

- q. A Resolution approving the issuance of a Certificate of Compliance to F & S, LLC dba Holston Package Store relative to its application to the Tennessee Alcoholic Beverage Commission for a license to operate a liquor store in the City.



CITY OF KNOXVILLE, TENNESSEE

City Council

AGENDA INFORMATION SHEET

AGENDA DATE: June 10, 2025

DEPARTMENT: Finance Department

DIRECTOR or DESIGNEE: Boyce H. Evans

AGENDA SUMMARY

A Resolution approving the issuance of a Certificate of Compliance to F & S, LLC dba Holston Package Store relative to its application to the Tennessee Alcoholic Beverage Commission for a license to operate a liquor store in the City.

COUNCIL DISTRICT(S) AFFECTED

6th

BACKGROUND

F & S LLC dba Holston Package Store, owned by Vinit Sharma and Farha Lakhani and located at 4207 Asheville Highway, Knoxville, Tennessee 37914, originally received ABC license and Certificate of Compliance in September 2022. Mr. Sharma will now withdraw from the company and transfer his ownership shares to Sohil Lakhani, who will now share ownership with Farha Lakhani.

This is an application for purchasing an existing retail package store. This is a requirement of the ABC Board for a license to operate a liquor store. The applicant has met these requirements:

1. Submitted completed application and \$300 application fee;
2. Provided letter from bank official of financial responsibility of \$40,000;
3. Purchased city business license;
4. Received Certificate of Zoning letter from MPC appropriate for property;
5. Received acceptable background check from KPD;
6. Publisher's Affidavit will follow as soon as applicant receives document from newspaper.

ESTIMATED PROJECT SCHEDULE

N/A

PRIOR ACTION/REVIEW

N/A

FISCAL INFORMATION

N/A

RESOLUTION

A RESOLUTION OF THE COUNCIL OF THE CITY OF KNOXVILLE APPROVING THE ISSUANCE OF A CERTIFICATE OF COMPLIANCE TO F & S, LLC D/B/A HOLSTON PACKAGE STORE RELATIVE TO ITS APPLICATION TO THE TENNESSEE ALCOHOLIC BEVERAGE COMMISSION FOR A LICENSE TO OPERATE A LIQUOR STORE IN THE CITY.

RESOLUTION NO: _____

REQUESTED BY: Finance & Accountability

PREPARED BY: Law

APPROVED: _____

APPROVED AS AN EMERGENCY MEASURE: _____

MINUTE BOOK: _____ PAGE _____

WHEREAS, pursuant to TENN. CODE ANN. § 57-3-208(a), an applicant is required to obtain a certificate of compliance from the legislative body of the municipality in which the licensed premises will be located as a condition precedent to the issuance of a retail liquor store license from the Tennessee Alcoholic Beverage Commission (“ABC”); and

WHEREAS, F & S, LLC d/b/a Holston Package Store, which was owned by Vinit Sharma and Farha Lakhani and is located at 4207 Asheville Highway, Knoxville, Tennessee 37914, applied for a certificate of compliance in 2022 and it was approved by the City of Knoxville; and

WHEREAS, one of the owners, Mr. Sharma has transferred his ownership interest in the business to a new owner, Sohil Lakhani, necessitating a new Certificate of Compliance and a new TABC liquor license; and

WHEREAS, F & S, LLC d/b/a Holston Package Store has met the necessary requirements contained in TENN. CODE ANN. § 57-3-208(b) including meeting the distance requirements established in Section 4-131 of the City Code; and

WHEREAS, the Council of the City of Knoxville desires to approve the application of F & S, LLC d/b/a Holston Package Store for a certificate of compliance.

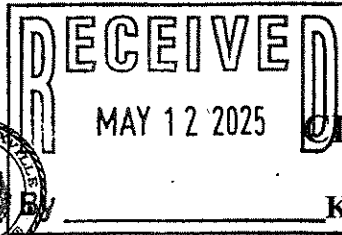
NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF KNOXVILLE:

SECTION 1: The Council of the City of Knoxville hereby approves the issuance of a certificate of compliance to F & S, LLC d/b/a Holston Package Store in accordance with TENN. CODE ANN. § 57-3-208(b).

SECTION 2: This Resolution will take effect from and after its passage, the welfare of the City requiring it.

Presiding Officer of the Council

Recorder



CITY OF KNOXVILLE
P.O. Box 1028
Knoxville, Tennessee 37901



Application For Certificate of Compliance

Personal Data

This application must be complete when submitted to the Department of Finance & Accountability - Revenue Division. Failure to supply requested information might result in rejection of the application by City Council.

Full Name: FARHA LAIKHANI Date of Birth: 07/11/1988
Home Address: 1166 2 Boston Ivy Ln Knoxville Zip: 37932
Drivers License #: _____ Social Security #: _____ Home Phone: 631-545-2508
Current Occupation: BUSINESS OWNER/MEMBER
Name of Employer: F&S LLC & Smart Investments LLC
Employer Address: holstonpackagestore@gmail.com Business Phone# 631-545-2508
Length of time employed by or engaged in this business: 4 yrs

Have you ever been convicted of any violation of State or Federal Law or Municipal Ordinance?
NO

If yes, specify offense, date, and place of occurrence: _____

F&S LLC DBA **Store Name/Location and Financial Data**
Proposed Store Name Holston Package Store
Street Address of proposed store (including zip code): 4207 Asheville Hwy
Knoxville TN 37914
Current Business Address (if relocation is requested): _____

Current zoning of proposed location: CH-2
NOTE: Zoning letter from Metropolitan Planning Commission (MPC) must be attached to this application.

Applicant must submit written documentation from a licensed surveyor that confirms the business location complies with the distance requirements found in Section 4-131 of City of Knoxville Code with this application. The proposed location must exceed five hundred (500) feet as measured from property line or lease-hold line, if applicable, to property line of any church, school, park (except in CBID), recreation facility, hospital, , mortuary, or other similar public place or within a residentially zoned area, or within one thousand (1000) feet of any other liquor or package store establishment as measured from property line to property line or lease-hold line.

Property Owner of proposed location Sapphire LLC (Iqbal Bhimani)
Owner's Address 912 Harbor Pointe Way Knoxville TN Zip Code: 37922
Amount of rent to be paid: \$1750
Amount of money invested or to be invested: \$40,000
Source of these funds: Business & Personal funds
Are funds to be borrowed for any purposes relating to the purchase of this liquor store? _____
If so, from whom: _____
Address: _____ Zip Code: _____
List any person (s) who have or will provide endorsements relating to such loans:
Name: _____
Address: _____ Zip Code: _____
Name: _____
Address: _____ Zip Code: _____
Name and address of applicant's bank: _____
Zip Code: _____

List the names and addresses of any person, firm, or corporation who will aid the venture financially or otherwise:

Name: _____
Address: _____ Zip Code: _____
Type of Assistance: _____
Name: _____
Address: _____ Zip Code: _____
Type of Assistance: _____

List the names and addresses of any person, firm, or corporation who will have any interest, direct or indirect, in the business, or in the profits thereof, and the nature and character of such interest:

Name: Farha Lakhani
Address: 11662 Boston Ivy Ln Knoxville TN Zip Code: 37932
Nature of Interest: BUSINESS OWNER
Name: Sohil Lakhani
Address: 11662 Boston Ivy Ln Knoxville TN Zip Code: 37932
Nature of Interest: BUSINESS OWNER

Do any of the above named persons that you have listed as having an interest in the business hold retail

or wholesale liquor license? Yes If so, Name: Farha Lakhani (Holston Package Store)

Address of Licensed Business: 4207 Asheville Hwy Knoxville Zip Code: 37914

Is this Business a partnership or corporation? LLC If so, list the name, age,

and address of each partner or stockholder and his or her occupation, business, or employer.

Name: Farha Lakhani Age: 36

Address: 11662 Boston Ivy Ln Knoxville TN Zip Code: 37932

Occupation, Business, or Employer: F&S LLC / SMART INVESTMENTS LLC OWNER

Name: Sohil Lakhani Age: 37

Address: 11662 Boston Ivy Ln Knoxville TN Zip Code: 37932

Occupation, Business, or Employer: SMART INVESTMENTS LLC OWNER

This application shall be verified by the applicant and notarized below. In the event the applicant is a partnership or corporation, each partner or stockholder shall file an accompanying application.

NOTICE

Evidence of applicant's financial responsibility in the net amount of \$40,000.00 must be attached to this application. Examples of such evidence: Letter or statement from bank official, Letter or statement from accountant or other financial person or institution with knowledge of applicant's finances.

Applicant must place one advertisement in a Knoxville Newspaper of general circulation no less than seven (7) days prior to the application being acted upon originally by City Council. Applicant must attached to this application a "Publisher's Affidavit" and a copy of said advertisement.

A fee of \$300.00 payable to the City of Knoxville is required at the time of filing this application.

STATEMENTS

I, Farha Lakhani, certify that no person prohibited from having any direct or indirect interest in the proposed store has such an interest. I further state that all attachments are true and accurate. I realize that falsification of any portion of this application shall be grounds for rejection of this application.

The applicant, or applicants, agrees to comply with the State and Federal laws and City ordinances and the rules and regulations of the Alcoholic Beverage Commission and of the State Commissioner of Revenue with references to the sale of alcoholic beverages, and agrees to the validity of and reasonableness of the inspection fees which by ordinance are adopted by the City Council of the City of Knoxville now or during the term of the license which may be issued.

Farha
Signature of Applicant

11662 Boston Ivy Ln Knoxville
Home Street Address
TN 3793

State of Tennessee)

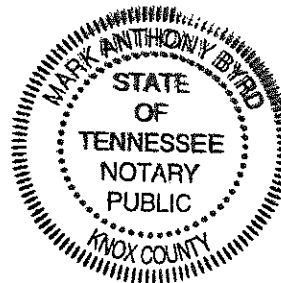
County of Knox)

The applicant named above in my presence and who, after being duly sworn according to law, made oath that the facts as stated therein are true, signed this application.

This the 12th day of May, 2025

Notary Public: *M. [Signature]*

My Commission Expires: 4-2-28



KNOXVILLE POLICE DEPARTMENT

PERMISSION TO RELEASE ARREST INFORMATION

Person / Business Requesting Background Check: FARHA LAKHANI

Name LAKHANI FARHA _____
Last First Middle Maiden

Aliases: NA Social Security Number: _____

Address: 11662 BOSTON IVY LN KNOWVILLE TN 37932
Street # Street/Road Name Apt # City State Zip

Date of Birth: 7/11/1988 Sex: FEMALE Race: _____

Driver's License Number: _____ State: TN Status: _____

I hereby authorize the Knoxville Police Department to release copies of my arrest record to the person / business requesting the background check named above.

Farha
Signature

5-12-25
Date

If NOT applied for in person, Notarization is required

Inquiry Results	Notarization
Local Warrant Check: <input checked="" type="checkbox"/>	State of <u>Tennessee</u>
JIMS Computer Check: <input checked="" type="checkbox"/>	County of <u>Knox</u>
No Record Found: <input checked="" type="checkbox"/>	Personally appeared before me, <u>Farha Lakhani</u>
Record Found: _____	With whom I am personally acquainted, and who acknowledges that he/she executed the within instrument for the purposes therein contained.
Computer Generated Arrest History Attached Y___ N <input checked="" type="checkbox"/>	Witness my hand, this <u>12th</u> day
Record Checked By: _____	of <u>May</u> , 20 <u>25</u> .
NO RECORD KNOXVILLE POLICE DEPARTMENT RECORDS BUREAU DATE <u>5/14/2025</u> BY <u>ggnaues C619</u>	<u><i>Mark</i></u> Notary Public
Date: _____	My commission expires: <u>4-2-28</u>



ADIN

F & S LLC/

05/12/25 02:23 PM BR:

Sfx	Share Description	Abrv	Balance	Avail	Rate
00	BUSINESS ACCOUNT	BUS	5.00	.00	.1500
70	FREE BUSINESS CHKG	FBC	27136.98	27136.98	.0000

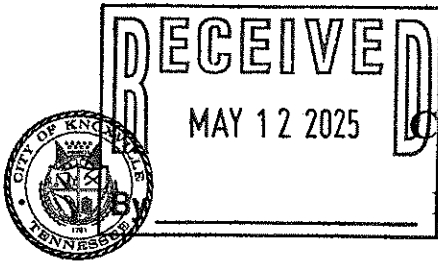
05/12/25

KNOXVILLE TVA EMPLOYEES CREDIT UNION

RAE 5/12/25

People Helping People,
Members Helping Members. 

P.O. Box 36027 • Knoxville, TN 37930 (865) 544-5400 tvacreditunion.com



CITY OF KNOXVILLE
P.O. Box 1028
Knoxville, Tennessee 37901



Application For Certificate of Compliance

Personal Data

This application must be complete when submitted to the Department of Finance & Accountability - Revenue Division. Failure to supply requested information might result in rejection of the application by City Council.

Full Name: SOHIL LAKHANI Date of Birth: 07/13/1987
Home Address: 11662 Boston Pkwy Ln Knoxville Zip: 37932
Drivers License # _____ Social Security #: _____ Home Phone: 631-545-2508
Current Occupation: OWNER/MEMBER
Name of Employer: SMART INVESTMENTS LLC
Employer Address: 4928 Homberg Dr Suite A3 Business Phone# 631-545-2508
Length of time employed by or engaged in this business: 2.5 yrs

Have you ever been convicted of any violation of State or Federal Law or Municipal Ordinance?
NO

If yes, specify offense, date, and place of occurrence: _____

F&S LLC DBA Store Name/Location and Financial Data
Proposed Store Name Holston Package Store
Street Address of proposed store (including zip code): 4207 Asheville Hwy
Knoxville TN 37914
Current Business Address (if relocation is requested): _____

Current zoning of proposed location: C-H-2

NOTE: Zoning letter from Metropolitan Planning Commission (MPC) must be attached to this application.

Applicant must submit written documentation from a licensed surveyor that confirms the business location complies with the distance requirements found in Section 4-131 of City of Knoxville Code with this application. The proposed location must exceed five hundred (500) feet as measured from property line or lease-hold line, if applicable, to property line of any church, school, park (except in CBID), recreation facility, hospital, , mortuary, or other similar public place or within a residentially zoned area, or within one thousand (1000) feet of any other liquor or package store establishment as measured from property line to property line or lease-hold line.

Property Owner of proposed location Sapphire LLC (Iqbal Bhimani)
Owner's Address 912 Harbor Pointe Way, Knoxville TN Zip Code: 37922
Amount of rent to be paid: \$1750

Amount of money invested or to be invested: \$40,000

Source of these funds: Business & Personal funds

Are funds to be borrowed for any purposes relating to the purchase of this liquor store? No

If so, from whom: _____

Address: _____ Zip Code: _____

List any person (s) who have or will provide endorsements relating to such loans:

Name: _____

Address: _____ Zip Code: _____

Name: _____

Address: _____ Zip Code: _____

Name and address of applicant's bank: _____

Zip Code: _____

List the names and addresses of any person, firm, or corporation who will aid the venture financially or otherwise:

Name: _____

Address: _____ Zip Code: _____

Type of Assistance: _____

Name: _____

Address: _____ Zip Code: _____

Type of Assistance: _____

List the names and addresses of any person, firm, or corporation who will have any interest, direct or indirect, in the business, or in the profits thereof, and the nature and character of such interest:

Name: Sohil Lakhani

Address: 11662 Boston Ivy Ln Knoxville TN Zip Code: 37932

Nature of Interest: Business Owner

Name: Farha Lakhani

Address: 11662 Boston Ivy Ln Knoxville TN Zip Code: 37932

Nature of Interest: Business Owner

Do any of the above named persons that you have listed as having an interest in the business hold retail

or wholesale liquor license? Yes If so, Name: Holston Package Store (F&S LLC)

Address of Licensed Business: 4207 Asheville Hwy Knoxville TN Zip Code: 37914

Is this Business a partnership or corporation? LLC If so, list the name, age,

and address of each partner or stockholder and his or her occupation, business, or employer.

Name: Sohil Lakhani Age: 37

Address: 11662 Boston Ivy Ln Knoxville TN Zip Code: 37932

Occupation, Business, or Employer: Business Owner (Smart Investments LLC)

Name: Farha Lakhani Age: 36

Address: 11662 Boston Ivy Ln Knoxville, TN Zip Code: 37932

Occupation, Business, or Employer: Business Owner (F&S LLC)

This application shall be verified by the applicant and notarized below. In the event the applicant is a partnership or corporation, each partner or stockholder shall file an accompanying application.

NOTICE

Evidence of applicant's financial responsibility in the net amount of \$40,000.00 must be attached to this application. Examples of such evidence: Letter or statement from bank official, Letter or statement from accountant or other financial person or institution with knowledge of applicant's finances.

Applicant must place one advertisement in a Knoxville Newspaper of general circulation no less than seven (7) days prior to the application being acted upon originally by City Council. Applicant must attached to this application a "Publisher's Affidavit" and a copy of said advertisement.

A fee of \$300.00 payable to the City of Knoxville is required at the time of filing this application.

STATEMENTS

I, Sohil Lakhani, certify that no person prohibited from having any direct or indirect interest in the proposed store has such an interest. I further state that all attachments are true and accurate. I realize that falsification of any portion of this application shall be grounds for rejection of this application.

The applicant, or applicants, agrees to comply with the State and Federal laws and City ordinances and the rules and regulations of the Alcoholic Beverage Commission and of the State Commissioner of Revenue with references to the sale of alcoholic beverages, and agrees to the validity of and reasonableness of the inspection fees which by ordinance are adopted by the City Council of the City of Knoxville now or during the term of the license which may be issued.

S. Lakhani

Signature of Applicant

11662 Boston Ivy Ln Knoxville TN
Home Street Address 37932

State of Tennessee)

County of Knox)

The applicant named above in my presence and who, after being duly sworn according to law, made oath that the facts as stated therein are true, signed this application.

This the 12th day of May, 20 25

Notary Public: Man

My Commission Expires: 4-2-28



KNOXVILLE POLICE DEPARTMENT

PERMISSION TO RELEASE ARREST INFORMATION

Person / Business Requesting Background Check: SOHIL LAKHANI

Name LAKHANI SOHIL
Last First Middle Maiden

Aliases: NA Social Security Number: _____

Address: 11662 BOSTON IVY LN KNOXVILLE TN 37932
Street # Street/Road Name Apt # City State Zip

Date of Birth: 07/13/1987 Sex: MALE Race: _____

Driver's License Number: _____ State: TN Status: _____

I hereby authorize the Knoxville Police Department to release copies of my arrest record to the person / business requesting the background check named above.

[Signature]
Signature

5-12-25
Date

If NOT applied for in person, Notarization is required

Inquiry Results	Notarization
Local Warrant Check: <input checked="" type="checkbox"/>	State of <u>Tennessee</u>
JIMS Computer Check: <input checked="" type="checkbox"/>	County of <u>Knox</u>
No Record Found: <input checked="" type="checkbox"/>	Personally appeared before me, <u>Sohil Lakhani</u>
Record Found: _____	With whom I am personally acquainted, and who acknowledges that he/she executed the within instrument for the purposes therein contained.
Computer Generated Arrest History Attached Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Witness my hand, this <u>12th</u> day
Record Checked By: _____	of <u>May</u> , 20 <u>25</u>
NO RECORD KNOXVILLE POLICE DEPARTMENT RECORDS BUREAU DATE <u>5/14/2025</u> BY <u>ggraves C619</u>	<u>[Signature]</u> Notary Public
	My commission expires: <u>4-2-28</u>



ADIN

SMART INVESTMENTS LLC/

05/12/25 02:20 PM BR:

Sfx	Share Description	Abrv	Balance	Avail	Rate
00	BUSINESS ACCOUNT	BUS	133.08	128.08	.1500
70	FREE BUSINESS CHKG	FEC	70623.23	70623.23	.0000

05/12/25

KNOXVILLE TVA EMPLOYEES CREDIT UNION

[Signature] 5/12/25

People Helping People,
Members Helping Members. 

P.O. Box 36027 • Knoxville, TN 37930 (865) 544-5400 tvacreditunion.com



Plans Review & Inspections Division

August 4th, 2022

Sohil Lakhani
1635 Starboard Way
Knoxville TN 37932

RE: ZONING LETTER – 4207 Asheville Hwy, Parcel # 071PA025

Sohil:

The KGIS zoning map shows this property is currently zoned C-H-2 (Highway Commercial Zoning District). A current zoning map is enclosed for your reference.

The use of the property as “Retail Liquor Store” is a permitted use in this district.

Retail Liquor Store use defined in Article 2.3 is “An establishment, which requires a license under the provisions of Tennessee Code Annotated, Title 57, Chapter 3, Part 2, to sell liquor, as well as wine and beer.”

To the best of my knowledge, the information provided in this letter is correct, however if a more in-depth research is necessary, our records are available for public viewing.

Please contact me at (865) 215-3094 if you have additional questions.

Sincerely,

Mike Robinson

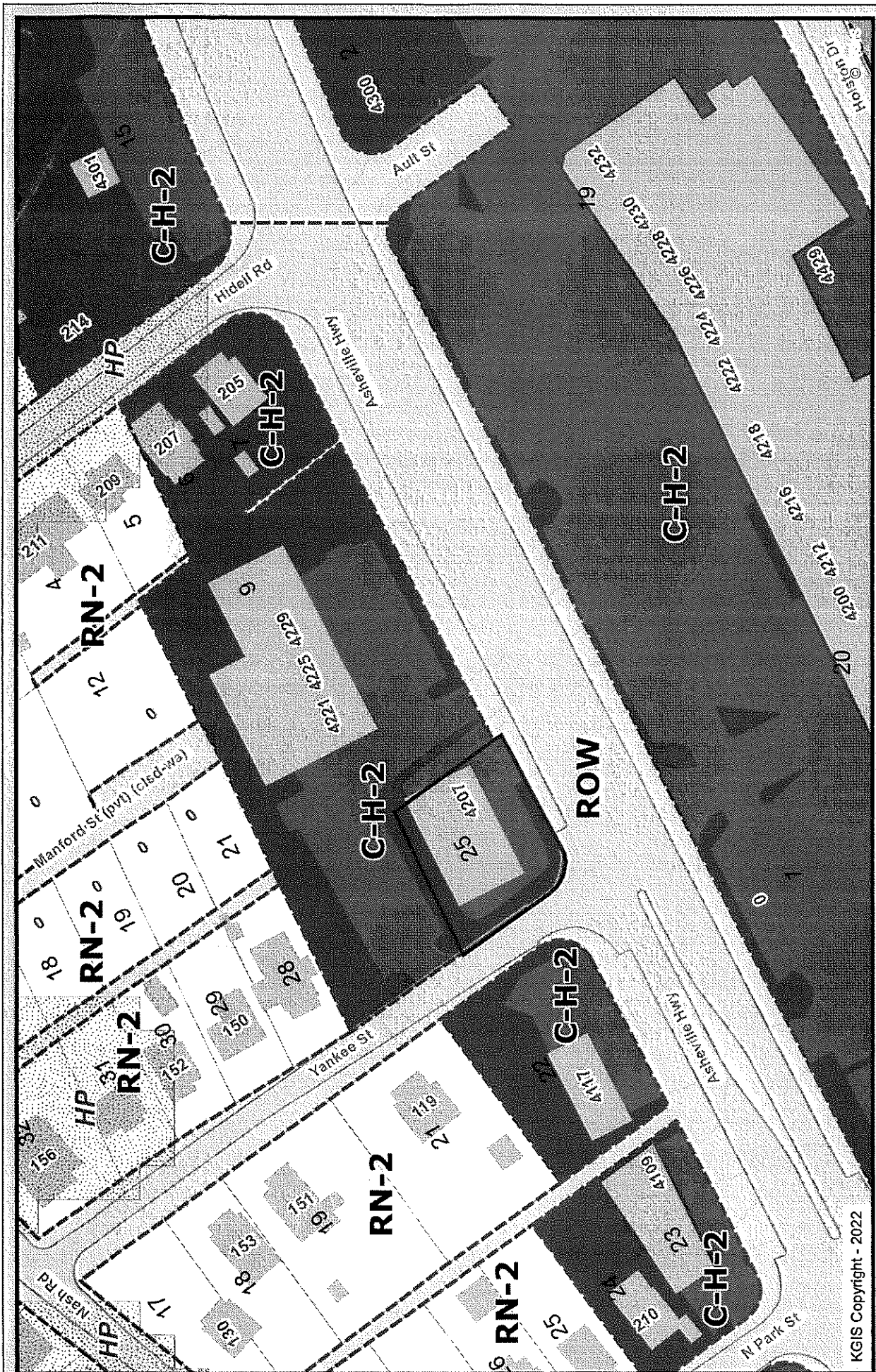
Mike Robinson

Zoning Examiner – City of Knoxville

Enclosures

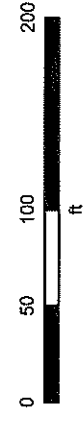
City County Building • 400 Main Street • Suite 475 • Knoxville, TN 37902

Office: 865-215-3669 • www.KnoxvilleTN.gov



KGIS Copyright - 2022

Printed: 8/4/2022 at 1:12:44 PM



4207 Asheville Hwy
Zoning - C-H-2 (Highway Commercial Zoning District)
Parcel ID 071PA025

Knoxville - Knox County - KUB Geographic Information System

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 and all damage, loss, or liability arising from any use of this map product.

AFFIDAVIT OF PUBLICATION


Sohil Lakhani
11662 Boston Ivy Lane, Knoxville, TN, 37932
Knoxville TN 37932

STATE OF WISCONSIN, COUNTY OF BROWN


The Knoxville News-Sentinel, a daily newspaper published in the city of Knoxville, Knox County, State of Tennessee, and personal knowledge of the facts herein state and that the notice hereto annexed was Published in said newspapers in the issue dated and was published on the publicly accessible website:

05/16/2025

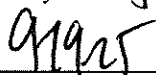
and that the fees charged are legal.
Sworn to and subscribed before on 05/16/2025



Legal Clerk



Notary, State of WI, County of Brown



My commission expires

Publication Cost:	\$109.00	
Tax Amount:	\$0.00	
Payment Cost:	\$109.00	
Order No:	11318027	# of Copies:
Customer No:	1532558	0
PO #:	LOKR0297766	

THIS IS NOT AN INVOICE!

Please do not use this form for payment remittance.

VICKY FELTY
Notary Public
State of Wisconsin

RETAIL LIQUOR LICENSE NOTICE

Take notice that F&S LLC, Sohil Lakhani & Farha Lakhani (11662 Boston Ivy Ln, Knoxville, TN 37932), has applied to The City of Knoxville, Tennessee for a certificate of compliance and has or will apply to the Tennessee Alcoholic Beverage Commission at Nashville for a retail liquor license for a store to be named Holston Package Store and is to be located at 4207 Asheville Hwy, Knoxville TN 37914 And Owned by F&S LLC. All persons wishing to be heard on the certificate of compliance may personally or through counsel appear or submit their views in writing to the Knoxville City Council in the main assembly room of the City Council Building, 400 Main Street, Knoxville, Tennessee 37902 on 06/10/2025 at 6:00pm.

The Tennessee Alcoholic Beverage Commission (TABC) will consider the application at a date to be set by the ABC in Nashville, Tennessee. Interested person(s) may personally or through counsel submit their views in writing by the hearing date to be scheduled by the TABC. Anyone with questions concerning this application or the laws relating to it may write or call the Alcohol Beverage Commission at 3rd Floor Davy Crockett Tower, 500 James Robertson Parkway, Nashville, TN 37243 or (615) 741-1602.

May 16 2025

LOKR0297766