

# CITY OF KNOXVILLE BEER PERMIT

APPLICATION CHECKLIST | DISTRICT: 6

Business Name: Sky Box Bar and Grill Account Number: 49783  
 Business Address: 415 S Gay St 379  
 Agenda Date: 4, 29, 25 CLT Number: 094LE006

TASK	COMMENTS
New Application:	<u>Received 4-1-25</u>
Permit Fee Paid	<input checked="" type="checkbox"/> (New Application \$250.00)
Publication Fee Paid:	<input checked="" type="checkbox"/> (\$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: <u>    </u> / <u>    </u> / <u>    </u> Received: <u>4 / 23 / 25</u> Approved: <input checked="" type="checkbox"/> Pending:
Notice of Application to Building Inspections (215-3669)	Sent: <u>    </u> / <u>    </u> / <u>    </u> Received: <u>4 / 17 / 25</u> Approved: <input checked="" type="checkbox"/> Pending:
Notice of Application to Fire Prevention Bureau (633-0400)	Sent: <u>    </u> / <u>    </u> / <u>    </u> Received: <u>4 / 15 / 25</u> Approved: <input checked="" type="checkbox"/> Pending:
Request distances measured by Engineering Dept. (215-6132)	Sent: <u>4 / 3 / 25</u> Received: <u>4 / 11 / 25</u> Approved: <input checked="" type="checkbox"/> Pending Location needs add'l research?
Plan for Server Compliance	<input checked="" type="checkbox"/>
KAST Program completed	
Previous Business at this location:	<u>Sky Box Bar and Grill (#49783)</u>

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

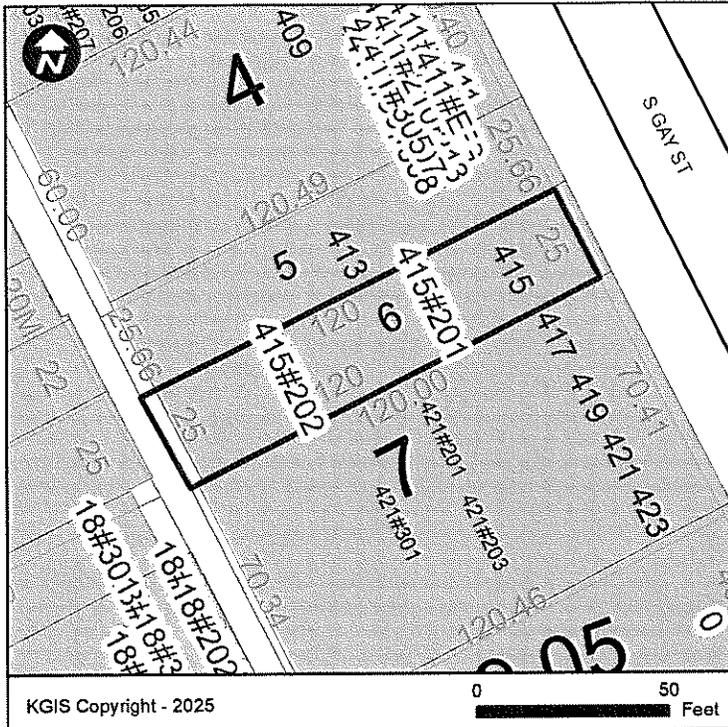
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**It is the applicant's responsibility to provide complete and accurate information. The Beer Board could deny or delay action on the application if any information is not accurate.**

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): St. Mary George Mena Corp
3. Is Owner a:  Corporation  General Partnership  Limited Partnership  LLC  Sole Proprietorship  
 Other \_\_\_\_\_
4. Under what name will the business operate: Sky box bar and grill
5. Business Address: 415 S Gay St, Knoxville TN Zip 37902 Phone (865) 200-8910
6. Property Owner's Name: Hanna Takeno Family Revocable Living Trust Phone 865-643-0787
7. Type of business you will operate: Bar + grill
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.  
Mimako Takeno 100% owner  
corporation is privately held
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.  
stacy stilles
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

### 415 S GAY ST - Property Map and Details Report



#### Property Information

Parcel ID: 094LE006  
 Location Address: 415 S GAY ST  
 CLT Map: 94  
 Insert: L  
 Group: E  
 Condo Letter:  
 Parcel: 6  
 Parcel Type: NORMAL  
 District:  
 Ward: 6  
 City Block: 06163  
 Subdivision:  
 Rec. Acreage: 0  
 Calc. Acreage: 0  
 Recorded Plat: -  
 Recorded Deed: -  
 Deed Type:  
 Deed Date:

#### Address Information

Site Address: 415 S GAY ST  
 KNOXVILLE - 37902  
 Address Type: BUSINESS  
 Site Name: SKY BOX SPORTS BAR & GRILL  
 Please contact Knoxville-Knox County Planning at (865) 215-2500 if you have questions.

#### Owner Information

HANNA TAKENO FAMILY REVOCABLE LIVING TRUST  
 7417 AMBERWOOD DR  
 KNOXVILLE, TN 37919  
 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: 1  
 Planning Sector: Central City  
 Please contact Knoxville-Knox County Planning at (865) 215-2500 if you have questions.

#### Political Districts

Voting Precinct: 06  
 Voting Location: Green School  
 801 LULA POWELL DR  
 TN State House: 15  
 TN State Senate: 7  
 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 Helsley  
 (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: SEQUOYAH  
 ELEMENTARY  
 Intermediate:  
 Middle: VINE MIDDLE  
 MAGNET  
 High: AUSTIN-EAST  
 HIGH MAGNET

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

- I/we Miwako Takeno hereby solemnly swear or affirm that each statement in this application is true and correct and I 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 § 57-105(d).
- 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 (1500) DOLLARS (\$1,500.00) PER OFFENSE.
- I/we understand that if the business allows illegal gambling on the premises that the beer permit will be subject to revocation.
- 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).
- 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.
- 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.
- I/we hereby release, absolve and hold harmless, the City of Knoxville, the Knoxville Beer Board, the Knoxville Police Department, its employee 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 this application. I/we hereby waive all possible liability of the City of Knoxville, Knoxville Beer Board, Knoxville Police Department, its employee agents and representative as stated above.
- 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.
- 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.
- 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.
1. 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 for the sale of beer.
2. I/we have read the foregoing release. I/we fully understand its provisions, and voluntarily consent to abide by its requirements.
3. I/we acknowledge and understand that the fees paid for the beer permit application process are non-refundable.
4. The undersigned is the applicant or the bona fide and qualified agent/representative of the corporate applicant.

*Miwako Takeno*  
Applicant Signature or Agent/Representative

Date: 3-31-2025

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

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

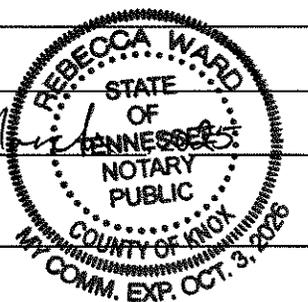
\_\_\_\_\_  
Co-Applicant Signature

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

I am sworn to and subscribed before me this 31 day of March.

Notary Public: *Rebecca Ward*

My Commission Expires: Oct. 3, 2026



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

Reason for Application:  New Application     Manager Change or Addition

Name Miwako Takeno     Owner—Percentage of Ownership 100 %     Manager

Home Address 7417 Amberwood Drive    City Knoxville    State TN    Zip 37919

Home Phone ( ) \_\_\_\_\_    Cellular Phone (865) 755-5556    Date of Birth 6 / 31 / 1964

Driver's License # \_\_\_\_\_    State TN    Social Security # \_\_\_\_\_

Local Business Name Sky Box

Local Business Address/ZIP 415 S Gay St, Knoxville, TN 37902    Business Phone: (865) 200-8910

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: \_\_\_\_\_

Have you ever had a beer permit revoked, suspended, or denied?     Yes     No  
 If yes, explain: \_\_\_\_\_

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: \_\_\_\_\_

0. 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

1. Do you understand that **allowing illegal gambling** on the premises will subject the permit to revocation?     Yes     No

**AFFIDAVIT**

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.

Miwako Takeno, 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.

Miwako Takeno, 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 employee 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.

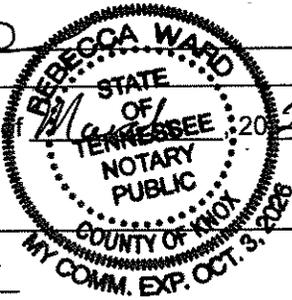
Miwako Takeno  
 Signature of Applicant

Date: 3-31-2025

Witnessed and subscribed before me this 31 day of March, 2025.

Notary Public: Rebecca Ward

My Commission Expires: Oct. 3, 2025



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

Reason for Application:  New Application     Manager Change or Addition

1. Name Stacey Stiles     Owner—Percentage of Ownership \_\_\_\_\_ %     Manager
2. Home Address 1113 Harvey Street City Knoxville State TN Zip 37917
3. Home Phone ( ) \_\_\_\_\_ Cellular Phone (865) 335-4679 Date of Birth 12, 19, 79
4. Driver's License # \_\_\_\_\_ State TN Social Security # \_\_\_\_\_
5. Local Business Name Skybox and mirage Bar and Grill
6. Local Business Address/ZIP 415 S. Gay Street Knoxville, TN Business Phone: (865) 200-8910  
37902
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, Stacey Stiles, 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, Stacey Stiles, 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.

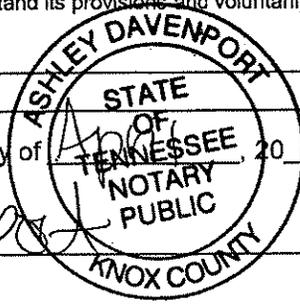
Stacey Stiles  
Signature of Applicant

Date: 4-18-25

Sworn to and subscribed before me this 18 day of April, 2025.

Notary Public: Ashley Davenport

My Commission Expires: 5-1-27



CITY OF KNOXVILLE  
APPLICATION FOR BEER PERMIT

**Property Details**

Property Address: 415 S Gay st, Knoxville, TN 37902

Directions to business, including any landmarks:


Property Owner Information:

Name Hanna Takeno Family Revocable Living Trust  
Phone 865-643-0787

**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 L + N STEM Academy  
Address 800 World's Fair Park Dr, Knoxville, TN 37902

Funeral Home:

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

Hospital:

Name Fort Sanders Regional Medical Center  
Address 1901 Clinch Ave, Knoxville, 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: sky box

Business Location: 415 S bay st, Knoxville TN 37902

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

Name: Mimako Takeno

Position: owner Phone (865) 643-6787

Address: 7417 Amberwood drive Knoxville TN 37919

\_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**CERTIFIED MAILING ADDRESS:**

Name: Mimako Takeno

Address: 7417 Amberwood drive Knoxville TN 37919

City, State, Zip: \_\_\_\_\_

# SERVER COMPLIANCE PLAN FOR IDENTIFICATION AND RESPONSIBLE ALCOHOL SERVICE

Establishment Name: Skybox Sports Bar and Grill

## 1. Purpose

- To outline procedures and responsibilities for preventing the sale or service of alcohol to underage or impaired individuals, ensuring compliance with all applicable laws and promoting a safe environment for customers and staff.

## 2. Scope

- This plan applies to all employees of Skybox Sports Bar and Grill, including security, servers, bartenders, and management.

## 3. Training

- **New Hires:** All new employees must complete compliance training with a manager before working their first shift.
- All Servers and Bartenders must have a Server Permit through the State of Tennessee
- **Annual Training:** Required yearly for all staff to review alcohol laws, ID checks, and responsible service practices.
- **Fake ID Training:** Staff will be trained to recognize signs of fake, altered, or borrowed IDs.

## 4. Signage

- Clear signage posted at the entrance and bar area states:
- Drinking age is 21+
- Valid ID is required.
- No service will be provided to underage or intoxicated individuals.

## 5. ID Verification Procedures

- Every individual must present a valid, government-issued photo ID to consume beer or alcohol.
- Suspected fake IDs or altered documents result in refusal of service, denied entry, and the individual will be asked to leave.
- Entry will also be denied to anyone showing visible signs of intoxication.
- Servers and bartenders may recheck IDs if they suspect a patron is underage or using someone else's ID.
- Wristbands or stamps may be used to quickly identify those who have been verified as 21+

## 6. Preventing Service to Intoxicated Guests

- Recognition Training: Staff are trained to recognize signs of impairment such as slurred speech, staggering, confusion, or aggression.
- Service Limits:
  - Only one alcoholic beverage served per person at a time.
  - Non-alcoholic beverages or food will be offered in place of alcohol if impairment is suspected.
- Refusal of Service:
  - If a guest appears over-served, they will be refused additional alcohol.
  - The situation will be escalated to the manager on duty immediately.
  - Staff may offer assistance in arranging a ride for the guest if necessary.

## 7. Communication and Monitoring

- Daily Team Meetings: Held before every shift to reinforce compliance expectations, review any concerns, and highlight key reminders.
- Staff Collaboration: Bartenders, servers, and security are expected to communicate about potentially intoxicated patrons or suspicious behavior.

## 8. Incident Response

- Any suspicious activity, fake ID attempt, or alcohol-related concern must be reported to the manager on duty.
- The manager will assess the situation and determine next steps, which may include refusal of service, removal from the premises, or contacting authorities.
- All incidents will be documented.

## 9. Policy Enforcement

- Staff who fail to follow ID checking and responsible service procedures may face disciplinary action, up to and including termination.
- This compliance plan will be reviewed annually or as laws and best practices change.

**HEALTH PERMIT**  
STATE OF TENNESSEE

14007030

DEPARTMENT OF HEALTH  
ANDREW JOHNSON TOWER - 4TH FLOOR  
710 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243

This Permit Expires  
on 06/30/2025

Food Service Establishment

HE 605218952

ATTN: Skybox Sports Bar and Grill  
Skybox Sports Bar and Grill  
415 S Gay Street  
Knoxville TN 37902

CAPACITY: 100

COUNTY: Knox

*It is known that above operator has made application and paid the sum prescribed  
by law, and is hereby authorized to conduct said business.*

*An Witness Whoseof I have affixed my Hand at Nashville, Tennessee*

*Roblan*

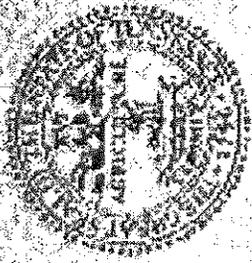
Roblan Alvarado, MD, FACP  
Commissioner  
Department of Health

*Lori LeMaster*

Lori LeMaster  
Director  
Environmental Health

# HEALTH PERMIT

14007031



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH

ANDREW JOHNSON TOWER - 4TH FLOOR  
710 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243

Food Service Establishment

This Permit Expires  
on 06/30/2025

HE 605313400

ATTN: Skybox Sports Bar and Grill - Bar  
Skybox Sports Bar and Grill - Bar  
415 S Gay St  
Knoxville TN 37902

CAPACITY: 0

COUNTY: Knox

*It is known that above operator has made application and paid the sum prescribed by law, and is hereby authorized to conduct said business.  
In Witness Whereof I have affixed my Hand at Nashville, Tennessee*

*Roberto*

Roberto Alvarado, MD, FACP  
Commissioner  
Department of Health

*Lori Lemaster*

Lori Lemaster  
Director  
Environmental Health



# Knoxville Fire Marshal's Office

1630 Huron Street  
Knoxville, TN 37917  
865-633-0400

## Inspection Report

**Fire Final - Initial Inspection - Completed with No Issue(s) Present**

<b>Business Name</b>	<b>Address</b>	<b>Suite</b>	<b>Completed at</b>
Skybox Sports Bar and Grill	415 S GAY ST	--	04/15/2025 12:09 PM

### General Inspection:

✓ Approved

ITEM: Address

✓ Approved

ITEM: Alarm System

✓ Approved

ITEM: Emergency Lights

✓ Approved

ITEM: Exit Signage

✓ Approved

ITEM: Fire Extinguishers - Class K (for Deep Fat Fryers)

✓ Approved

ITEM: Knox Box

✓ Approved

ITEM: Sprinkler System

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Inspection Results:

✓ Approved

ITEM: Inspection Results

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## Inspection Signatures

Inspector Signature



---

Kevin D. Baldwin  
FO

--  
kbaldwin@knoxvilletn.gov

Occupancy Contact Signature

Unable to sign:

N/a

---

(not set)  
Jhanna1900@gmail.com

**CITY OF KNOXVILLE**  
INTEROFFICE MEMORANDUM

DATE: 4-3-25

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: Sky Box Bar and Grill

Business location: 415 S Gay St

Property description:  New construction  Pre-existing structure

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

**SCHOOL/DAYCARE:**

Name: L & N STEM Academy

Address: 800 World's Fair Park 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 Clinch Ave

Distance/feet: MORE THAN 300'