

**AGENDA – CITY OF ROCKY TOP BEER BOARD MEETING**  
**July 17, 2025 at 5:30 P.M.**

- 1) Call to Order
- 2) Roll Call
- 3) New Business
  - a) New Beer Permit
    1. First and Last Chance Saloon

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**CITY OF ROCKY TOP  
BEER PERMIT APPLICATION**

ON-PREMISES PERMIT \_\_\_\_\_  
OFF-PREMISES PERMIT \_\_\_\_\_  
TEMPORARY PERMIT \_\_\_\_\_

ON & OFF PREMISES PERMIT X  
MANUFACTURER'S OR  
DISTRIBUTOR'S PERMIT \_\_\_\_\_

I HEREBY MAKE APPLICATION FOR A PERMIT TO SELL, STORE, MANUFACTURE, OR DISTRIBUTE BEER OR OTHER ALCOHOLIC BEVERAGES AUTHORIZED TO BE SOLD, STORED, MANUFACTURED OR DISTRIBUTED UNDER THE PROVISIONS OF TENNESSEE CODE ANNOTATED § 57-5-103 THROUGH 57-5-109 AND I BASE MY APPLICATION UPON THE ANSWERS TO THE FOLLOWING QUESTIONS:

1. Full name of applicant (owner of business): Kim Kennedy
2. List all former names used including aliases, nicknames and maiden name: N/A
3. Type of applicant (check one): Person  Firm \_\_\_\_\_ Corp. \_\_\_\_\_  
Joint-Stock Company \_\_\_\_\_ Syndicate \_\_\_\_\_ Association \_\_\_\_\_
4. Give the name, address and birth date of all persons, firms, corporations, joint-stock, syndicates or associates who own 5% or more of the business (attach additional sheet needed):  
Kim Kennedy
5. What is your present address?  
156 Whitaker Hollow Rd  
Rocky Top, TN. 37769
6. List all previous addresses with the last ten years (use additional sheet if necessary).  
SAME as above
7. Applicant's Date of Birth: 5/25/51

8. Applicant's Home Telephone Number: (865) 387-7795  
 Applicant's Landline Business Telephone Number: (865) 630-1535
9. Under what name will this business operate? First & Last Chance Saloon
10. Give business address and geographical location: 908 South Main St  
Rocky Top TN.
11. Describe the nature or type of the business you will operate: Tavern
12. Name and address of person to receive annual tax notices and other official communications or legal correspondence: Kim Kennedy
13. Name and address of property owner (if other than business owners): \_\_\_\_\_
14. Will this permit be used to operate two or more restaurants or other businesses within the same building (yes or no). If yes, specify number: \_\_\_\_\_ and list the names of all restaurants or other businesses and describe all locations (use separate sheet if necessary): \_\_\_\_\_
15. Give the name, date of birth and address of any manager other than the applicant:  
Terrri Kennedy 7-29-61  
156 Whitaker Hollow Rd  
Rocky Top TN
16. Has any person who owns five percent (5%) or more of the business, any manager listed above, or any other employee of the business, been convicted of any violation of the beer or alcoholic beverage laws, felony crime or any misdemeanor crime or any misdemeanor crime involving moral turpitude (defined as crimes involving theft, fraud or false statements) within the past ten (10) years? NO  
 If yes, give the particulars of each charge, the court and the date convicted: \_\_\_\_\_

**IMPORTANT-** If you have any doubt regarding whether or not a past criminal convicted qualifies as a misdemeanor/felony or crime involving moral turpitude you should consult with an attorney prior to completing this application.

17. Have you, your business, or any person who owns five percent (5%) or more of the business, ever had a beer permit previously issued, revoked, suspended or denied in the State of Tennessee? Yes If yes, specify where, when and why:

2017-2023 First + Last Chance 548 North Main Street Rocky Top - CLOSED  
2021-2022 Vols Diner 711 South Main St. Rocky Top TN - Decided not to have Beer in Diner

18. Give the name, relationship to the applicant and address of the former beer permit holder at this location ( if applicable):

SAME - Kim Kennedy

19. Give the name and address of the school nearest your business:

Lake City Middle School

20. Give the name and address of the church or other place of worship nearest to your business:

Main St Baptist Church Rocky Top TN

21. Give the name of the owner and the address of the residential dwelling closest to your business:

108 Eight St. Rocky Top TN. 37769

I understand the County has adopted a rule forbidding the sale, storage, or manufacture of beer with 810 feet of a church, school, or other place of public gathering.

I, further, understand the County has adopted a rule forbidding the sale, storage of manufacture of beer or like beverages within 300 feet of a residential dwelling, if the owner objects to the issuance of a beer permit.

I understand that I must provide documentation to the County that I have registered with the State Commissioner of Revenue for sales tax purposes within ten (10) days following the issuance of a beer permit. I also understand that failure to provide this information will result in revocation of the permit.

I certify this application contains true information to the best of my knowledge and belief. I am aware of my continuing obligation to amend or supplement this application promptly if a change in circumstances affects the responses provided in this application, either before or after a permit has been issued, including, but not limited to, information regarding myself, other owner, employees or the addition of new employees. I certify that I am knowledgeable of the laws prohibiting the sale of beer to minors. I am aware that I will not be issued a beer permit or my permit will be revoked if my business location causes traffic congestion of interferes with schools, churches, or other places of public gathering or otherwise interferes with the public health, safety and morals. I will surrender to the Beer Board any permit issued under this application within fifteen (15) days of termination of the business, change in ownership, relocation of the business, or change of the business's name.

I have read and fully understand the terms and conditions set forth in the application. I understand this application is part of the Beer Permit and further understand that part of the normal procedure for processing this application is a background check. I certify that all information is true and authorize a Tennessee Bureau of Investigation to make the necessary investigation and to release any and all information to the Anderson County Beer Board.

[Signature]  
Signature of Applicant/Owner (or authorized officer)

Sworn to and subscribed before me this 16 day of June, 2025.

[Signature]  
Notary Public

My Commission Expires June 28, 2025

My Commission Expires: \_\_\_\_\_



**NOTICE:** A non-refundable \$250.00 fee must accompany this application. If the application is approved, you are required to provide documentation of sales tax registration to the county within ten (10) days of approval.

An annual privilege tax of \$100.00 is imposed on the business of selling, distributing, storing or manufacturing beer in this state. The tax is due each January 1 and is payable to the Anderson County Clerk. This tax is prorated for new permits issued after January 1 and must be paid when the permit is issued.

**ANY APPLICANT MAKING A FALSE STATEMENT IN THIS APPLICATION SHALL FORFEIT HIS OR HER PERMIT AND SHALL NOT BE ELIGIBLE TO RECEIVE A PERMIT FOR TEN (10) YEARS.**



## Rocky Top Police Department

104 Lawson St., Rocky Top, TN 37769

Phone: (865) 426-7404

Fax: (865) 426-9403

RE:Kim Kennedy

3-22-2024

I have conducted a complete and through background check on Kim Kennedy 05-25-1951. Based on this investigation, I find no criminal history and MR. Kennedy to be of good moral character. I find Mr. Kennedy eligible for the requested permit.

A handwritten signature in black ink, appearing to read "Matt McGhee", written over a horizontal line.

Deputy Chief Matt McGhee

A handwritten date "3-22-24" in black ink, written over a horizontal line.

Date

DRIVER LICENSE

Tennessee  
THE VOLUNTEER STATE

USA  
TN



NOT FOR REAL ID ACT PURPOSES

DL No. **045092526** DOB. **05/25/1951**

EXP **03/27/2032** ISS **03/27/2024**

CLASS **D** END **NONE**

REST **NONE**

SEX **M** HGT **6'-04"** EYES **BRO**

DD **7542403271315530**

**KENNEDY**

**KIM DALE**

**156 WHITAKER HOLLOW RD**

**ROCKY TOP, TN 37769**

*Kim Dale Kennedy*

