

- c. ST MARY GEORGE MENA CORP, APPLICANT
415 S GAY ST
ST MARY GEORGE MENA CORP, OWNER
MIWAKO TAKENO, OWNER
STACEY STILLES, MANAGER

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

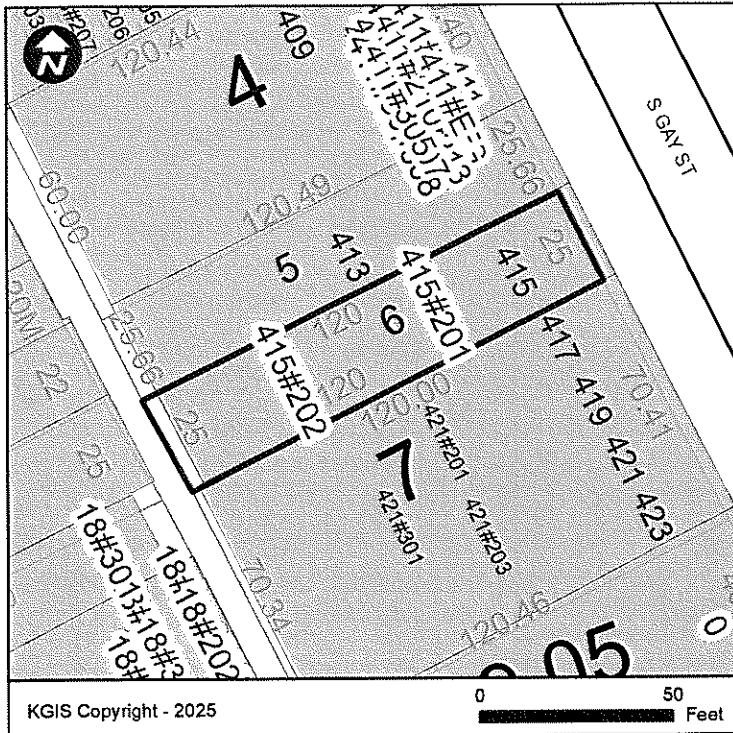
It is the applicant's responsibility to provide complete and accurate information. The Beer Board could deny or delay action on the application if any information is not accurate.

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) 200-8916
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

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.

Proprietary Info: The map products and databases on this Web Site have been copyrighted by the KGIS Policy Board. The KGIS Policy Board hereby reserves all rights thereto, and no portion of the products or databases on this Web Site may be reproduced in any form or by any means without the express written authorization of the KGIS Policy Board or its authorized agents.

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/we 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 00/100 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 my 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.
0. 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: _____

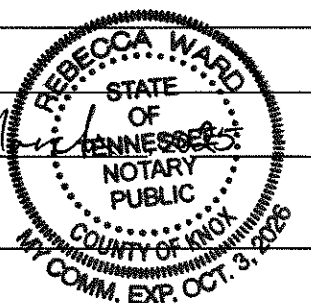
Co-Applicant Signature

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 10 / 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.

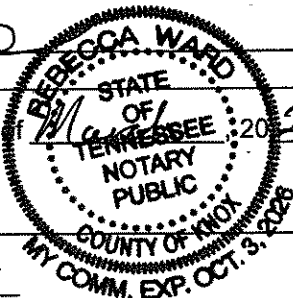
Miwako Takeno
Signature of Applicant

Date: 3-31-2025

Sworn to 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 37902 Business Phone: (865) 200-8910
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.

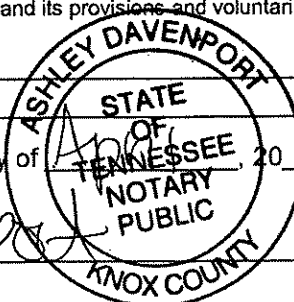
Stacey Stiles
Signature of Applicant

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

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 Gay St, Knoxville TN 37902

PERSON RESPONSIBLE TO RECEIVE SERVICE OF PROCESS:

Name: Mimako Takeno

Position: owner Phone (865) 643-0787

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

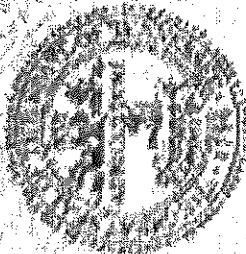
- Daily Team Meetings: Held before every shift to reinforce compliance expectations, review any concerns, and highlight key reminders.
- Staff Collaboration: Bartenders, servers, and security are expected to communicate about potentially intoxicated patrons or suspicious behavior.

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

DEPARTMENT OF HEALTH

ANDREW JOHNSON TOWER - 4TH FLOOR

710 JAMES ROBERTSON PARKWAY

NASHVILLE, TENNESSEE 37243

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

This Permit Expires
on 06/30/2025

14007030

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 Officer Whose I have affixed my Hand at Nashville, Tennessee

Rafael A. Alvarado

Rafael Alvarado, MD, FACP

Commissioner

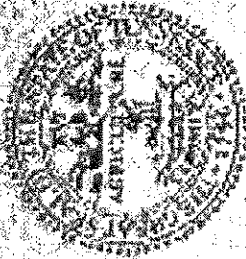
Department of Health

Lori LeMaster

Lori LeMaster

Director

Environmental Health



HEALTH PERMIT

STATE OF TENNESSEE

DEPARTMENT OF HEALTH

ANDREW JOHNSON TOWER - 4TH FLOOR

710 JAMES ROBERTSON PARKWAY

NASHVILLE, TENNESSEE 37243

Food Service Establishment

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

This Permit Expires
on 06/30/2025

14007031

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

I, Wanda Whetzel I have affixed my Hand at Nashville, Tennessee

Pauline

Ralph 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

Business Name	Address	Suite	Completed at
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

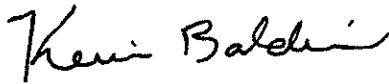
Inspection Results:

✓ Approved

ITEM: Inspection Results

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'