorporator	GUNVANTRAI PATEL	10949 TWIN HARBOUR DR	KNOXVILLE, TN 37934

12. Professional Corporation: (required if the additional designation of "Professional Corporation" is entered in section 3.)

☐ I certify that this is a Professional Corporation.

Licensed Profession:

13. Other Provisions:

(Note: Pursuant to T.C.A. §10-7-503 all information on this form is public record.)

Electronic

Signature

VIDHYABEN PATEL

Printed Name

Incorporator

Title/Signer's Capacity

Nov 21, 2023 7:03AM

Date

B1473-3486 11/21/2023 7:03 AM Received by Tennessee Secretary of State Tre Hargett

My name is Gunvant H. Patel. I am the owner of Tobacco Shop, to be located at 700 Merchant Drive. I have taken the KAST class and understand the rules, regulations and obligations involved in the sale of beer. I will train my employees on the importance of these rules and regularly refresh their training. We will check the ID of each customer before the sale and will not sell to any customer showing signs of intoxication.

CITY OF KNOXVILLE
INTEROFFICE MEMORANDUM

11-18-24

DATE:

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:

Pariza 2020 Inc

Business location:

700 Merchant Dr

Property description: ☐ New construction

☒ Pre-existing structure

Directions to and/or landmarks near location:

SCHOOL/DAYCARE:

Name:

Bo Well Kinder Care

WALLACE MEMORIAL DAY CARE

Address:

3053 Staffordshire Blvd

701 MERCHANT DRIVE

Distance/feet:

MORE THAN 300'

208 FEET

FUNERAL HOME:

Name:

Rose Mortuary Broadway

Address:

1421 N Broadway

Distance/feet:

MORE THAN 300'

TATE'S TOTZ AND TEENZ

5304 CLINTON PLAZA DRIVE

216 FEET

HOSPITAL:

Name:

North Knoxville Medical Center

Address:

7565 Danner Dr

Distance/feet:

MORE THAN 300'