

TINA DUNN Recorder-Treasurer

POST OFFICE BOX 768

200 West Washington Avenue, Covington, Tennessee 38019 Telephone (901) 476-9613 Fax (901) 476-6699

THE MEETING OF THE BEER BOARD OF THE CITY OF COVINGTON, TENNESSEE ON THE 25th DAY OF MAY 2021 AT COVINGTON CITY HALL AT 5:30 P.M.

- 1. Meeting to be called to order by the Chairman, Mayor Justin M. Hanson.
- 2. Public Hearing to consider a MUTI-EVENT TEMPORARY BEER PERMIT APPLICATION for the DOWNTOWN COVINGTON ASSOCIATION to serve beer on the East Side of the Square in Covington during the COVINGTON DOWNTOWN MUSIC SERIES and other appropriate venues during the 2021 calendar year. WHITNEY VANSTORY, President of the Downtown Covington Association will be representing the said Association.
- 3. Report regarding the Temporary Beer Permit of NAIFEH'S OF COVINGTON, LLC dba NAIFEH'S CASHSAVER at 951 HIGHWAY 51 NORTH
- 4. Meeting adjourned.

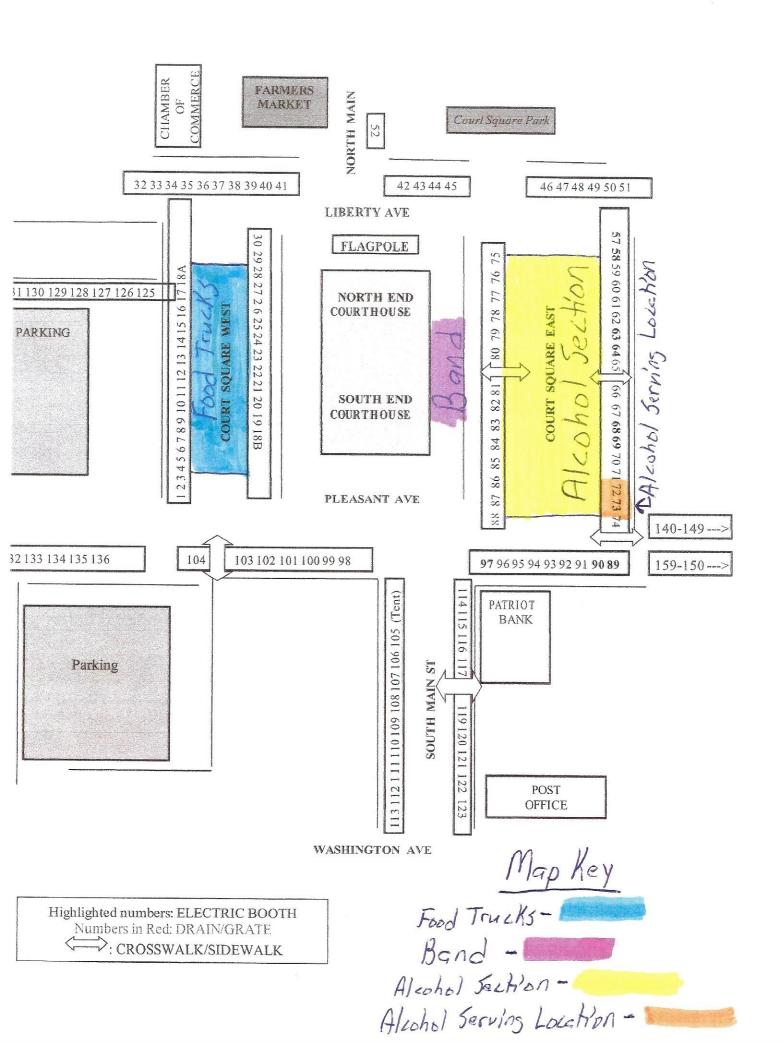
APPLICATION FOR A BEER PERMIT

STATE OF TENNESSEE CITY OF COVINGTON

	Manufacturer's or Distributor's Permit	Off Premises Permit
	Class I On Premises Permit	Temporary Permit
	Class II On Premises Permit	
bever the Co	y make application for a permit to sell, store, manufacture, ages authorized to be sold, stored, manufactured or distribution of the sold	ited under the provisions of
1.	Full name of applicant (owner) Whitney Vans	tony
2.	Name of Business Downtown Covington As	sociation
3.	Address of Business 118 Court & E Cor	inton, TN
4.	Describe the type of business you will operate Mysiz	on the Square
5.	Email Address bayou helles bout iz ye ag mail. Lom	1 **
6.	List all persons, firms, corporations, joint-stock companies,	syndicates, or associations
	having at least a 5% ownership interest in the business (att	ached additional sheet if
	needed	
	If owner is an individual, answer questions 7, 8, and 9. Othe	rwise proceed to question 10.
7.	What is your present home address?	
8.	Previous address (within the last ten years)	
9.	Cell Phone 731-803-9227 L324 Business Phone	901-734-5366 Whitm
10.	If a temporary permit, specify type of organization applying	g for the permit 501 (C)
11.	Give the name, relationship to applicant (if applicable) and permittee at this location	
	Give name and address of person to receive annual tax not communication, if different from above	ices and any other
13.	Give name and address of property owner (17) of	Covington
14.	How is the property zoned Signature of Zoning Of	ficial

Music on the Square Temp Beer Permit

- Dates- June 12th, June 19th, June 26th and 3 future dates to be determined
- Times- 4pm-7pm for June 12th, June 19th, and June 26th
- Alcohol Section-please see the attached map for reference
- Alcohol Served- All alcohol served will be beer with an alcohol content of less than 8%
- Servers- All alcohol served will be performed by Memphis Bar
 Ties, a licensed and insured bar tending company. All servers have
 a Tennessee Alcoholic Beverage Commission license. See attached
 documents for proof of insurance and license.



TBOONE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/19/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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Hub In 1661 In Suite #				10,007							
Suite #	ternational Mid-S	outh			PHON	CONTACT Trisha Boone PHONE FAX					
	nternational Drive				(A/C, N	(A/C, No, Ext): (A/C, No):					
	Suite #300 Memphis, TN 38120					E-MAIL ADDRESS: patricia.boone@hubinternational.com					
						INSURER(S) AFFORDING COVERAGE					
					INSUR	INSURER A: United States Liability Insurance					
Memphis Bar Ties, LLC 5353 Sea Isle Memphis, TN 38119					INSUR	INSURER B:					
					INSUR	INSURER C:					
					INSUR	INSURER D :					
						INSURER E :					
						INSURER F :					
COVE	RAGES	CFF	RTIFIC	ATE NUMBER:				DEVICION NUMBE	-D.		
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ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			N/A	A A state of				E.L. EACH ACCIDENT	\$		
If yes, describe under			William Co.				E.L. DISEASE - EA EMPL	OYEE \$			
	SCRIPTION OF OPERAT	IONS below		CL 1743651D		2/24/2022	0/04/0004	E.L. DISEASE - POLICY	LIMIT \$		
				CL 1743651D		3/21/2020	3/21/2021	Per Occurrence Aggregate		1,000,000	
A LIQUOI LIABILITY			CL 1/43651D		3/21/2020	3/21/2021	2,000,000				

ACORD

Bayou Belle Boutique 118 Court Square E Covington, TN 38019

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE







5-YEAR SERVER PERMIT

State of Tennessee Alcoholic Beverage Commission

april m hall 3235 remington trace apt 394

memphis, TN, 38119

Permit Number: PERSER-SHE-1811099

Date Issued : 06/07/2018 Expiration Date : 06/07/2023

For the period that this permit is valid, you are authorized to serve alcoholic beverages at any licensed liquor-by-the-drink establishment in Tennessee. While you are on duty serving alcohol, you must have this with you or on the premises.

DISCLAIMER: This permit is not a legal form of identification