



**TOWN OF SMYRNA
BEER BOARD AGENDA
October 13, 2025
Council Chambers, Town Hall
5:00 PM**



- 1. Call to Order**
- 2. Pledge of Allegiance**
- 3. Citizen Comments**
- 4. Approval or Correction of Minutes**
 - a. September 9, 2025, regular Beer Board meeting.
- 5. Old Business**
- 6. New Business**
 - a. On Top, LLC dba Smyrna Tobacco & Vape, 232 N Lowry Street, Smyrna (George Guirguis, Ibram Rezkallah and Thabet Salama, Owners) – Off-Premise permit application.
 - b. Maiz Soul, LLC dba Maiz Soul by Tia Yaya, 15 N Lowry Street, Smyrna (Eleana Linares Parra and Danny Jesus Medina, Owners) - On-Premise permit application.
- 7. Set date for November 2025 meeting.**
- 8. Reports of Officers, Committees, or Staff**
- 9. Adjournment**



TOWN OF SMYRNA

BEER BOARD AGENDA

MINUTES



September 8, 2025

5:00 PM

1. Call to Order

The September meeting of the Town of Smyrna Beer Board was held on Monday, September 8, 2025. The meeting was called to order by Chairperson Amy Harrison, at 5:01 p.m. at Town Hall, Smyrna, Tennessee.

Chairperson Amy Harrison, Vice-Chairperson Jason Surratt and Board Members Jacqueline Redmond and Jennifer Brittain were present for the meeting. Staff Attorney Benjamin Groce and Town Clerk Amber Hobbs were also in attendance. Board Member Benjamin Franklin was not present for this meeting.

2. Pledge of Allegiance

The Pledge of Allegiance was led by Chairperson Amy Harrison.

3. Citizen Comments

There were no citizen comments to consider.

4. Approval or Correction of Minutes

4.a. August 11, 2025 Beer Board meeting.

The Board next considered a motion by Board Member Jennifer Brittain to approve the minutes of the Monday, August 11, 2025, regular meeting of the Beer Board. The motion was duly seconded by Vice-Chairperson Jason Surratt and subsequently approved 4-0.

5. Old Business

There were no items under old business for the Board's consideration at this time.

6. New Business

6.a. **PUBLIC HEARING: M2T2 Brews 2, LLC dba Mr. Brews Tap House, 427 Sam Ridley Pkwy West, Smyrna (Marvin & Mindi Bell, Owners) – On-Premise permit application.**

The Board next considered under new business an application for an on-premise permit for M2T2 Brews 2, LLC, 427 Sam Ridley Pkwy W, Smyrna. Owner, Marvin "Marty" Bell, spoke concerning the application. Following discussion, Vice-Chairperson Jason Surratt made a motion to approve the on-premise permit application for this location. The motion was duly seconded by Board Member Jennifer Brittain. Following further

discussion, the motion was approved 4-0. A copy of said application is attached and incorporated herein by reference as Exhibit "1".

6.b. PUBLIC HEARING: Smyrna Independent Merchants Association dba Depot Days, Depot District, Smyrna, (Jamonn Brady, Representative)- Special Event Permit Application.

The Board next considered under new business an application for a Special Event Permit for Smyrna Independent Merchants Association dba Depot Days for the event being held on Saturday, September 27, 2025, in the Depot District. Vanessa Haley, Vice President of SIMA, spoke concerning the application. Following discussion, Vice-Chairperson Jason Surratt made a motion to approve the special event permit application for this date, time and location. The motion was duly seconded by Board Member Jennifer Brittain. Following further discussion, the motion was approved 4-0. A copy of said application is attached and incorporated herein by reference as Exhibit "2".

7. Other

7.a. Open floor for any other new business.

There were no other new business items for the Board's consideration at this time.

7.b. Set date for next meeting.

Chairperson Amy Harrison stated that the next meeting will be held Monday, October 13, 2025, due to Rutherford County Schools Fall Break.

8. Reports of Officers, Committees, or Staff

9. Adjournment

There being no further business to come before the Board, Vice-Chairperson Jason Surratt made a motion to adjourn the meeting. The motion was duly seconded by Board Member Jennifer Brittain. The motion was approved unanimously. The meeting was adjourned at 5:10 p.m.

Town of Smyrna, Tennessee

Amy Harrison, Chairperson

Attest:

Amber Hobbs, Town Clerk



Jason Irvin, Chief of Police

Smyrna Police Department

400 Enon Springs Road East, Smyrna, Tennessee 37167

September 17, 2025

To whom it may concern,

We are not showing an arrest record for Thabet K. Salama, date of birth 12/12/1967.

We are not showing an arrest record for Ibram Mariey Fanous Rezkallah, date of birth 3/3/1984.

We are not showing an arrest record for George Wafaa Guirguis, date of birth 2/24/1979.

Sincerely,

Jason Irvin
Chief of Police

Jl/ms

DISPATCH: (615) 459-6644
RECORDS: (615) 355-5731
DETECTIVES: (615) 355-7530

FAX: (615) 459-9751
ADMINISTRATION: (615) 355-5705
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Bill Lee
Governor

TENNESSEE BUREAU OF INVESTIGATION

ATTN: TORIS

901 R.S. Gass Boulevard
Nashville, Tennessee 37216-2639
(615) 744-4057
Facsimile (615) 744-4289



David B. Rausch
Director

09/16/2025

MARSHA SOUTHERLAND
400 ENON SPRINGS RD EAST
SMYRNA POLICE DEPARTMENT
SMYRNA TN 37167

Tennessee Criminal History Records Request

NO TENNESSEE CRIMINAL HISTORY RECORD HAS BEEN FOUND FOR THE PERSON LISTED BELOW. NOTE: All aliases submitted have been searched.

GEORGE WAFAA GUIRGUIS

Please be aware that, unless a fingerprint comparison is performed, it is impossible for the Tennessee Bureau of Investigation to be sure the record belongs to the individual you requested . A fingerprint comparison will only be performed in the event of a written appeal of criminal history results. The information you receive will be based on only those arrests which occurred within the state of Tennessee.

The Tennessee Bureau of Investigation found no Tennessee criminal history based on the information provided. No criminal record check was conducted for other states or for the Federal Bureau of Investigation.

Tennessee Open Records Information Services
Tennessee Bureau of Investigation
901 R.S. Gass Blvd.
Nashville, TN 37216



INTERNATIONALLY ACCREDITED SINCE 1994



**BEER PERMIT APPLICATION FORM
ON-PREMISE
Town of Smyrna, Tennessee**

PLEASE COMPLETE THE BELOW BEER PERMIT APPLICATION FORM IN ITS ENTIRETY. IF A QUESTION DOES NOT APPLY TO YOU, PLEASE INDICATE BY MARKING YOUR ANSWER AS "Not Applicable" OR "N/A". THE BEER PERMIT APPLICATION WILL NOT BE PLACED ON THE BEER BOARD AGENDA UNTIL THE APPLICATION FORM IS COMPLETE.

THIS IS AN APPLICATION FOR:

~~ON~~-PREMISE CONSUMPTION PERMIT **OFF**

I HEREBY MAKE APPLICATION FOR A PERMIT TO SELL, STORE, MANUFACTURE, OR DISTRIBUTE BEER OR OTHER BEVERAGES AUTHORIZED TO BE SOLD, STORED, MANUFACTURED OR DISTRIBUTED UNDER THE PROVISION OF *TENNESSEE CODE ANNOTATED (TCA) § 57-5-101 ET SEQ.* AND THE PROVISIONS IN TITLE 8 OF THE MUNICIPAL CODE OF THE TOWN OF SMYRNA, TENNESSEE, AND I BASE MY APPLICATION UPON THE ANSWERS TO THE FOLLOWING QUESTIONS.

1. Full Name of Applicant (Owner): George ^{Wafaa} Guirguis
Person ___ Partnership **X** Corporation ___ Limited Liability Co. ___ Association ___

2. **All individuals, partnerships, corporations, or associations having at least a 5% ownership interest in the business must complete a separate Beer Permit Owner Application Form. (Individuals having at least a 5% ownership interest in the business must be at least 21 years of age.)**

3. What is your present home address?

[REDACTED] bon Aqua TN 37025

4. What were your previous home addresses within the last ten years?

1099 Jumpoff Rd bon Aqua TN 37025

5. Date of birth of applicant: [REDACTED] 1979 ✓

Place of birth: EGYPT

Social Security Number: [REDACTED]

Driver's License Number: [REDACTED] Expiration: 01-04-27 State: TN

American Citizen YES or Legal Resident Alien _____

6. Home telephone number: [REDACTED]

7. Business telephone number: [REDACTED]

8. Email address: [REDACTED]

9. Under what name will this business operate? George Guirguis
[Permits shall be issued in the applicant's name with a dba designation.]

Beer Permit shall be issued under what dba name:

Smyrna Tobacco & Vape

10. What is the purpose and intended use of the Beer Permit?

selling beer

11. Location of business by street address or other geographical description:

232 N Lowry St, Smyrna TN 37167

Phone number of business: 615-674-6586

12. Specify the identity and address of the person responsible to receive annual privilege tax notices and any other correspondence.

George Guirguis

[REDACTED] TN 37025

13. Give the name and address of the property owner, if different from the business owner.

14. Will the permit be used to operate two or more restaurants or other businesses under the same permit as permitted by TCA § 57-5-103(a)(4) within the same building?

Yes No

If yes, specify number _____. List the names of the restaurants or other businesses and describe their location (use additional sheet if necessary).

15. How many managers are currently employed? 1
Please state the full name of each manager currently employed.

Thabet Salama

How many managers do you anticipate hiring? 1

[Management Team Information must be completed and submitted to the Town of Smyrna at the time application. A Management Team Information form must be completed for any managers who are hired and/or promoted after the granting of a beer permit within five (5) days of hiring. Failure to supply such information or update provided information may result in the revocation or suspension of a beer permit.]

16. Provide the following as applicable: ***Article of Incorporation, Partnership Agreement, or L.L.C. Operating Agreement***; specifically the percent of ownership (private info may be redacted) ***PLEASE ATTACH***
17. Has any person having at least a 5% ownership interest or any other employee of the business been convicted of any violation of the beer or alcoholic beverage laws or any crime (other than minor traffic violations) in the State of Tennessee or any other state within the last ten (10) years?

Yes _____ No

If yes, give particulars of each charge, court, and date convicted.

Has any person having at least a 5% ownership interest or any other employee of the business been convicted of any crime violating a drug or alcohol law in the State of Tennessee or any other state within the last ten (10) years ?

Yes _____ No

If yes, give particulars of each charge, court, and date convicted.

Has any person having at least a 5% ownership interest or any other employee of the business been convicted of any crime involving physical violence in the State of Tennessee or any other state within the last ten (10) years?

Yes _____ No

If yes, give particulars of each charge, court, and date convicted.

Is any person having at least a 5% ownership interest or any other employee of the business currently facing pending criminal charges?

Yes _____ No

If yes, please state the date the charge was initiated, the nature of the charge the individual is currently facing, and the status of the pending charge.

18. Has this owner or the owners of the organization ever had a beer permit revoked, suspended, or denied in the State of Tennessee?

Yes _____ No

If yes, specify where, when and why.

19. Give the name, **relationship to applicant** (if applicable) and address of the former beer permittee at this location.

N/A

IT IS THE RESPONSIBILITY OF THE APPLICANT TO READ THE TOWN OF SMYRNA'S ADOPTED ORDINANCE AS PERTAINING TO DISTANCES OF ANY SCHOOL, CHURCH, FUNERAL HOME, HOSPITAL, LICENSED DAY CARE FACILITY, OR OTHER PLACE OF PUBLIC GATHERING AS IT RELATES TO THE SALE, STORAGE, AND MANUFACTURE OF BEER AND LIKE BEVERAGES.

20. What is the name and address of the church or other place of worship nearest to your business?

SMYRNA church of christ
112 Division ST, Smyrna TN 37167

21. What is the name and address of the school nearest to your business?

Smyrna ~~Dissevery~~ primary school
200 ~~Hensbee~~ Walnut Street

22. What is the name and address of the owner of the nearest funeral home to your business?

Simple Cremation ANA Funeral services
423 Smyrna square Drive

23. What is the name and address of the owner of the nearest hospital to your business?

Tristar Stonecrest Medical Center
200 Stone Crest Boulevard, Smyrna TN

24. What is the name and address of the owner of the nearest day care facility to your business?

The Gingerbread House children
253 Sam Ridley pkwy W Smyrna TN

25. Provide a complete list of the food preparation/storage appliances for the business:

N/A

26. Attach the available menu for the business if available (preferred) or list the food items to be sold at the location:

N/A

27. List previous experience of operation of an On-Premise alcohol sale business:

N/A

NO PERMIT SHALL BE ISSUED TO SELL BEER OR OTHER BEVERAGE COMING WITHIN THE PROVISIONS OF THIS CHAPTER IN VIOLATION OF ANY PROVISION OF STATE LAW, OR WHERE SUCH SALE WILL CAUSE CONGESTION OF TRAFFIC OR WILL INTERFERE WITH SCHOOLS, CHURCHES, OR OTHER PLACES OF PUBLIC GATHERING, OR WILL OTHERWISE INTERFERE WITH THE PUBLIC HEALTH, SAFETY, OR MORALS. (Smyrna Municipal Code Section 8-214)

VERIFICATION

STATE OF TN }
COUNTY OF Rutherford }

I, George Guirguis, applicant herein, hereby state under oath the following:

I hereby certify that no person having at least a 5% ownership interest, nor any person to be employed in the distribution or sale of beer in my establishment, has been convicted of any violation of the beer or alcoholic beverage laws, convicted of any crime violating any drug or alcohol law, convicted of a crime involving physical violence, or any crime involving moral turpitude within the past ten years.

I further agree to update information related to ownership and management as ownership and management change.

I am also aware that I shall not be issued a permit or my permit shall be revoked, if my business location causes traffic congestion or interferes with schools, churches or other places of public gathering, or otherwise interferes with public health, safety and morals.

I also certify that I have received a copy of the Town of Smyrna Beer Ordinance and the By-Laws and Rules of Procedure of the Smyrna Beer Board of Rutherford County, Tennessee. I state that I have read and understand the Beer Ordinance and the By-Laws. I further state that I am familiar with and understand the laws of the State of Tennessee related to the sale of beer. I further agree to abide by the Town of Smyrna Beer Ordinance and the laws of the State of Tennessee related to the sale of beer.

I further state that the information provided herein is true and correct. I understand that the information I have provided is subject to verification. By my signature below, I authorize and give consent for the Town of Smyrna to perform or obtain from a third party or outside agency a background check. This includes the following:

- Criminal background records/information
- Addresses
- Social Security Verification

I, the undersigned, authorize this information to be obtained either in writing or via telephone in connection with this beer permit application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines and to the extent permitted under state law; however I acknowledge that any and all information obtained and maintained in connection with my application is subject to the Public Record Act embodied in Tennessee Code Annotated §10-7-101 et seq.. I further release the Town of Smyrna, and its agents, assigns, and employees, from any and all claims of liability related to the acquisition and/or dissemination of information as to this background report. I understand that I will be notified in writing if an adverse decision is made based on the information contained within this report, if such report is obtained by an independent third party organization.

I understand that providing false information or failing to update the information contained within this application, including management team information, and as required by the Town of Smyrna Beer Ordinance may cause my beer permit to be suspended or revoked. I understand that the beer permits are not transferable, and if there is any change in ownership, I will have to apply for a new beer permit.

[Signature] _____ Date 09-15-25

Signature of Applicant/Owner (or authorized corporate officer)

Sworn to and subscribed before me this 15th day of September, 2025.

[Signature] _____
Notary Public

My Commission Expires: May 20, 2026




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 Town within ten days of approval. Any applicant making false statement in this application shall forfeit his/her permit and shall not be eligible to receive any permit for a period of ten years.

A privilege tax of \$100.00 is imposed on the business of selling, distributing, storing or manufacturing beer in this state effective January 1, 1994, and each successive January 1. Any holder of a beer permit issued after January 1, 1994 shall pay a pro rata portion of this annual tax when the permit is issued.

Town of Smyrna Use (Do not write in shaded area)	
	Initials
<input type="checkbox"/> Beer Application Form (BAF) Completed	_____
<input type="checkbox"/> Driver's License Copied	
<input type="checkbox"/> If not US Citizen, proof of right to work copied	
<input type="checkbox"/> Owner Application Form Completed	_____
<input type="checkbox"/> Not applicable according to BAF	
<input type="checkbox"/> Driver's License Copied	
<input type="checkbox"/> If not US Citizen, proof of right to work copied	
**FORM NEEDED FOR ALL OWNERS LISTED	
<input type="checkbox"/> Management Team Information Form Completed	_____
<input type="checkbox"/> Not applicable according to BAF	
<input type="checkbox"/> Driver's License Copied	
<input type="checkbox"/> If not US Citizen, proof of right to work copied	
**FORM NEEDED FOR ALL MANAGERS LISTED	
Date Completed Application Received: _____	
<input type="checkbox"/> Codes Report Received	<input type="checkbox"/> Police Report Received
Beer Board Agenda Hearing Date: _____	
Notification Sent (if any—state type and date sent): _____	
Decision of Beer Board: _____	Date: _____

DRIVER LICENSE

USA
TN



DL NO. [REDACTED] DOB 02/24/1979
EXP 01/04/2027 ISS 01/04/2019
CLASS D END NONE
REST NONE
SEX M HGT 5'-07" EYES BRO
DD [REDACTED]
GUIRGUIS
GEORGE WAFAA
[REDACTED]
BON AQUA, TN 37025-2798

NCIC - M. SOUTHERLAND
SMYRNA - M. SOUTHERLAND
RCSO - M. SOUTHERLAND

*Clear ICE
Status - [Signature]*



Jason Irvin, Chief of Police

Smyrna Police Department

400 Enon Springs Road East, Smyrna, Tennessee 37167

September 17, 2025

To whom it may concern,

We are not showing an arrest record for Thabet K. Salama, date of birth 12/12/1967.

We are not showing an arrest record for Ibram Mariey Fanous Rezkallah, date of birth 3/3/1984.

We are not showing an arrest record for George Wafaa Guirguis, date of birth 2/24/1979.

Sincerely,

Jason Irvin
Chief of Police

Jl/ms

DISPATCH: (615) 459-6644
RECORDS: (615) 355-5731
DETECTIVES: (615)355-7530

FAX: (615) 459-9751
ADMINISTRATION: (615) 355-5705
CID FAX: (615) 355-5712



Bill Lee
Governor

TENNESSEE BUREAU OF INVESTIGATION

ATTN: TORIS

901 R.S. Gass Boulevard
Nashville, Tennessee 37216-2639
(615) 744-4057
Facsimile (615) 744-4289



David B. Rausch
Director

09/16/2025

MARSHA SOUTHERLAND
400 ENON SPRINGS RD EAST
SMYRNA POLICE DEPARTMENT
SMYRNA TN 37167

Tennessee Criminal History Records Request

NO TENNESSEE CRIMINAL HISTORY RECORD HAS BEEN FOUND FOR THE PERSON LISTED BELOW. NOTE: All aliases submitted have been searched.

IBRAM MARIEY FANOUS REZKALLAH

Please be aware that, unless a fingerprint comparison is performed, it is impossible for the Tennessee Bureau of Investigation to be sure the record belongs to the individual you requested . A fingerprint comparison will only be performed in the event of a written appeal of criminal history results. The information you receive will be based on only those arrests which occurred within the state of Tennessee.

The Tennessee Bureau of Investigation found no Tennessee criminal history based on the information provided. No criminal record check was conducted for other states or for the Federal Bureau of Investigation.

Tennessee Open Records Information Services
Tennessee Bureau of Investigation
901 R.S. Gass Blvd.
Nashville, TN 37216



INTERNATIONALLY ACCREDITED SINCE 1994



BEER PERMIT APPLICATION FORM

Owner Application Information

(for owners other than primary applicant)

[The below information must be completed for and by each and every person or entity having at least a 5% ownership interest in the business for which a beer permit is sought. Failure to provide information on owners, as applicable, will result in a delay of issuance of a beer permit. Beer permits are not transferable. Any change in ownership, for those having at least a 5% ownership interest, will necessitate a new permit application. Use additional sheets as necessary.]

RELATED TO BEER PERMIT FOR: On Top LLC dba Smyrna Tobacco & Vape

1. Give the following information of any owner, having at least a 5% ownership interest, other than the applicant: Ibram Mariey Fanoos Rezkallah

Name: Ibram Rezkallah

Address: [Redacted] Dickson TN 37055

What were your previous home addresses within the last ten years?

132 Sylvias Rd Dickson TN 37055

701 West fourth street Dickson TN 37055

Date of birth: [Redacted] 1984 ✓

Place of birth: Egypt

Social Security Number: [Redacted]

Driver's License Number: [Redacted] Expiration: 11-18-2023 State: TN

American Citizen No or Legal Resident Alien Yes

Home telephone number: _____

Business telephone number: _____

Email address: _____

2. Has any person having at least a 5% ownership interest or any other employee of the business been convicted of any violation of the beer or alcoholic beverage laws or any crime (other than minor traffic violations) in the State of Tennessee or any other state within the last ten (10) years?

Yes _____ No

If yes, give particulars of each charge, court, and date convicted.

Has any person having at least a 5% ownership interest or any other employee of the business been convicted of any crime violating a drug or alcohol law in the State of Tennessee or any other state within the last ten (10) years ?

Yes _____ No

If yes, give particulars of each charge, court, and date convicted.

Has any person having at least a 5% ownership interest or any other employee of the business been convicted of any crime involving physical violence in the State of Tennessee or any other state within the last ten (10) years?

Yes _____ No

If yes, give particulars of each charge, court, and date convicted.

Is any person having at least a 5% ownership interest or any other employee of the business currently facing pending criminal charges?

Yes _____ No

If yes, please state the date the charge was initiated, the nature of the charge the individual is currently facing, and the status of the pending charge.

3. Has this owner or the owners of the organization ever had a beer permit revoked, suspended, or denied in the State of Tennessee?

Yes _____ No

If yes, specify where, when and why.

4. Give the name, relationship to applicant (if applicable) and address of the former beer permittee at this location.

N/A

IT IS THE RESPONSIBILITY OF THE APPLICANT TO READ THE TOWN OF SMYRNA'S ADOPTED ORDINANCE AS PERTAINING TO DISTANCES OF ANY SCHOOL, CHURCH, FUNERAL HOME, HOSPITAL, LICENSED DAY CARE FACILITY, OR OTHER PLACE OF PUBLIC GATHERING AS IT RELATES TO THE SALE, STORAGE, AND MANUFACTURE OF BEER AND LIKE BEVERAGES.

NO PERMIT SHALL BE ISSUED TO SELL BEER OR OTHER BEVERAGE COMING WITHIN THE PROVISIONS OF THIS CHAPTER IN VIOLATION OF ANY PROVISION OF STATE LAW, OR WHERE SUCH SALE WILL CAUSE CONGESTION OF TRAFFIC OR WILL INTERFERE WITH SCHOOLS, CHURCHES, OR OTHER PLACES OF PUBLIC GATHERING, OR WILL OTHERWISE INTERFERE WITH THE PUBLIC HEALTH, SAFETY, OR MORALS. (Smyrna Municipal Code Section 8-214)

information will be held in confidence in accordance with the organization's guidelines and to the extent permitted under state law; however I acknowledge that any and all information obtained and maintained in connection with my application is subject to the Public Records Act embodied in Tennessee Code Annotated §10-7-101 et seq. I further release the Town of Smyrna, and its agents, assigns, and employees, from any and all claims of liability related to the acquisition and/or dissemination of information as to this background report. I understand that I will be notified in writing if an adverse decision is made based on the information contained within this report, if such report is obtained by an independent third party organization.

I understand that providing false information or failing to update the information contained within this application, including management team information and/or owner application information, and as required by the Town of Smyrna Beer Ordinance may cause my beer permit to be suspended or revoked. I understand that the beer permits are not transferable, and if there is any change in ownership, I will have to apply for a new beer permit.

I HAVE READ THE BEER PERMIT APPLICATION FORM COMPLETED BY THE PRIMARY APPLICANT FOR THE BEER PERMIT, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF THE INFORMATION CONTAINED THEREIN IS TRUE AND CORRECT.

Israam Berkash 09.15.2025
Signature of Applicant/Owner (or authorized corporate officer) Date

Sworn to and subscribed before me this 15th day of September, 2025.

Jennifer M Ramsey
Notary Public


My Commission Expires: May 29 2026



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 Town within ten days of approval. Any applicant making false statement in this application shall forfeit his/her permit and shall not be eligible to receive any permit for a period of ten years.

A privilege tax of \$100.00 is imposed on the business of selling, distributing, storing or manufacturing beer in this state effective January 1, 1994, and each successive January 1. Any holder of a beer permit issued after January 1, 1994 shall pay a pro rata portion of this annual tax when the permit is issued.

TEMPORARY DRIVER LICENSE **DUP** **USA TN**



NOT FOR REAL ID ACT PURPOSES

DL NO: [REDACTED] DOB: **03/03/1984**
 EXP: **11/18/2027** ISS: **04/26/2022**

CLASS **XD** END: **NONE**
 REST **01**

SEX **M** HGT **5'-08"** EYES **BRO**
 DD: [REDACTED]

REZKALLAH
IBRAM MARIEH FANOUS
 [REDACTED]

Rez Kallah

DICKSON, TN 37055

NCIC - M. SOUTHERLAND
 SMYRNA - M. SOUTHERLAND
 RCSSO - M. SOUTHERLAND

Clear ICE Status
(no)



Jason Irvin, Chief of Police

Smyrna Police Department

400 Enon Springs Road East, Smyrna, Tennessee 37167

September 17, 2025

To whom it may concern,

We are not showing an arrest record for Thabet K. Salama, date of birth 12/12/1967.

We are not showing an arrest record for Ibram Mariey Fanous Rezkallah, date of birth 3/3/1984.

We are not showing an arrest record for George Wafaa Guirguis, date of birth 2/24/1979.

Sincerely,

Jason Irvin
Chief of Police

Jl/ms

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CID FAX: (615) 355-5712



Bill Lee
Governor

TENNESSEE BUREAU OF INVESTIGATION

ATTN: TORIS

901 R.S. Gass Boulevard
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(615) 744-4057
Facsimile (615) 744-4289



David B. Rausch
Director

09/16/2025

MARSHA SOUTHERLAND
400 ENON SPRINGS RD EAST
SMYRNA POLICE DEPARTMENT
SMYRNA TN 37167

Tennessee Criminal History Records Request

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901 R.S. Gass Blvd.
Nashville, TN 37216



INTERNATIONALLY ACCREDITED SINCE 1994



BEER PERMIT APPLICATION FORM
Owner Management Team Information

[The below information must be completed for and by each and every manager, whether full-time or part-time. Failure to provide information on managers will result in a delay of issuance of a beer permit. Failure to update manager information, including the employment of new managers, may result in suspension or revocation of a beer permit. Use additional sheets as necessary.]

1. Give the following information of any manager other than the applicant:

Name: Thabet K. Salama

Address: [Redacted] Murfreesboro, TN 37128

Date of birth: [Redacted] 1967 ✓

Place of birth: EGYPT

Social Security Number: [Redacted]

Driver's License Number: [Redacted] Expiration: 06-13-33 State: TN

American Citizen NO or Legal Resident Alien YES

2. Has the above-listed manager been convicted of any violation of the beer or alcoholic beverage laws or any crime (other than minor traffic violations) within the last ten years?
Yes _____ No ✓

If yes, give particulars of each charge, court, and date convicted.

3. Has the above-listed manager been convicted of any crime violating a drug or alcohol law in the State of Tennessee or any other state within the last ten (10) years?

Yes _____ No

If yes, give particulars of each charge, court, and date convicted.

4. Has the above-listed manager been convicted of any crime involving physical violence in the State of Tennessee or any other state within the last ten (10) years?

Yes _____ No

If yes, give particulars of each charge, court, and date convicted.

5. Is the above-listed manager currently facing pending charges for any criminal violation in this state or any other state?

Yes _____ No

If yes, give particulars of each charge, court, and date convicted.

VERIFICATION

STATE OF TN }

COUNTY OF Rutherford }

I, Thabit salama, am a manager for the applicant herein. I hereby state under oath the following:

I certify that the above information provided is true and correct. I agree to furnish information to the applicant and the Town of Smyrna if there is any change related to my answers to the questions herein. I understand that the information I have provided is subject to verification. By my signature below, I authorize and

give consent for the Town of Smyrna to perform or obtain from a third party or outside agency a background check. This includes the following:

- Criminal background records/information
- Addresses
- Social Security Verification

I, the undersigned, authorize this information to be obtained either in writing or via telephone in connection with this beer permit application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines and to the extent permitted under state law; however I acknowledge that any and all information obtained and maintained in connection with my application is subject to the Public Records Act embodied in Tennessee Code Annotated §10-7-101 et seq. I further release the Town of Smyrna, and its agents, assigns, and employees, from any and all claims of liability related to the acquisition and/or dissemination of information as to this background report. I understand that I will be notified in writing if an adverse decision is made based on the information contained within this report, if such report is obtained by an independent third party organization.

I have read the Town of Smyrna Beer Ordinance. I am familiar with the laws of the State of Tennessee related to the sale of beer. I agree to abide by the Town of Smyrna Beer Ordinance and the laws of the State of Tennessee related to the sale of beer.

Thabit Saleh 9/15/2025
Signature of Manager Date

Sworn to and subscribed before me this 15th day of September, 2025.

Ann Dimon
Notary Public

My Commission Expires: JULY 21st 2026 [seal]



My Commission Expires July 21, 2026



RESTRICTIONS: 01 Glasses, Contact

ENDORSEMENTS: None

CLASS: D Vehicles <25,000 (Operator)

12/21/2024
R0001152024

Save Time, Renew Online
www.tennor.gov



NCIC - M. SOUTHERLAND
SMYRNA - M. SOUTHERLAND
RC SO - M. SOUTHERLAND

Clear 1st Status
(Signature)

DRIVER LICENSE

TENNESSEE
THE VOLUNTEER STATE



**SALAMA
THABET K**

MURFREESBORO, TN 37128-0782

DL NO: [REDACTED]
DOB 12/12/1967
EXP 06/13/2033 ✓
ISS 06/13/2025

REST 01
CLASS D
END NONE

671212

SEX M
HGT 6'-00" EYES BLK
DD [REDACTED]

Thab K

Tracking Number
B2025767788



Tre Hargett
Secretary of State

Articles Of Organization

Division of Business and Charitable Organizations
Department of State
State of Tennessee
312 Rosa L. Parks Avenue, 6th Floor
Nashville, Tennessee 37243
Phone: 615-741-2286
sos.tn.gov/businesses

Control #: 002047733
Filed: 09/03/2025 12:34 PM
Tre Hargett
Secretary of State

Entity Information

Entity Name: ON TOP LLC

Entity Type: Limited Liability Company

Fiscal Year Ending Month: December

Additional Designation: *(No additional designation)*

Series LLC ?

Yes No

Principal Office Address

232 N Lowry St
Smyrna, TN 37167
Rutherford County, USA

Mailing Address

232 N Lowry St
Smyrna, TN 37167
Rutherford County, USA

Period of Duration:

Perpetual

Will this filing have a delayed effective date?

Yes No

Nature of Business (NAICS):

459991 - Tobacco, Electronic Cigarette, and Other Smoking Supplies Retailers

Other Provisions:

(No other provisions)

Do you have additional uploads you would like to attach to this filing?

Yes No

Registered Agent Information

ON TOP LLC
232 N Lowry St
Smyrna, TN 37167, USA

Member Information

The Limited Liability Company will be: Member Managed

Do you have six or fewer members at the date of this filing?

Yes No

Will this entity be registered as an Obligated Member Entity (OME)

Yes No



00311 1 of 1

STATE OF TENNESSEE
DEPARTMENT OF REVENUE

Certificate of Registration

September 3, 2025

ON TOP LLC
232 N LOWRY ST
SMYRNA TN 37167-2529

Letter ID: L1329737408
Account ID: 1002703004-FAE
Account Type: Franchise/Excise Tax

The above named taxpayer has filed an application for franchise and excise tax registration. The Tennessee Department of Revenue issued this Franchise and Excise Tax Certificate of Registration in accordance with Tenn. Code Ann. §§ 67-4-2003 and 67-4-2103. The Department uses the account number on this certificate to identify your account, and it must be shown on all correspondence and reports. Please provide the account number to your tax preparer.

Tax Returns

Taxpayers must file and pay all franchise and excise tax returns and associated tax payments electronically, unless doing so creates a hardship for the taxpayer. This hardship exception may apply to taxpayers who do not own a computer, taxpayers who do not have access to the internet, and taxpayers whose religious beliefs prohibit the use of computers and related technology.

Franchise and excise tax returns are due by the 15th day of the fourth month following the close of your books and records. For businesses with a calendar year, the due date is April 15. A return must be filed, even if you have not had any Tennessee business activity during the annual reporting period. In order to avoid penalty and interest, you must file the return and make all associated tax payments by the original due date.

A seven-month extension for filing your Initial tax return will be granted if the minimum franchise tax of \$100 has been paid in by the original due date of the return. In subsequent years, the extension will be granted if you pay the lesser of 90% of the current year's liability or 100% of the prior year's liability, with the minimum payment being \$100. If you file your return by the extended due date and pay the minimum amount as described above by the original due date, no penalty will be applied. However, you will owe interest on any tax payments not received by the original due date.

You must make estimated tax payments quarterly if *both* the prior year's franchise and excise tax and the projected current year's tax equals or exceeds \$5,000. Estimated tax payments are not required during the taxpayer's Initial tax year because of this threshold.

David Gerregano
Commissioner of Revenue

Taxpayer Services Division • 500 Deaderick Street • Nashville, TN 37242
Tel 615-253-0700 • www.tn.gov/revenue

aL0112



IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 09-03-2025

Employer Identification Number:
39-4135955

Form: SS-4

Number of this notice: CP 575 B

On Top LLC
Smyrna Tobacco & Vape
% George Guirguis MBR
232 N Lowry St
Smyrna , TN 37167

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 39-4135955. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did not apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following forms by the dates shown.

Form 1065

03/15/2026

Your Form 11C and/or 730 becomes due the month after your wagering starts.



If you have questions about the forms or the due dates shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification (corporation, partnership, estate, trust, EPMF etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2020-1, 2020-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

IMPORTANT REMINDERS:



-  Schools
-  Churches
-  Childcare
-  Requested Location



232 N
LOWRY ST

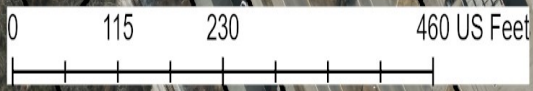
GRESHAM DR

Smyrna Church
of the Nazarene

OVERTON DR

KINGS RD

IMPERIAL BLVD





Jason Irvin, Chief of Police

Smyrna Police Department

400 Enon Springs Road East, Smyrna, Tennessee 37167

September 29, 2025

To whom it may concern,

Mr. Danny Jesus Medina DOB: [REDACTED]/1988, has active felony warrants for Theft of Property in the 1st Degree and Criminal Possession of a Forged Instrument 3rd Degree. He was wanted by Decatur, AL Police Department with full extradition warrants.

Sincerely,

Jason Irvin
Chief of Police

Jl/ms



BEER PERMIT APPLICATION FORM

Owner Application Information

(for owners other than primary applicant)

[The below information must be completed for and by each and every person or entity having at least a 5% ownership interest in the business for which a beer permit is sought. Failure to provide information on owners, as applicable, will result in a delay of issuance of a beer permit. Beer permits are not transferable. Any change in ownership, for those having at least a 5% ownership interest, will necessitate a new permit application. Use additional sheets as necessary.]

RELATED TO BEER PERMIT FOR: MAIZ Soul by Tia Yaya

1. Give the following information of any owner, having at least a 5% ownership interest, other than the applicant:

Name: Danny Jesus Medina

Address: [REDACTED] Smyrna TN 37167

What were your previous home addresses within the last ten years?

2266 George Matthew Dr Smyrna TN 37167

287 Hollandale Rd La Vergne TN 37086

705 Old Nashville Hwy Smyrna TN 37167

Date of birth: [REDACTED] 1988 ✓

Place of birth: Venezuela

Social Security Number: [REDACTED]

Driver's License Number: [REDACTED] Expiration: 01/26/26 State: TN

American Citizen or Legal Resident Alien [REDACTED]

Home telephone number: [REDACTED]

Business telephone number: 615267 3339

Email address: maizsaullc@hotmail.com

2. Has any person having at least a 5% ownership interest or any other employee of the business been convicted of any violation of the beer or alcoholic beverage laws or any crime (other than minor traffic violations) in the State of Tennessee or any other state within the last ten (10) years?

Yes _____ No X

If yes, give particulars of each charge, court, and date convicted.

Has any person having at least a 5% ownership interest or any other employee of the business been convicted of any crime violating a drug or alcohol law in the State of Tennessee or any other state within the last ten (10) years?

Yes _____ No X

If yes, give particulars of each charge, court, and date convicted.

Has any person having at least a 5% ownership interest or any other employee of the business been convicted of any crime involving physical violence in the State of Tennessee or any other state within the last ten (10) years?

Yes _____ No X

If yes, give particulars of each charge, court, and date convicted.

Is any person having at least a 5% ownership interest or any other employee of the business currently facing pending criminal charges?

Yes _____ No X

If yes, please state the date the charge was initiated, the nature of the charge the individual is currently facing, and the status of the pending charge.

3. Has this owner or the owners of the organization ever had a beer permit revoked, suspended, or denied in the State of Tennessee?

Yes _____ No X

If yes, specify where, when and why.

4. Give the name, relationship to applicant (if applicable) and address of the former beer permittee at this location.

N/A

IT IS THE RESPONSIBILITY OF THE APPLICANT TO READ THE TOWN OF SMYRNA'S ADOPTED ORDINANCE AS PERTAINING TO DISTANCES OF ANY SCHOOL, CHURCH, FUNERAL HOME, HOSPITAL, LICENSED DAY CARE FACILITY, OR OTHER PLACE OF PUBLIC GATHERING AS IT RELATES TO THE SALE, STORAGE, AND MANUFACTURE OF BEER AND LIKE BEVERAGES.

NO PERMIT SHALL BE ISSUED TO SELL BEER OR OTHER BEVERAGE COMING WITHIN THE PROVISIONS OF THIS CHAPTER IN VIOLATION OF ANY PROVISION OF STATE LAW, OR WHERE SUCH SALE WILL CAUSE CONGESTION OF TRAFFIC OR WILL INTERFERE WITH SCHOOLS, CHURCHES, OR OTHER PLACES OF PUBLIC GATHERING, OR WILL OTHERWISE INTERFERE WITH THE PUBLIC HEALTH, SAFETY, OR MORALS. (Smyrna Municipal Code Section 8-214)

I further state that the information provided herein is true and correct. I understand that the information I have provided is subject to verification. By my signature below, I authorize and give consent for the Town of Smyrna to perform or obtain from a third party or outside agency a background check. This includes the following:

- Criminal background records/information
- Addresses
- Social Security Verification

I, the undersigned, authorize this information to be obtained either in writing or via telephone in connection with this beer permit application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines and to the extent permitted under state law; however I acknowledge that any and all information obtained and maintained in connection with my application is subject to the Public Record Act embodied in Tennessee Code Annotated §10-7-101 et seq.. I further release the Town of Smyrna, and its agents, assigns, and employees, from any and all claims of liability related to the acquisition and/or dissemination of information as to this background report. I understand that I will be notified in writing if an adverse decision is made based on the information contained within this report, if such report is obtained by an independent third party organization.

I understand that providing false information or failing to update the information contained within this application, including management team information, and as required by the Town of Smyrna Beer Ordinance may cause my beer permit to be suspended or revoked. I understand that the beer permits are not transferable, and if there is any change in ownership, I will have to apply for a new beer permit.

Danny Medina 09/20/2025
Signature of Applicant/Owner (or authorized corporate officer) Date

Sworn to and subscribed before me this 20 day of September, 2025.

Isabel Barboza Torres
Notary Public

My Commission Expires: 03/01/2028

[seal]



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 Town within

UNITED STATES OF AMERICA
EMPLOYMENT AUTHORIZATION

MEDINA COLMENARES MAY 22 2017

Surname
MEDINA COLMENARES

Given Name
DANNY J

SCIS# [REDACTED]

Category Code
C08 [REDACTED]

Country of Birth
Venezuela

Terms and Conditions
None


Date of Birth
[REDACTED] 988

Sex
M

Valid From
08/05/22

Card Expires
08/04/24

NOT VALID FOR REENTRY TO U.S.



SOCIAL SECURITY

VALID FOR WORK ONLY
WITH DHS AUTHORIZATION

[REDACTED]

THIS NUMBER HAS BEEN ESTABLISHED FOR
**DANNY JESUS
MEDINA COLMENARES**

Danny Medina

SIGNATURE **10/02/2017**

USA

NCIC - M. SOUTHERLAND
SMYRNA - M. SOUTHERLAND
RC SO - M. SOUTHERLAND

Subject wanted out of Decatur, AL for active Felony Warrants for Theft of Property 1st Degree & Criminal Possession of a Forged Instrument 3rd degree. (Full extradition warrants.)

Also: It appears he was/had filed a "temporary protection Status" w/ ICE. However, since his arrest that application has been denied.

Record states:

— Not legally in the United States & appears to be subject to removal proceedings.

— Marsha Southerland



Warrant #: GS1033188

[] I hereby waive my right to counsel.

Motion for Waiver of Right to Counsel

Having been heretofore advised of my right to counsel pursuant to the authority granted by TCA 40-14-103, the 6th and 14th Amendments to the United States Constitution, Article 1, Section 9 of the Tennessee Constitution, I hereby move to waive my right to counsel which motion of the Court is pleased to grant.

The defendant makes oath in due form that he has been advised by the Court of the constitutional right of every defendant to be represented by counsel and to have one appointed by the Court if the defendant cannot afford one, pursuant to TCA 40-14-103.

This motion is concurred by the Assistant District Attorney General.

Assistant Attorney General Griffith Interpreter Defendant Danny J Medina Deputy Clerk

The defendant Danny J Medina pleads [] guilty [] not guilty to the offense of 55-10-401 Driving Under the Influence A Misdemeanor

and waives his right to be tried only by indictment or presentment preferred by a Grand Jury, and likewise waives trial by a jury of his peers.

Defendant Danny J Medina Attorney: Tippens, William

Whereupon, said defendant appeared before the Judge of the Court of General Sessions of Davidson County, Tennessee, on said charge was informed by said Judge of the offense with which he was charged, of his right to make a statement in reference to the charge or his right to waive such statement, and being asked by said Judge whether he desired to plead guilty, or not guilty, said defendant waived the right to a hearing of this case by a Grand Jury and the right to be put on trial by indictment or presentment and waived the right to a trial by a jury, and then entered a plea of [] guilty [] not guilty to said charge and requested that this case be heard and determined by this court and said judge upon the warrant without indictment or jury and upon said plea the Court having heard the evidence produced by the State and Defendant and argument of counsel for the defendant, find the defendant guilty of the offense charged in the warrant and hereby orders and adjudges the defendant pay a fine of and all the costs of this cause, and that in addition to said fine and costs said defendant be committed to and confined in said workhouse of Davidson County for a period of :

DISPOSITION

- [] Pled Guilty [] Found Guilty [] Not Guilty [] 40-35-313 [] Dismissed [] Dismissed on Costs [] Dismissed ROS [] Dismissed, Cost to Pros [X] Notted [] Nolo Contendere [] Forfeiture Judgment [] Retired on Costs [] Retired

SENTENCE

Years Months Days Hours @ % [] Suspended Suspend All But Consecutive To: @ % [] Day for Day [] Hour for Hour Concurrent With:

Special Conditions :

PROBATION

[] Supervised [] Unsupervised Years Months Days Fine

If Supervised Probation is Ordered the Defendant shall comply with the General Sessions Court, Order of Probation.

Special Conditions :

Restitution Total Amount: Amount Per Month: Recipient: Address:

Judge Jim Todd GS Division 6 Div 10/02/2024 Date



I hereby certify that this is a true and exact copy of the original DISPOSITION This 2 day of 10, 2024 CRIMINAL COURT CLERK BY RS D.C.



Jason Irvin, Chief of Police

Smyrna Police Department

400 Enon Springs Road East, Smyrna, Tennessee 37167

September 29, 2025

To whom it may concern,

We are not showing an arrest record for Eleana Chiquinquira Linares Parra, date of birth [REDACTED]/1988.

Sincerely,

Jason Irvin
Chief of Police

Jl/ms



Bill Lee
Governor

TENNESSEE BUREAU OF INVESTIGATION

ATTN: TORIS

901 R.S. Gass Boulevard
Nashville, Tennessee 37216-2639
(615) 744-4057
Facsimile (615) 744-4289



David B. Rausch
Director

09/25/2025

MARSHA SOUTHERLAND
400 ENON SPRINGS RD EAST
SMYRNA POLICE DEPARTMENT
SMYRNA TN 37167

Tennessee Criminal History Records Request

NO TENNESSEE CRIMINAL HISTORY RECORD HAS BEEN FOUND FOR THE PERSON LISTED BELOW. NOTE: All aliases submitted have been searched.

ELEANA CHIQUINQUIRA LINARES PARRA

Please be aware that, unless a fingerprint comparison is performed, it is impossible for the Tennessee Bureau of Investigation to be sure the record belongs to the individual you requested . A fingerprint comparison will only be performed in the event of a written appeal of criminal history results. The information you receive will be based on only those arrests which occurred within the state of Tennessee.

The Tennessee Bureau of Investigation found no Tennessee criminal history based on the information provided. No criminal record check was conducted for other states or for the Federal Bureau of Investigation.

Tennessee Open Records Information Services
Tennessee Bureau of Investigation
901 R.S. Gass Blvd.
Nashville, TN 37216



INTERNATIONALLY ACCREDITED SINCE 1994



**BEER PERMIT APPLICATION FORM
ON-PREMISE
Town of Smyrna, Tennessee**

PLEASE COMPLETE THE BELOW BEER PERMIT APPLICATION FORM IN ITS ENTIRETY. IF A QUESTION DOES NOT APPLY TO YOU, PLEASE INDICATE BY MARKING YOUR ANSWER AS "Not Applicable" OR "N/A". THE BEER PERMIT APPLICATION WILL NOT BE PLACED ON THE BEER BOARD AGENDA UNTIL THE APPLICATION FORM IS COMPLETE.

THIS IS AN APPLICATION FOR:

ON-PREMISE CONSUMPTION PERMIT

I HEREBY MAKE APPLICATION FOR A PERMIT TO SELL, STORE, MANUFACTURE, OR DISTRIBUTE BEER OR OTHER BEVERAGES AUTHORIZED TO BE SOLD, STORED, MANUFACTURED OR DISTRIBUTED UNDER THE PROVISION OF *TENNESSEE CODE ANNOTATED (TCA) § 57-5-101 ET SEQ.* AND THE PROVISIONS IN TITLE 8 OF THE MUNICIPAL CODE OF THE TOWN OF SMYRNA, TENNESSEE, AND I BASE MY APPLICATION UPON THE ANSWERS TO THE FOLLOWING QUESTIONS.

1. Full Name of Applicant (Owner): Eleana chiquingira linares Parra
Person ___ Partnership ___ Corporation ___ Limited Liability Co. Association ___

2. All individuals, partnerships, corporations, or associations having at least a 5% ownership interest in the business must complete a separate Beer Permit Owner Application Form. (Individuals having at least a 5% ownership interest in the business must be at least 21 years of age.)

Danny Jesus Tieding

3. What is your present home address?

[REDACTED] Smyrna TN 37167

4. What were your previous home addresses within the last ten years?

2266 George Matthew Dr. Smyrna, TN 37167

287 Hollandale Dr. La Vergne, TN 37086

7105 Old Nashville Hwy Smyrna, TN 37167

5. Date of birth of applicant: 11/19/1988 ✓

Place of birth: Venezuela

Social Security Number: [REDACTED]

Driver's License Number: [REDACTED] Expiration: 11/16/2030 01/30/26 State: TN

American Citizen _____ or Legal Resident Alien [REDACTED]

6. Home telephone number: [REDACTED]

7. Business telephone number: 615 267 3339

8. Email address: maizsoul11c@hotmail.com

9. Under what name will this business operate? Maiz Soul by Tia Yaya
[Permits shall be issued in the applicant's name with a dba designation.]

State the proposed name in which the Beer Permit shall be issued:

Maiz Soul

10. What is the purpose and intended use of the Beer Permit?

The purpose is to offer beer as part of the beverage menu for customers dining at the restaurant. The permit will be used strictly for on-premise consumption.

11. Location of business by street address or other geographical description:

15 N Lowry St Smyrna, TN 37167

Phone number of business: 615 267 3339

12. Specify the identity and address of the person responsible to receive annual privilege tax notices and any other correspondence.

Eleana Linares

13. Give the name and address of the property owner, if different from the business owner.

Tony McConnell
15 N Lowry St Smyrna TN 37167

14. Will the permit be used to operate two or more restaurants or other businesses under the same permit as permitted by TCA § 57-5-103(a)(4) within the same building?

Yes No

If yes, specify number _____. List the names of the restaurants or other businesses and describe their location (use additional sheet if necessary).

15. How many managers are currently employed? 0
Please state the full name of each manager currently employed.

owner managed currently

How many managers do you anticipate hiring? N/A

[Management Team Information must be completed and submitted to the Town of Smyrna at the time application. A Management Team Information form must be completed for any managers who are hired and/or promoted after the granting of a beer permit within five (5) days of hiring. Failure to supply such information or update provided information may result in the revocation or suspension of a beer permit.]

16.

Provide the following as applicable: **Article of Incorporation, Partnership Agreement, or L.L.C. Operating Agreement**; specifically the percent of ownership (private info may be redacted) **PLEASE ATTACH**

17. Has any person having at least a 5% ownership interest or any other employee of the business been convicted of any violation of the beer or alcoholic beverage laws or any crime (other than minor traffic violations) in the State of Tennessee or any other state within the last ten (10) years?

Yes _____ No X

If yes, give particulars of each charge, court, and date convicted.

Has any person having at least a 5% ownership interest or any other employee of the business been convicted of any crime violating a drug or alcohol law in the State of Tennessee or any other state within the last ten (10) years ?

Yes _____ No X

If yes, give particulars of each charge, court, and date convicted.

Has any person having at least a 5% ownership interest or any other employee of the business been convicted of any crime involving physical violence in the State of Tennessee or any other state within the last ten (10) years?

Yes _____ No X

If yes, give particulars of each charge, court, and date convicted.

Is any person having at least a 5% ownership interest or any other employee of the business currently facing pending criminal charges?

Yes _____ No X

If yes, please state the date the charge was initiated, the nature of the charge the individual is currently facing, and the status of the pending charge.

18. Has this owner or the owners of the organization ever had a beer permit revoked, suspended, or denied in the State of Tennessee?

Yes _____ No X

If yes, specify where, when and why.

19. Give the name, **relationship to applicant** (if applicable) and address of the former beer permittee at this location.

N/A

IT IS THE RESPONSIBILITY OF THE APPLICANT TO READ THE TOWN OF SMYRNA'S ADOPTED ORDINANCE AS PERTAINING TO DISTANCES OF ANY SCHOOL, CHURCH, FUNERAL HOME, HOSPITAL, LICENSED DAY CARE FACILITY, OR OTHER PLACE OF PUBLIC GATHERING AS IT RELATES TO THE SALE, STORAGE, AND MANUFACTURE OF BEER AND LIKE BEVERAGES.

20. What is the name and address of the church or other place of worship nearest to your business?

Smyrna First United Methodist Church

301 Sam Davis rd, Smyrna TN 37167

21. What is the name and address of the school nearest to your business?

Smyrna Elementary School

1001 Sam Davis rd, Smyrna TN 37167₅

22. What is the name and address of the owner of the nearest funeral home to your business?

Woodfin Funeral Chapel
203 N Lowry St, Smyrna TN 37167

23. What is the name and address of the owner of the nearest hospital to your business?

Tristar StoneCrest Medical Group.
200 StoneCrest Blvd, Smyrna TN 37167

24. What is the name and address of the owner of the nearest day care facility to your business?

Lancaster Christian Early Learning Center
201 Mayfield Dr, Smyrna TN 37167

24. Provide a complete list of the food preparation facilities and an accurate account of food preparation/ storage appliances for the business:

- Ovens
- Fryers (48 lbs)
- Grill (2) x 24"
- Hood
- Microwave
- Refrigerator (3)
- Freezer (3)
- Prep Tables (3)

25. Attach the available menu for the business if available (preferred) or list the food items to be sold at the location:

Attached

26. List previous experience of operation of an On-Premise alcohol sale business:

N/A

NO PERMIT SHALL BE ISSUED TO SELL BEER OR OTHER BEVERAGE COMING WITHIN THE PROVISIONS OF THIS CHAPTER IN VIOLATION OF ANY PROVISION OF STATE LAW, OR WHERE SUCH SALE WILL CAUSE CONGESTION OF TRAFFIC OR WILL INTERFERE WITH SCHOOLS, CHURCHES, OR OTHER PLACES OF PUBLIC GATHERING, OR WILL OTHERWISE INTERFERE WITH THE PUBLIC HEALTH, SAFETY, OR MORALS. (Smyrna Municipal Code Section 8-214)

VERIFICATION

STATE OF Tennessee }
COUNTY OF Rutherford }

I, Eleana Linares, applicant herein, hereby state under oath the following:

I hereby certify that no person having at least a 5% ownership interest, nor any person to be employed in the distribution or sale of beer in my establishment, has been convicted of any violation of the beer or alcoholic beverage laws, convicted of any crime violating any drug or alcohol law, convicted of a crime involving physical violence, or any crime involving moral turpitude within the past ten years.

I further agree to update information related to ownership and management as ownership and management change.

I am also aware that I shall not be issued a permit or my permit shall be revoked, if my business location causes traffic congestion or interferes with schools, churches or other places of public gathering, or otherwise interferes with public health, safety and morals.

I also certify that I have received a copy of the Town of Smyrna Beer Ordinance and the By-Laws and Rules of Procedure of the Smyrna Beer Board of Rutherford County, Tennessee. I state that I have read and understand the Beer Ordinance and the By-Laws. I further state that I am familiar with and understand the laws of the State of Tennessee related to the sale of beer. I further agree to abide by the Town of Smyrna Beer Ordinance and the laws of the State of Tennessee related to the sale of beer.

I further state that the information provided herein is true and correct. I understand that the information I have provided is subject to verification. By my signature below, I authorize and give consent for the Town of Smyrna to perform or obtain from a third party or outside agency a background check. This includes the following:

- Criminal background records/information
- Addresses
- Social Security Verification

I, the undersigned, authorize this information to be obtained either in writing or via telephone in connection with this beer permit application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines and to the extent permitted under state law; however I acknowledge that any and all information obtained and maintained in connection with my application is subject to the Public Record Act embodied in Tennessee Code Annotated §10-7-101 et seq.. I further release the Town of Smyrna, and its agents, assigns, and employees, from any and all claims of liability related to the acquisition and/or dissemination of information as to this background report. I understand that I will be notified in writing if an adverse decision is made based on the information contained within this report, if such report is obtained by an independent third party organization.

I understand that providing false information or failing to update the information contained within this application, including management team information, and as required by the Town of Smyrna Beer Ordinance may cause my beer permit to be suspended or revoked. I understand that the beer permits are not transferable, and if there is any change in ownership, I will have to apply for a new beer permit.

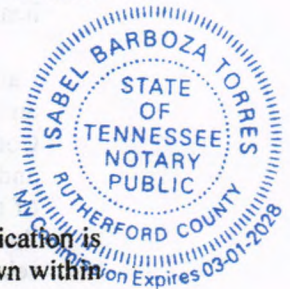
[Signature] _____ Date 09/20/2025
Signature of Applicant/Owner (or authorized corporate officer)

Sworn to and subscribed before me this 20 day of September, 2025.

[Signature]
Notary Public

My Commission Expires: 03/01/2028

[seal]



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 Town within

ten days of approval. Any applicant making false statement in this application shall forfeit his/her permit and shall not be eligible to receive any permit for a period of ten years.

A privilege tax of \$100.00 is imposed on the business of selling, distributing, storing or manufacturing beer in this state effective January 1, 1994, and each successive January 1. Any holder of a beer permit issued after January 1, 1994 shall pay a pro rata portion of this annual tax when the permit is issued.

Town of Smyrna Use (Do not write in shaded area)	
	Initials
<input type="checkbox"/> Beer Application Form (BAF) Completed	_____
<input type="checkbox"/> Driver's License Copied	
<input type="checkbox"/> If not US Citizen, proof of right to work copied	
<input type="checkbox"/> Owner Application Form Completed	_____
<input type="checkbox"/> Not applicable according to BAF	
<input type="checkbox"/> Driver's License Copied	
<input type="checkbox"/> If not US Citizen, proof of right to work copied	
**FORM NEEDED FOR ALL OWNERS LISTED	
<input type="checkbox"/> Management Team Information Form Completed	_____
<input type="checkbox"/> Not applicable according to BAF	
<input type="checkbox"/> Driver's License Copied	
<input type="checkbox"/> If not US Citizen, proof of right to work copied	
**FORM NEEDED FOR ALL MANAGERS LISTED	
Date Completed Application Received: _____	
<input type="checkbox"/> Codes Report Received	<input type="checkbox"/> Police Report Received
Beer Board Agenda Hearing Date: _____	
Notification Sent (if any—state type and date sent): _____	
Decision of Beer Board: _____	Date: _____

**VALID FOR WORK ONLY
WITH DHS AUTHORIZATION**

THIS NUMBER HAS BEEN ESTABLISHED FOR

**ELEANA CHIQUINQUIRA
LINARES PARRA**

SIGNATURE _____

USA 10/02/2017

**UNITED STATES OF AMERICA
EMPLOYMENT AUTHORIZATION**



Surname: **LINARES PARRA**

Given Name: **ELEANA C**

Category: **C08**

Terms and Conditions: **None**

Date of Birth: **1999** Sex: **F**

Country of Birth: **Venezuela**

Valid From: **01/17/20**

Card Expires: **01/16/20**

NOT VALID FOR REENTRY TO U.S.

Note: Subject was admitted until 8/8/2024 to the US. Spoke w/ Burn Pillard w/ the Law Enforcement Ctr. who stated "She has a TPS (Temp. Protective Status) and a - active work visa. so they know where she is." So they do not want to do anything w/ her. (MS)

NCIC - M. SOUTHERLAND
SMYRNA - M. SOUTHERLAND
RCSO - M. SOUTHERLAND



LISA CROWELL, RUTHERFORD COUNTY CLERK

LICENSE
0605405

STANDARD BUSINESS TAX LICENSE

Total Due: 15.00
Cash: 15.00 Check: Check No.: Change:-
JACK P WK07 Drawer: 39 Site: 1
Work Date: 07/08/2025

DETACH THIS PORTION FOR CONFIDENTIAL FILE

LISA CROWELL
RUTHERFORD COUNTY CLERK

SUITE 121
319 NORTH MAPLE STREET
MURFREESBORO, TN 37130

LICENSE
0605405

STANDARD BUSINESS TAX LICENSE

Mailing

Location

69933 MAIZ SOUL LLC

MAIZ SOUL LLC

15 N LOWRY STREET
SMYRNA, TN 37167

15 N LOWRY STREET
SMYRNA, TN 37167

DANNY MEDINA
ELEANA LINARES

LOCAL ACCOUNT NUMBER 69933
STATE ACCOUNT NUMBER 1001862954
TRANSACTION NUMBER _____
CLASS 02
SALES TAX NUMBER _____

ISSUE DATE 07/08/25
TAX PERIOD STARTED - 07/08/2025
PAYMENT DUE BY 4/15/2026
EXPIRATION DATE 5/15/2026

TO AVOID PENALTY, INTEREST, AND POTENTIAL ENFORCED COLLECTION ACTION, BUSINESS TAX RETURNS AND PAYMENTS MUST BE REMITTED TO THE TENNESSEE DEPARTMENT OF REVENUE AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THIS LICENSE.

IF PAID BY CHECK, THIS LICENSE VALID ONLY AFTER CHECK IS PAID.

THIS LICENSE DOES NOT PERMIT OPERATION UNLESS PROPERLY ZONED, AND/OR IN COMPLIANCE WITH ALL OTHER APPLICABLE LAWS/RULES.


DEPUTY CLERK SIGNATURE JACK P WK07 Drawer:39 Site:1

-- POST AT LOCATION OF BUSINESS --
IF BUSINESS CLOSES, MOVES, OR CHANGES OWNERS, NOTIFY THIS OFFICE

OPERATING AGREEMENT

of

MAIZ SOUL LLC

(a Tennessee Limited Liability Company)



Effective Date

This Operating Agreement (the “**Agreement**”) is entered into as of **July 7, 2025** (the “**Effective Date**”) by and between the following persons (each, a “**Member**”, and together, the “**Members**”):

Member	Percentage Interest
Danny Jesus Medina	50 %
Eleana Linares Parra	50 %

The Members, intending to be legally bound, hereby agree as follows:

Article 1 - FORMATION

1.1 **Organization.** Maiz Soul LLC (the “**Company**”) was organized as a Tennessee limited liability company pursuant to Tenn. Code Ann. §48-249-101 et seq. (the “**Act**”) by filing Articles of Organization (SOS Control No. 002033589) on 07/07/2025 and EIN# 39-3075702 with the IRS on 07/07/2025:

1.2 **Principal Office.** 15 N. Lowry St, Smyrna, TN 37167.

1.3 **Registered Agent & Office.** SV Analytix Consulting Services (c/o: Samuel Villagomez), 6339 Charlotte Pike Ste 695, Nashville TN 37209, info@svanalytix.com, (615) 241-0547.

1.4 **Term.** The Company shall continue until it is dissolved pursuant to Article 14.

Article 2 - DEFINITIONS

Capitalized terms used but not otherwise defined in context have the meanings set forth below. (Headings are alphabetical for ease of reference.)

“**Act**” – the Tennessee Revised Limited Liability Company Act, as amended.

“**Adjusted Capital Account**” – a Member’s Capital Account after crediting allocations and distributions and after debiting allocations, distributions and expenditures, all as described in Treasury Reg. §1.704-1(b)(2)(iv).

“**Affiliate**” – any Person directly or indirectly controlling, controlled by, or under common control with a Member.

“**Capital Account**” – the account maintained for each Member in accordance with Article 6.

“**Code**” – the U.S. Internal Revenue Code of 1986, as amended.

“**Company Minimum Gain**” – as defined in Treas. Reg. §1.704-2(d).

“**Fair Market Value (FMV)**” – value determined under Exhibit B.

“**Major Decision**” – any action listed in §8.3.

“**Percentage Interest**” – a Member’s proportionate sharing ratio, initially as set forth above and adjusted only as provided herein.

“**Person**” – any individual, partnership, LLC, corporation, trust or other entity.

“**Profits**” and “**Losses**” – as determined under §6.3(b).

“**ROFR**” – the right of first refusal under §10.3.

Article 3 - PURPOSE & POWERS

The Company may engage in any lawful activity, including operating a full-service restaurant and bar under the trade names “**Maiz Soul**” and “**Maiz Soul by Tia Yaya.**” The Company shall have all powers available under the Act to achieve its purposes.

Article 4 - CAPITALIZATION

4.1 Initial Contributions. On or before the Effective Date each Member shall contribute the cash, property and/or services listed on **Exhibit C (Capital Contributions & Ownership Ledger)**.

4.2 Capital Accounts. A Capital Account shall be maintained for each Member in accordance with Code §704(b) and Treasury Reg. §1.704-1(b)(2)(iv).

4.3 No Mandatory Additional Contributions. No Member shall be required to contribute additional capital without that Member’s consent.

4.4 No Interest. No interest shall accrue on any Capital Account.

Article 5 - ALLOCATIONS & DISTRIBUTIONS

5.1 Profits & Losses. Except as otherwise provided in this Article, Profits and Losses for each fiscal year shall be allocated among the Members in proportion to their Percentage Interests.

5.2 Regulatory Allocations. Allocations shall comply with the “*qualified income offset*,” “*minimum gain chargeback*,” and other regulatory allocation provisions of Treasury Regs. §1.704-2 and §1.704-1(b)(2)(ii)(d).

5.3 Tax Distributions. Within 30 days after the end of each calendar quarter the Company shall decide to distribute to each Member an amount of cash sufficient to pay the estimated federal and state income taxes attributable to the Company’s taxable income allocated to that Member, calculated at the highest marginal combined federal and state rate applicable to individuals resident in Tennessee. Such “*Tax Distribution*” shall be treated as an advance against and reduce future distributions.

5.4 Other Distributions. Net Cash Flow may be distributed at such times and in such amounts as unanimously approved, pro rata to Percentage Interests, subject to §48-249-305 of the Act.

Article 6 - BOOKS, RECORDS & ACCOUNTING

6.1 **Fiscal Year & Method.** The fiscal year ends December 31, and the Company shall use the accrual method unless law requires otherwise.

6.2 **Partnership Representative.** Danny Jesus Medina is designated the partnership representative under Code §6223, with full authority to bind the Company.

6.3 **Books.** Complete books of account shall be kept at the principal office and be available for inspection by any Member during reasonable business hours.

6.4 **Annual Reports.** Within 90 days after fiscal year-end the Company shall furnish each Member with (i) unaudited financial statements and (ii) a Schedule K-1.

Article 7 - MANAGEMENT

7.1 **Member-Managed.** The Company shall be managed by the Members acting collectively.

7.2 **Authority.** Any Member may bind the Company in the ordinary course of business.

7.3 **Major Decisions – Supermajority.** The actions set forth below require approval by Members holding at least 66 ⅔ % of the Percentage Interests (each, a “Major Decision”):

- (a) Amend the Articles or this Agreement;
- (b) Admit new Members or issue additional interests;
- (c) Borrow money exceeding \$25,000, or grant liens on Company assets other than purchase-money security interests;
- (d) Enter into any lease or contract exceeding one year and \$25,000 aggregate value;
- (e) Sell, lease, exchange or otherwise dispose of all or substantially all Company assets;
- (f) Liquidate or dissolve the Company.

* Unanimous approval is required for items (b), (e) and (f).

7.4 **Deadlock.** If a Major Decision fails to achieve the required vote within 30 days, the dispute shall be resolved pursuant to Article 13.

7.5 **Officers.** The Members may, by majority vote, appoint officers and set their authority and compensation.

Article 8 - LIMITED LIABILITY & INDEMNIFICATION

8.1 **Limitation.** No Member or officer shall be personally liable for the debts or obligations of the Company beyond the amount of capital contributed or expressly agreed to be contributed.

8.2 **Indemnification & Advancement.** The Company shall indemnify and advance expenses to each Member or officer to the fullest extent permitted by the Act, provided such person acted in good faith and in a manner reasonably believed to be in the best interests of the Company. Any advancement shall be conditioned on the recipient’s written undertaking to repay if it is determined that such person was not entitled to indemnification.

8.3 **Insurance.** The Company may purchase and maintain insurance on behalf of any person entitled to indemnification.

Article 9 - DIVORCE & SPOUSAL PROTECTIONS

9.1 **Separate-Property Covenant.** Each Member acknowledges that the Membership Interest is and shall remain the Member's separate property.

9.2 **Spousal Consent.** Each Member shall cause his or her spouse, if any, to execute **Exhibit A** contemporaneously with this Agreement.

9.3 **Marital Award Buy-Out.** If, notwithstanding §9.1, a court awards any portion of a Membership Interest to a spouse, the Company (or the affected Member) may purchase such interest at FMV within 90 days after final judgment.

9.4 **Venue.** Any dispute arising under this Article shall be heard exclusively in the Chancery Court for Rutherford County, Tennessee.

Article 10 - TRANSFERS & RIGHT OF FIRST REFUSAL

10.1 **General Restriction.** No Member may Transfer all or any part of its interest except as permitted in this Article. Any attempted Transfer in violation hereof is null and void.

10.2 **Permitted Transfers.**

- (a) **Estate-Planning Transfer** to a trust for the benefit of the transferring Member or that Member's lineal descendants;
- (b) **Intra-Family Transfer** to a spouse or lineal descendant;
- (c) **Divorce Buy-Out** pursuant to Article 9.

Each transferee must execute a Joinder Agreement agreeing to be bound by this Agreement.

10.3 **Right of First Refusal.** If a Member (the "**Transferring Member**") receives a bona fide written offer from a third party (the "**Offeror**") to purchase all or any portion of the Transferring Member's interest, the Transferring Member shall first deliver a copy of the offer to the non-transferring Member (the "**ROFR Notice**"). The non-transferring Member shall have 30 days to elect to purchase the offered interest on the same terms.

Article 11 - DEATH & INHERITANCE

11.1 **Designated Beneficiaries.** Upon the death of either original Member, that Member's 50 % interest shall transfer in equal shares to:

- **Alaia Medina** – 25 %
- **Samantha Medina** – 25 %

11.2 **Minors.** If a beneficiary is under 18, the interest shall be held by a custodian under the Tennessee Uniform Transfers to Minors Act until majority.

11.3 **Survivor's Buy-Out Option.** Within 180 days of the decedent's death, the surviving original Member may purchase the inherited interest at FMV, payable 20 % down and the balance in equal quarterly installments over five years at the AFR (Applicable Federal Rate)

Article 12 - DEADLOCK & DISPUTE RESOLUTION

12.1 **Mediation.** Any dispute the Members are unable to resolve within 30 days shall be submitted to non-binding mediation in Rutherford County.

12.2 **Shotgun Buy-Sell.** If mediation fails, any Member may initiate a shotgun buy-sell by delivering a written notice stating a total price for 100 % of the Company (the “Shotgun Price”). Within 30 days the offeree must elect either to sell its entire interest or to buy the offeror’s entire interest at a price equal to its Percentage Interest multiplied by the Shotgun Price.

12.3 **Valuation Mechanics.** The purchasing party shall deposit 10 % of the purchase price in escrow within five business days of election and close within 60 days thereafter. If either party defaults, the non-defaulting party may pursue specific performance and costs.

Article 13 - DISSOLUTION & WINDING UP

13.1 **Events Causing Dissolution.** The Company shall dissolve upon:

- (a) the written consent of all Members;
- (b) the sale of substantially all Company assets;
- (c) entry of a decree of judicial dissolution; or
- (d) any other event requiring dissolution under the Act.

13.2 **Winding Up.** The Members shall promptly wind up the Company’s affairs in accordance with §48-249-601 of the Act, distribute assets first to creditors, then to Members in proportion to positive Adjusted Capital Accounts.

Article 14 - MISCELLANEOUS

14.1 **Notices.** Any notice required under this Agreement shall be in writing and deemed given (i) three business days after deposit in U.S. certified mail, return receipt requested, postage prepaid; (ii) one business day after deposit with a nationally recognized overnight courier; or (iii) upon confirmed electronic transmission (email) provided a copy is sent by one of the foregoing methods within 24 hours.

14.2 **Electronic Signatures.** The Members consent to the use of electronic signatures (e.g., DocuSign) and agree that such signatures are binding.

14.3 **Counterparts.** This Agreement may be executed in counterparts, each of which is deemed an original and all of which together constitute one instrument.

14.4 **Governing Law; Venue.** This Agreement shall be governed by Tennessee law. Any litigation between the Members relating hereto shall be commenced exclusively in the state or federal courts sitting in Rutherford County, Tennessee.

14.5 **Severability.** If any provision is unenforceable, it shall be severed, and the remainder of the Agreement enforced.

14.6 **Entire Agreement.** This instrument, including Exhibits, constitutes the entire agreement of the Members. It supersedes all prior agreements, oral or written.

14.7 **Securities Law Representation.** The Membership Interests have not been registered under the Securities Act of 1933 or the securities laws of any state and are issued in reliance upon exemptions therefrom. The Interests may not be sold or otherwise transferred except as permitted herein and in compliance with such laws.

Article 15 - SIGNATURES

IN WITNESS WHEREOF, the Members have executed this Agreement as of the Effective Date.

Member	Signature	Date
Danny Jesus Medina	<u>Danny M</u>	<u>07/08/2025</u>
Eleana Linares Parra	<u>EJP</u>	<u>07/08/2025</u>

Notary Acknowledgment

State of Tennessee (County of Rutherford)

On this 8 day of July 2025, before me, the undersigned Notary Public, personally appeared **Danny Jesus Medina** and **Eleana Linares Parra**, proved to me on the basis of satisfactory evidence to be the persons whose names are subscribed within this Operating Agreement and acknowledged that they executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Notary Public [Signature]

My commission expires: 5/16/2027

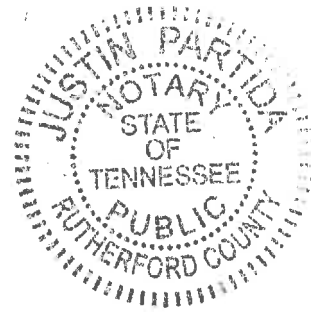


EXHIBIT A

Spousal Consent & Waiver

We, the undersigned spouses of **Maiz Soul LLC** Members, acknowledge that we have read the foregoing Operating Agreement and understand that each Membership Interest held by our respective spouse is intended to be separate property. We hereby (i) consent to the execution of the Agreement, (ii) waive any interest therein except as expressly provided in the Agreement, and (iii) agree to be bound by Article 9.

Spouse Name (print)	Member Spouse	Signature	Date
_____	Danny Jesus Medina	_____	_____
_____	Eleana Linares Parra	_____	_____

EXHIBIT B

Valuation Formula & Procedures

Definition of EBITDA. Earnings before interest, taxes, depreciation and amortization, calculated in accordance with U.S. GAAP.

- Primary Formula.** FMV = greater of (i) 4× trailing-twelve-month EBITDA or (ii) the average of two independent qualified appraisals (one chosen by each side, each adopting the income approach).
- Tie-Breaker.** If the two appraisals differ by more than 10 %, the appraisers shall jointly select a third; the median of the three valuations is FMV. The Company bears the cost of the first appraisal; the selling party bears the second; costs of a third are split equally.
- Terms.** Unless otherwise stated, purchase price is payable 20 % down and the balance amortized over five years at the AFR in equal quarterly installments.

EXHIBIT C - Capital Contributions & Ownership Ledger

Member	Cash	Property	FMV	Percentage Interest
Danny Jesus Medina	\$1,000	\$0.00	\$1,000	50 %
Eleana Linares Parra	\$1,000	\$0.00	\$1,000	50 %

(The Company shall update this ledger upon any additional contributions or Transfers.)

Tracking Number
B2025482227

Application for Registration of Assumed Name



Tre Hargett
Secretary of State

Division of Business and Charitable Organizations
Department of State
State of Tennessee
312 Rosa L. Parks Avenue, 6th Floor
Nashville, Tennessee 37243
Phone: 615-741-2286
sos.tn.gov/businesses

Control #: 002033589
Filed: 07/07/2025 08:18 PM
Tre Hargett
Secretary of State

Assumed Name Details

Entity Name: MAIZ SOUL LLC

Entity Type: Limited Liability Company

Place of Formation: TENNESSEE

Managed By: Member Managed

Control Number: 002033589

The entity intends to transact business in Tennessee under an assumed name.

The assumed name the entity proposes to use is:

MAIZ SOUL BY TIA YAYA

Signature

By entering my name in the space provided below, I certify that I am authorized to file this document on behalf of this entity, have examined the document and, to the best of my knowledge and belief, it is true, correct and complete as of this day.

Pursuant to the provisions of § 48-14-101(d) of the Tennessee Business Corporation Act or § 48-54-101(d) of the Tennessee Nonprofit Corporation Act, or Section 48-207-101(d) of the Tennessee Limited Liability Act, or Section 48-249-106(d) of the Tennessee Revised Limited Liability Act, or Section 61-1-1003 of the Tennessee Uniform Partnership Act, or Section 61-3-101 of the Limited Partnership Act of 2017, the entity hereby submits this application:

Signed Electronically: SAMUEL VILLAGOMEZ

Date: 07/07/2025

Title: ACCOUNTANT



Division of Business and Charitable Organizations

Department of State

State of Tennessee

312 Rosa L. Parks Avenue, 6th Floor

Nashville, Tennessee 37243

Phone: 615-741-2286

sos.tn.gov/

Tre Hargett

Secretary of State

SAMUEL VILLAGOMEZ
6339 CHARLOTTE PIKE 695
NASHVILLE, TN 37209, USA

07/07/2025

Filing Acknowledgment

Please review the filing information below and notify our office immediately of any discrepancies.

Entity Name:	MAIZ SOUL LLC	Initial Filing Date:	07/07/2025
SOS Control #:	002033589	Formation Locale:	TENNESSEE
Entity Type:	Limited Liability Company (LLC)	Duration Term:	Perpetual
Status:	Active	Annual Report Due:	04/01/2026
Fiscal Year Close:	December	Business County:	Rutherford
Managed By:	Member Managed	Obligated Member Entity:	No

Document Receipt

Receipt #: 2025-510289	Filing Fee:	\$20.00
Payment: Credit Card - 3901836288		\$20.00

Amendment Type:	Assumed Name Registration	Tracking Number:	B2025482227
Filing Date:	07/07/2025 08:18 PM		
Assumed Name:	MAIZ SOUL BY TIA YAYA		

This will acknowledge the filing of the attached Assumed Name Registration with an effective date as indicated above. When corresponding with this office or submitting documents for filing, please refer to the control number given above. The name registration is effective for five years from the date the original registration was filed with the Secretary of State.

Tre Hargett
Secretary of State

Event History

New Assumed Name: MAIZ SOUL BY TIA YAYA



Division of Business and Charitable Organizations
Department of State
 State of Tennessee
 312 Rosa L. Parks Avenue, 6th Floor
 Nashville, Tennessee 37243
 Phone: 615-741-2286
 sos.tn.gov/

Tre Hargett
 Secretary of State

Date: 07/07/2025

Invoice: 2025-510289

Customer Information

SAMUEL VILLAGOMEZ
 MAIZ SOUL LLC
 6339 CHARLOTTE PIKE 695
 NASHVILLE, TN 37209, USA

Tracking #	Description	Amount Paid
B2025482227	Assumed Name Registration for MAIZ SOUL LLC (LLC Filings)	\$ 20.00
Payment Details		
	Fee Total:	\$ 20.00
	Payment Total:	\$ 0.00
	Amount Due:	\$ 0.00
Payment Method		
Payment Type: Credit Card		
Check/Confirmation Number: 3901836288		



Division of Business and Charitable Organizations
 Department of State
 State of Tennessee
 312 Rosa L. Parks Avenue, 6th Floor
 Nashville, Tennessee 37243
 Phone: 615-741-2286
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Tre Hargett
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Tre Hargett
 Secretary of State

Event History

New Assumed Name: MAIZ SOUL BY TIA YAYA

Tracking Number
B2025482227

Application for Registration of Assumed Name



Tre Hargett
Secretary of State

Division of Business and Charitable Organizations
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Managed By: Member Managed

Control Number: 002033589

The entity intends to transact business in Tennessee under an assumed name.

The assumed name the entity proposes to use is:

MAIZ SOUL BY TIA YAYA

Signature

By entering my name in the space provided below, I certify that I am authorized to file this document on behalf of this entity, have examined the document and, to the best of my knowledge and belief, it is true, correct and complete as of this day.

Pursuant to the provisions of § 48-14-101(d) of the Tennessee Business Corporation Act or § 48-54-101(d) of the Tennessee Nonprofit Corporation Act, or Section 48-207-101(d) of the Tennessee Limited Liability Act, or Section 48-249-106(d) of the Tennessee Revised Limited Liability Act, or Section 61-1-1003 of the Tennessee Uniform Partnership Act, or Section 61-3-101 of the Limited Partnership Act of 2017, the entity hereby submits this application:

Signed Electronically: SAMUEL VILLAGOMEZ

Date: 07/07/2025

Title: ACCOUNTANT



Tre Hargett
Secretary of State

Division of Business and Charitable Organizations
Department of State
State of Tennessee
312 Rosa L. Parks Avenue, 6th Floor
Nashville, Tennessee 37243
Phone: 615-741-2286
sos.tn.gov/

Date: 07/07/2025

Invoice: 2025-510289

Customer Information

SAMUEL VILLAGOMEZ
MAIZ SOUL LLC
6339 CHARLOTTE PIKE 695
NASHVILLE, TN 37209, USA

Tracking #	Description	Amount Paid
B2025482227	Assumed Name Registration for MAIZ SOUL LLC (LLC Filings)	\$ 20.00
Payment Details		
	Fee Total:	\$ 20.00
	Payment Total:	\$ 0.00
	Amount Due:	\$ 0.00
Payment Method		
	Payment Type: Credit Card	
	Check/Confirmation Number: 3901836288	

Date of this notice: 07-07-2025

Employer Identification Number:
39-3075702

Form: SS-4

Number of this notice: CP 575 B

MAIZ SOUL LLC
MAIZ SOUL BY TIA YAYA
% DANNY JESUS MEDINA MBR
15 N LOWRY ST
SMYRNA, TN 37167

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 39-3075702. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following forms by the dates shown.

Form 1065

03/15/2026

If you have questions about the forms or the due dates shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification (corporation, partnership, estate, trust, EPMEF, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2020-1, 2020-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.



**MAÍZ
SOUL**

BY TÍA YAYA

MENU

DESAYUNOS

AVOCADO BURRATA	12,50
AVOCADO PROSCIUTTO / O HUEVO	14,00
QUEEN TOSTADO	15,00
BACON EGG CROISANT	8,00
EGG FESTIVAL AREPA	12,50
CACHAPA QUESO	15,00
CACHAPA EXTRA PROTEINA	17,00

EMPANADAS

POLLO / CARNE / PAPA	4,90
LOMO NEGRO	5,30
PABELLÓN	5,50



PASTELES

QUESO / PIZZA / CARNE / PAPA	3,90
MANDOCAS	3,00

TEQUEÑOS



TEQUEÑOS 6 UND.	11,00
TEQUEYOYOS	7,00
TEQUEYOYOS	8,50

PANQUECAS

CHURROS 15,00	GUAYABA 16,00
NUTELLA 15,00	PISTACHO 16,00



SOUL FAVORITOS



SOUL \$9
DESGRANADO

CORN RIBS \$13

AREPA ASADAS

BASE 5,5 / COMBINABLES

POLLO	4,50
MECHADA	4,50
PUERCO	4,00
LOMO NEGRO	6,00
THE CORN	6,00
DIABLITO Y CHEEZ WHIZ	2,00
EGG FESTIVAL	4,00
SALCHICHA Y SALSA ROSADA	4,00



AREPA FRITAS

SOUL CORN AREPAS	16,99
PUERCO Y QUESO FRITO	17,99
PERUCHO AREPAS	18,99
BOWL AREPA	21,99

PANES

INDIO MARA HOT DOG	8,00
INDIO MARA RECARGADO	10,00
MARACAIBO HOT DOG	10,00
PAN CON HUEVO	6,50
HAMBURGUESA SENCILLA	18,00
HAMBURGUESA TIA YAYA	22,75



PATACONES

COMBINABLE HASTA 2

CARNE 23,99	PERNIL 25,99
POLLO 23,99	LOMO NEGRO 25,99

CHURROS

5 PIEZAS 15,50



ADMIS ST

JACKSON ST

MONROE ST

FOURTH ST

- Schools
- Churches
- Childcare
- Requested Location

House of Faith
Outreach
Ministries

Smyrna First
United
Methodist

N LOWRY ST

SAM HAGER ST

THIRD ST

15 N LOWRY ST



SECOND ST

WASHINGTON ST

Christian Leadership
International Ministry



JEFFERSON ST

FRONT ST

DIVISION ST

S LOWRY ST

ALLEY

TANK ST

