



Beer Board  
Regular Meeting Agenda  
Thursday, April 17, 2025, 5:00 PM  
City Hall, Lakeland, Tennessee 38002

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- I. CALL TO ORDER BY MAYOR:
- II. INVOCATION:
- III. PLEDGE:
- IV. ROLL CALL BY RECORDER:
- V. PUBLIC COMMENTS:
- VI. REGULAR AGENDA:
  - 1. **Resolution** - approving an on-premises beer permit application for Blue Flame Cigar Lounge and Bar located at 8968 Highway 70.
  - 2. **Resolution** - approving an on-premises beer permit application for Sakura of Lakeland Inc. located at 3665 Canada Road Suite 101.
  - 3. **Discussion and Possible Action** - regarding Mobil's violation of Chapter 2 of the City of Lakeland Municipal Code.
  - 4. **Discussion and Possible Action** - regarding Margarita Gourmet Restaurant's violation of Chapter 2 of the City of Lakeland Municipal Code.
- VII. ANNOUNCEMENTS:
- VIII. ADJOURNMENT:

RESOLUTION R-48-2025

APPROVING AN ON-PREMISES BEER PERMIT APPLICATION FOR  
BLUE FLAME CIGAR LOUNGE AND BAR LOCATED AT 8968 HIGHWAY 64

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**WHEREAS,** the City of Lakeland received an on-premises beer permit application from Joshua Arnold, owner of Blue Flame Cigar Lounge and Bar at 8968 Highway 64, Lakeland, Tennessee 38002; and,

**WHEREAS,** all requirements of Ordinance 16-242 have been met including a satisfactory background check of the applicants:

**NOW, THEREFORE, BE IT RESOLVED** by the Beer Board of the City of Lakeland, Tennessee, that an on-premises beer permit application for Blue Flame Cigar Lounge and Bar located at 8968 Highway 64 is hereby approved.

**APPROVED AND ADOPTED** by the Beer Board of the City of Lakeland, Tennessee this 17<sup>th</sup> day of April 2025, the public welfare requiring it.

ATTEST:

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Josh Roman  
*Mayor*

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Cheyenne Carter  
*City Recorder*



**City of Lakeland**  
**Background Consent/Release Form**

<sup>James</sup>  
Joshua Arnold  
Legal Applicant's Name (printed)

Social Security Number [REDACTED] Date of Birth [REDACTED]

[REDACTED]  
Applicant's Address

City Lakeland State TN Zip 38002

I, <sup>James</sup>  
Joshua Arnold, authorize and give consent for the  
above named organization to obtain information regarding myself. This includes the  
following:

- Criminal background records/information
- Sex Offender Registry Checks
- Addresses
- Social Security Verification

I the undersigned, authorize this information to be obtained either in writing or via  
telephone in connection with my 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.

Print Name: <sup>James</sup>  
Joshua Arnold Date: 3-13-25

Signature: [Signature]

CITY OF  
**LAKE LAND**  
TENNESSEE

10001 U. S. HIGHWAY 70  
LAKE LAND, TENNESSEE 38002  
**BEER PERMIT APPLICATION**

NAME & ADDRESS OF BUSINESS: *(Location where beer will be sold)*

Business Name: Blue Flame Cigar Lounge & Bar

Business Address: 8968 Hozog Rd  
Lakeland, Tennessee 38002

NAME & ADDRESS OF OWNER(S):

(1) Name: Josh Arnold

Address: [REDACTED]

City & State: Lakeland TN

Phone #: [REDACTED]

SSN: [REDACTED]

DOB: [REDACTED]

(2) Name: \_\_\_\_\_

Address: \_\_\_\_\_

City & State: \_\_\_\_\_

Phone #: \_\_\_\_\_

SSN: \_\_\_\_\_

DOB: \_\_\_\_\_

Have you ever been convicted for possession, sale, manufacture, or transportation of intoxicating liquor or any crime involving moral turpitude within the past ten (10) years? NO

Applicant (1) \_\_\_\_\_

Applicant (2) \_\_\_\_\_

List two (2) local references for each applicant (Name/Address/Phone Number)

*References for Applicant (1):*

1. Keytonia Arnold / [REDACTED] Adagio Cove [REDACTED]
2. Robb Hunter [REDACTED]

*References for Applicant (2):*

1. \_\_\_\_\_
2. \_\_\_\_\_

Is this Application for off or on premises sales? On premises sales

Is this Application for a temporary or permanent permit? Permanent



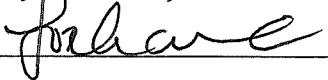
10001 U. S. HIGHWAY 70  
LAKELAND, TENNESSEE 38002  
**BEER PERMIT APPLICATION**

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In accordance with Lakeland Municipal Code, Title 8, Chapter 2, Section 8-207, a processing fee in the amount of \$250 (cashier's check) is required. *(This is a non-refundable fee).*

I (We) understand that misrepresentation or false statements given in this application or violations of any of the provisions of Title 8, Chapters 1 & 2 of the Lakeland Municipal Code will result in revocation or suspension of the permit. I (we) also understand that I (we) am required to abide by all codes and regulations of the City of Lakeland, specifically those that pertain to obtaining a Beer Permit.

I (We) certify that I (we) have been provided a copy of Title 8, Chapters 1 & 2 of the Lakeland Municipal Code and have read and understand its provisions. I also understand that there is a \$100 annual fee due by January 1 of each year.

Signature of Applicant (1)  Date: 3-13-25

Signature of Applicant (2) \_\_\_\_\_ Date: \_\_\_\_\_

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Date Background Check Completed: \_\_\_\_\_

Date NCIC Check Completed: \_\_\_\_\_

**Background Screening Report**

National Center for Safety Initiatives, LLC (NCSI)  
P.O. Box 39008  
Cleveland, OH 44139  
Phone: 866-996-7412

**BACKGROUND SCREENING SOLUTIONS**

|             |                                                                                                                 |             |                              |
|-------------|-----------------------------------------------------------------------------------------------------------------|-------------|------------------------------|
| FILE NUMBER | 10106762                                                                                                        | REPORT DATE | 03-24-2025                   |
| REPORT TO   | LakeLand (City) - EMPLOYEE (214560)<br>10001 Us Hwy 70<br>Lakeland, TN 38002<br>Phone: (901) 867-5416<br>Fax: - | ORDER DATE  | 03-17-2025                   |
|             |                                                                                                                 | TYPE        | Background screening by NCSI |

**Application Information**

|                 |                          |                    |                    |     |            |
|-----------------|--------------------------|--------------------|--------------------|-----|------------|
| APPLICANT       | ARNOLD, JOSHUA JAMES     | SSN                | [REDACTED]         | DOB | 04-21-XXXX |
| DRIVERS LICENSE | -                        | PHONE NUMBER       | [REDACTED]         |     |            |
| E-MAIL          | SLIPSCOMB@LAKELANDTN.ORG |                    |                    |     |            |
| ADDRESS(ES)     | [REDACTED]               | CITY / STATE / ZIP | LAKELAND, TN 38002 |     |            |

**Investigative****Database + Trace + SOR**

|                          |                                    |             |                         |
|--------------------------|------------------------------------|-------------|-------------------------|
| RESULTS                  | <b>No Reportable Records Found</b> |             |                         |
| NAME SEARCHED            | ARNOLD, JOSHUA JAMES               | SEARCH DATE | 03-24-2025 12:55 PM MDT |
| DOB SEARCHED             | 04-21-XXXX                         |             |                         |
| JURISDICTION             | NATIONWIDE                         |             |                         |
| JURISDICTION(S) SEARCHED |                                    |             |                         |

The search you have selected is a search of our criminal database(s) and may not represent 100% coverage of all criminal records in all jurisdictions and/or sources. Coverage details available upon request.

**SSN VALIDATION INFORMATION**

|                    |           |
|--------------------|-----------|
| Deceased:          | No        |
| Message:           | Record    |
| Issued Location:   | New York  |
| Issued Date Range: | 1987-1988 |

**ADDRESS/IDENTITY HISTORY INFORMATION**

**CAUTION:** Based on the information provided National Center for Safety Initiatives, LLC (NCSI) searched for public records in the sources referenced herein for criminal history information as permitted by federal and state law. 'No Reportable Records Found' means that our researchers could not locate a record that matched the SSN and at least one personal identifier (i.e., Name or Date of Birth) for the subject in that jurisdiction. Further investigation into additional jurisdictions, or utilization of additional identifying information, may be warranted. Please call for assistance.

**County Criminal Records Search**

|               |                                    |              |                         |
|---------------|------------------------------------|--------------|-------------------------|
| RESULTS       | <b>No Reportable Records Found</b> |              |                         |
| NAME SEARCHED | ARNOLD, JOSHUA JAMES               | SEARCH DATE  | 03-24-2025 12:55 PM MDT |
| DOB SEARCHED  | 04-21-XXXX                         | SEARCH SCOPE |                         |
| JURISDICTION  | FL-MIAMI-DADE                      |              |                         |

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|               |                                    |              |                         |
|---------------|------------------------------------|--------------|-------------------------|
| RESULTS       | <b>No Reportable Records Found</b> |              |                         |
| NAME SEARCHED | ARNOLD, JOSHUA JAMES               | SEARCH DATE  | 03-24-2025 12:55 PM MDT |
| DOB SEARCHED  | 04-21-XXXX                         | SEARCH SCOPE |                         |
| JURISDICTION  | TN-FAYETTE                         |              |                         |

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|               |                                    |              |                         |
|---------------|------------------------------------|--------------|-------------------------|
| RESULTS       | <b>No Reportable Records Found</b> |              |                         |
| NAME SEARCHED | ARNOLD, JOSHUA JAMES               | SEARCH DATE  | 03-24-2025 12:55 PM MDT |
| DOB SEARCHED  | 04-21-XXXX                         | SEARCH SCOPE |                         |
| JURISDICTION  | TN-SHELBY                          |              |                         |

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CAUTION: Based on the information provided National Center for Safety Initiatives, LLC (NCSI) searched for public records in the sources referenced herein for criminal history information as permitted by federal and state law. 'No Reportable Records Found' means that our researchers could not locate a record that matched at least two personal identifiers (i.e., Name, SSN, Date of Birth, Address) for the subject in that jurisdiction. Further investigation into additional jurisdictions, or utilization of additional identifying information, may be warranted. Please call for assistance.

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Disclaimer

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This report is furnished to you pursuant to the Agreement for Service between the parties and in compliance with the Fair Credit Reporting Act. This report is furnished based upon your certification that you have a permissible purpose to obtain the report. The information contained herein was obtained in good faith from sources deemed reliable, but the completeness or accuracy is not guaranteed.

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\*\*\* End Of Report \*\*\*

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RESOLUTION R-49-2025

APPROVING AN ON-PREMISES BEER PERMIT APPLICATION FOR SAKURA OF  
LAKELAND INC. LOCATED AT 3665 CANADA ROAD SUITE 101

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**WHEREAS,** the City of Lakeland received an on-premises beer permit application from Victor Chin, owner of Sakura of Lakeland Inc. at 3665 Canada Road, Suite 101, Lakeland, Tennessee 38002; and,

**WHEREAS,** all requirements of Ordinance 16-242 have been met including a satisfactory background check of the applicants:

**NOW, THEREFORE, BE IT RESOLVED** by the Beer Board of the City of Lakeland, Tennessee, that an on-premises beer permit application for Sakura of Lakeland Inc. located at 3665 Canada Road, Suite 101 is hereby approved.

**APPROVED AND ADOPTED** by the Beer Board of the City of Lakeland, Tennessee this 17<sup>th</sup> day of April 2025, the public welfare requiring it.

ATTEST:

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Josh Roman  
*Mayor*

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Cheyenne Carter  
*City Recorder*

CITY OF  
**LAKELAND**  
TENNESSEE

10001 U. S. HIGHWAY 70  
LAKELAND, TENNESSEE 38002  
**BEER PERMIT APPLICATION**

NAME & ADDRESS OF BUSINESS: *(Location where beer will be sold)*

Business Name: Sakura of Lakeland Inc  
Business Address: 3665 Canada Rd Ste 101  
Lakeland, Tennessee 38002

NAME & ADDRESS OF OWNER(S):

|                                    |                     |
|------------------------------------|---------------------|
| (1) Name: <u>Victor Chin</u>       | (2) Name: _____     |
| Address: <u>[REDACTED]</u>         | Address: _____      |
| City & State: <u>Germantown TN</u> | City & State: _____ |
| Phone #: <u>[REDACTED]</u>         | Phone #: _____      |
| SSN: <u>[REDACTED]</u>             | SSN: _____          |
| DOB: <u>[REDACTED]</u>             | DOB: _____          |

Have you ever been convicted for possession, sale, manufacture, or transportation of intoxicating liquor or any crime involving moral turpitude within the past ten (10) years?

Applicant (1) No                      Applicant (2) \_\_\_\_\_

List two (2) local references for each applicant (Name/Address/Phone Number)

*References for Applicant (1):*

1. Robert Leung [REDACTED] Oakseed Ln Lakeland TN [REDACTED]
2. David Fang [REDACTED] Country Bridge Rd Lakeland TN [REDACTED]

*References for Applicant (2):*

1. \_\_\_\_\_
2. \_\_\_\_\_

Is this Application for off or on premises sales? On premises

Is this Application for a temporary or permanent permit? permanent



10001 U. S. HIGHWAY 70  
LAKELAND, TENNESSEE 38002  
**BEER PERMIT APPLICATION**

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In accordance with Lakeland Municipal Code, Title 8, Chapter 2, Section 8-207, a processing fee in the amount of \$250 (cashier's check) is required. *(This is a non-refundable fee).*

I (We) understand that misrepresentation or false statements given in this application or violations of any of the provisions of Title 8, Chapters 1 & 2 of the Lakeland Municipal Code will result in revocation or suspension of the permit. I (we) also understand that I (we) am required to abide by all codes and regulations of the City of Lakeland, specifically those that pertain to obtaining a Beer Permit.

I (We) certify that I (we) have been provided a copy of Title 8, Chapters 1 & 2 of the Lakeland Municipal Code and have read and understand its provisions. I also understand that there is a \$100 annual fee due by January 31 of each year.

Signature of Applicant (1) 

Date: 3/12/25

Signature of Applicant (2) \_\_\_\_\_

Date: \_\_\_\_\_

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Date Background Check Completed: \_\_\_\_\_

Date NCIC Check Completed: \_\_\_\_\_



## City of Lakeland Background Consent/Release Form

Victor W Chin  
Legal Applicant's Name (printed)

Social Security Number [REDACTED] Date of Birth [REDACTED]

[REDACTED]  
Applicant's Address

City Germanatown State TN Zip 38139

I, Victor Chin, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Criminal background records/information
- Sex Offender Registry Checks
- Addresses
- Social Security Verification

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my 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.

Print Name: Victor Chin Date: 3/12/25

Signature: [Signature]



## Background Screening Report

National Center for Safety Initiatives, LLC (NCSI)  
P.O. Box 39008  
Cleveland, OH 44139  
Phone: 866-996-7412

### BACKGROUND SCREENING SOLUTIONS

|             |                                     |             |                              |
|-------------|-------------------------------------|-------------|------------------------------|
| FILE NUMBER | 10118038                            | REPORT DATE | 03-24-2025                   |
| REPORT TO   | LakeLand (City) - EMPLOYEE (214560) | ORDER DATE  | 03-20-2025                   |
|             | 10001 Us Hwy 70                     | TYPE        | Background screening by NCSI |
|             | Lakeland, TN 38002                  |             |                              |
|             | Phone: (901) 867-5416               |             |                              |
|             | Fax: -                              |             |                              |

### Application Information

|                 |                          |                    |                      |     |            |
|-----------------|--------------------------|--------------------|----------------------|-----|------------|
| APPLICANT       | CHIN, VICTOR W.          | SSN                | [REDACTED]           | DOB | 10-08-XXXX |
| DRIVERS LICENSE | -                        | PHONE NUMBER       | [REDACTED]           |     |            |
| E-MAIL          | SLIPSCOMB@LAKELANDTN.ORG |                    |                      |     |            |
| ADDRESS(ES)     | [REDACTED]               | CITY / STATE / ZIP | GERMANTOWN, TN 38139 |     |            |

### Investigative

#### Database + Trace + SOR

|                          |                                    |             |                        |
|--------------------------|------------------------------------|-------------|------------------------|
| RESULTS                  | <b>No Reportable Records Found</b> |             |                        |
| NAME SEARCHED            | CHIN, VICTOR W.                    | SEARCH DATE | 03-24-2025 4:08 PM MDT |
| DOB SEARCHED             | 10-08-XXXX                         |             |                        |
| JURISDICTION             | NATIONWIDE                         |             |                        |
| JURISDICTION(S) SEARCHED |                                    |             |                        |

The search you have selected is a search of our criminal database(s) and may not represent 100% coverage of all criminal records in all jurisdictions and/or sources. Coverage details available upon request.

#### SSN VALIDATION INFORMATION

|                    |           |
|--------------------|-----------|
| Deceased:          | No        |
| Message:           | Record    |
| Issued Location:   | Tennessee |
| Issued Date Range: | 2006-2007 |

#### ADDRESS/IDENTITY HISTORY INFORMATION

**CAUTION:** Based on the information provided National Center for Safety Initiatives, LLC (NCSI) searched for public records in the sources referenced herein for criminal history information as permitted by federal and state law. 'No Reportable Records Found' means that our researchers could not locate a record that matched the SSN and at least one personal identifier (i.e., Name or Date of Birth) for the subject in that jurisdiction. Further investigation into additional jurisdictions, or utilization of additional identifying information, may be warranted. Please call for assistance.

### County Criminal Records Search

|               |                                    |              |                        |
|---------------|------------------------------------|--------------|------------------------|
| RESULTS       | <b>No Reportable Records Found</b> |              |                        |
| NAME SEARCHED | CHIN, VICTOR W.                    | SEARCH DATE  | 03-24-2025 4:08 PM MDT |
| DOB SEARCHED  | 10-08-XXXX                         | SEARCH SCOPE |                        |
| JURISDICTION  | TN-SHELBY                          |              |                        |

CAUTION: Based on the information provided National Center for Safety Initiatives, LLC (NCSI) searched for public records in the sources referenced herein for criminal history information as permitted by federal and state law. 'No Reportable Records Found' means that our researchers could not locate a record that matched at least two personal identifiers (i.e., Name, SSN, Date of Birth, Address) for the subject in that jurisdiction. Further investigation into additional jurisdictions, or utilization of additional identifying information, may be warranted. Please call for assistance.

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Disclaimer

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\*\*\* End Of Report \*\*\*

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SHELBY COUNTY SHERIFF'S OFFICE  
FLOYD BONNER JR., SHERIFF



D.U.I. SQUAD  
11670 MEMPHIS ARLINGTON ROAD  
ARLINGTON, TN 38002  
(901) 222-5889



MEMORANDUM

TO: MOBIL  
3665 CANADA RD.  
LAKELAND, TN. 38002

DATE: 01/21/25

This is to advise you that compliance checks pertaining to the sale of alcoholic beverages and beer products by vendors was recently conducted by our agency and that a person under twenty-one (21) years of age was used to purchase or attempt to purchase alcohol / beer for off premises consumption.

The result of a compliance check for your business is as follows:

Date of Compliance Check: 01/21/25

Location of Compliance Check:

Sale Made: X (YES) (NO)

Employee Name Making or Not Making Sale: Teklehaimano E/125

Other Comments: ID CHECKED (YES) X (NO)

Agency Representative: D. Stafford 10354



**SCSO DUI UNIT**  
**MONEY/PRODUCT RECEIPT**

MY SIGNATURE BELOW IS TO ACKNOWLEDGE THE RECEIPT  
BY ME OF CURRENCY AND COIN IN THE AMOUNT OF \$ 16.39  
AND THE RECEIPT OF PRODUCT WITH A VALUE OF \$ 3.61  
WHICH INCLUDES THE AMOUNT OF SALES TAXES.  
THESE FUNDS AND PRODUCT ARE RETURNED TO ME BY LAW  
ENFORCEMENT OFFICERS REPRESENTING THE SHELBY  
COUNTY SHERIFF'S OFFICE DUI UNIT.

BUSINESS NAME: Exxon Mobil

(BUSINESS REPRESENTATIVE SIGNATURE)

DATE: 01/21/25

D. Stafford 10354  
(LAW ENFORCEMENT WITNESS SIGNATURE & IBM #)

CONF # 91593

MISDEMEANOR CITATION IN LIEU OF  
CONTINUED CUSTODY OF ARRESTED PERSON

M147032

Sequence #

2

M147032

|                                                                                                                                                                                                                                                                                                                                                                           |  |                              |                 |                   |        |                    |    |            |      |                                                                    |                            |                                                                                                                       |  |                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------|-----------------|-------------------|--------|--------------------|----|------------|------|--------------------------------------------------------------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------|--|-----------------|--|
| Last name<br><b>ELIAS</b>                                                                                                                                                                                                                                                                                                                                                 |  | First<br><b>Tekechaimano</b> |                 | Middle            |        | Aliases - Nickname |    |            |      | Driver License No. & State                                         |                            | SSN                                                                                                                   |  |                 |  |
| Date of Birth                                                                                                                                                                                                                                                                                                                                                             |  | Age                          | Sex<br><b>m</b> | Race<br><b>BS</b> | Ethnic | HT<br><b>55</b>    | WT | Hair       | Eyes | Comp                                                               | Occupation<br><b>Clerk</b> | Where Employed<br><b>Ex-mobil</b>                                                                                     |  |                 |  |
| Residence Street                                                                                                                                                                                                                                                                                                                                                          |  | Apt / Bldg                   |                 | City              |        | State              |    | Home Phone |      | Business Phone                                                     |                            | Resident of jurisdiction where offenses occurred? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                 |  |
| Arrestee armed with at time of arrest: (Check up to TWO and enter 'A' if fully automatic)                                                                                                                                                                                                                                                                                 |  |                              |                 |                   |        |                    |    |            |      | Weapon Make / Model / Caliber                                      |                            | Weapon Serial No.                                                                                                     |  |                 |  |
| <input type="checkbox"/> Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Lethal cutting instrument (Knife, switchblade, etc.)<br><input type="checkbox"/> Explosive <input type="checkbox"/> Shotgun <input type="checkbox"/> Club, blackjack, brass knuckles<br><input type="checkbox"/> Fire / Incendiary Device <input type="checkbox"/> Other Firearm |  |                              |                 |                   |        |                    |    |            |      | Offense Report No.                                                 |                            | Gang Affiliation                                                                                                      |  |                 |  |
| Vehicle: Year                                                                                                                                                                                                                                                                                                                                                             |  | Make                         |                 | Model             |        | Color              |    | Doors      |      | Lic # & State                                                      |                            | VIN                                                                                                                   |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                           |  |                              |                 |                   |        |                    |    |            |      | Accident? <input type="checkbox"/> Yes <input type="checkbox"/> No |                            | Disposition of Vehicle                                                                                                |  | Bureau Held for |  |

THE UNDERSIGNED, BEING DULY SWORN, UPON HIS OATH DEPOSES AND SAYS: ON THE 21 DAY OF January 2025 AT 1843 AM / PM THE DEFENDANT DID COMMIT THE FOLLOWING OFFENSE(S),NAMES: Sell / Give Beer to a minor, Sell Beer without Checking IDAT (LOCATION) 3665 Canada Rd / MobilIN VIOLATION OF TCA: 57-5-301, 57-5-301A

TIBRS Code

AND AFFIANT'S REASON FOR BELIEVING SAID OFFENSE(S) WAS COMMITTED BY THE DEFENDANT IS AS FOLLOWS: Under car other 1142 ID m # Hindrus 1142

were conducting an underage beer sting when he observed the above defendant give 25A02 Budweiser to a 18 year old opunt identified as Avery. The defendant did not check the opunt's ID prior to giving the product to the opunt. A valid beer or alcohol permit was displayed by the business. Incident did occur in Shelby County, TN. \$20 Bill

Bill # mk5789 2149c

SWORN TO AND SUBSCRIBED BEFORE ME

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

CLERK / MAGISTRATE / OFFICIAL

HEREBY AFFIX MY SIGNATURE WITH THE UNDERSTANDING THAT SUCH IS NOT A PLEA OF GUILTY, BUT TO CERTIFY THAT I RECEIVED A COPY OF THIS CITATION AND AGREE TO APPEAR AT THE INDICATED PLACES ON THE INDICATED DATES AND TIMES WITHOUT ISSUANCE OF A WARRANT AS PROVIDED BY TCA 40-7-118. YOU MUST APPEAR AT THE SHELBY COUNTY SHERIFFS OFFICE, JAIL ANNEX, CRIMINAL HISTORY RECORDS AND IDENTIFICATION SECTION, 201 POPLAR AVENUE, MEMPHIS, TENNESSEE. THIS YOU WILL IN NO WAY FAIL OR A WARRANT WILL BE ISSUED FOR YOUR ARREST.

DAY MONTH YEAR TIME  
ON THE 20 DAY OF March, 2025 AT (CIRCLE ONE) 7:30 A.M. / 8:00 A.M. / 8:30 A.M.,  
TO BE PROCESSED FOR FINGERPRINTING AND PHOTOS. LOCATED AT THE JAIL ANNEX - 205 POPLAR AVE.

1. IMMEDIATELY AFTER PROCESSING YOU ARE TO REPORT DIRECTLY TO GENERAL SESSIONS COURT, CRIMINAL JUSTICE CENTER, LOWER LEVEL, 201 POPLAR AVENUE, MEMPHIS TENNESSEE, ARRIVING NO LATER THAN 9:00 A.M., FOR A HEARING ON THE INDICATED CHARGES.

NOTICE: FAILURE TO APPEAR IN COURT ON THE DATE ASSIGNED BY THIS CITATION OR FOR BOOKING AND PROCESSING, WILL RESULT IN YOUR ARREST FOR A SEPARATE CRIMINAL OFFENSE, WHICH IS UNSHALABLE BY A JAIL SENTENCE OF ELEVEN (11) MONTHS TWENTY-NINE (29) DAYS AND/OR A FINE OF UP TO TWO THOUSAND FIVE HUNDRED DOLLARS (\$2,500).

SIGNATURE OF AFFIANT

|                 |              |           |             |
|-----------------|--------------|-----------|-------------|
| <u>Carter A</u> | <u>10948</u> | <u>m7</u> | <u>SESO</u> |
| OFFICER         | EMP #        | CAR #     | AGENCY      |
| <u>Hindrus</u>  | <u>11142</u> | <u>m7</u> | <u>SESO</u> |
| OFFICER         | EMP #        | CAR #     | AGENCY      |

SIGNATURE OF DEFENDANT

Docket Number

Property Receipt Number

State Control Number



**SHELBY COUNTY SHERIFF'S OFFICE  
FLOYD BONNER, JR., SHERIFF**



**DUI UNIT**  
11670 MEMPHIS ARLINGTON ROAD  
ARLINGTON, TN 38002  
(901) 222-5889

**MEMORANDUM**

TO:

City of Lakeland  
10001 US-70  
Lakeland, TN 38002

FROM: Shelby County Sheriff's Office DUI UNIT

DATE: January 21, 2025

RE: Alcohol Violations

The Shelby County Sheriff's Office DUI UNIT recently found the following location(s) in violation of the sell/purchase/consumption of alcohol and/or beer. A copy of all misdemeanor citations, juvenile summons and/or arrest tickets are enclosed with this memo. The Beer Board and/or Alcohol and Beverage Commission in your jurisdiction may send **NOTICE** to the Shelby County Sheriff's Office, DUI UNIT 11670 Memphis-Arlington Road Arlington, TN 38002 to request the appearance of the deputy/officer issuing the violation.

**1**

|                |                                      |
|----------------|--------------------------------------|
| Store          | Mobil                                |
| Address        | 3665 Canada Road, Lakeland, TN 38002 |
| Clerk          | Teklehaiman Elras                    |
| Item Purchased | Budweiser 25oz                       |

**2**

|                |                                                         |
|----------------|---------------------------------------------------------|
| Store          | Margaritas Gourmet                                      |
| Address        | 9752 Market Garden Place North #111, Lakeland, TN 38002 |
| Clerk          | Dana Cardina                                            |
| Item Purchased | Corona 12 oz                                            |

|  |  |
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SHELBY COUNTY SHERIFF'S OFFICE  
FLOYD BONNER JR. , SHERIFF



D.U.I. SQUAD  
11670 MEMPHIS ARLINGTON ROAD  
ARLINGTON, TN 38002  
(901) 222-5889



MEMORANDUM

TO: MARGARITAS GOURMET  
9752 MARKET GARDEN PL. N. #111  
LAKELAND, TN. 38002

DATE: 01/21/25

This is to advise you that compliance checks pertaining to the sale of alcoholic beverages and beer products by vendors was recently conducted by our agency and that a person under twenty-one (21) years of age was used to purchase or attempt to purchase alcohol / beer for off premises consumption.

The result of a compliance check for your business is as follows:

Date of Compliance Check: 01/21/25

Location of Compliance Check: \_\_\_\_\_

Sale Made: X (YES) \_\_\_\_\_ (NO)

Employee Name Making or Not Making Sale: \_\_\_\_\_

Other Comments: ID CHECKED (YES) X (NO)

Agency Representative: D. Stafford 10354



**SCSO DUI UNIT**  
**MONEY/PRODUCT RECEIPT**

**MY SIGNATURE BELOW IS TO ACKNOWLEDGE THE RECEIPT**

**BY ME OF CURRENCY AND COIN IN THE AMOUNT OF \$** 0

**AND THE RECEIPT OF PRODUCT WITH A VALUE OF \$** 0

**WHICH INCLUDES THE AMOUNT OF SALES TAXES.**

**THESE FUNDS AND PRODUCT ARE RETURNED TO ME BY LAW**

**ENFORCEMENT OFFICERS REPRESENTING THE SHELBY**

**COUNTY SHERIFF'S OFFICE DUI UNIT.**

**BUSINESS NAME:** Margaritas Garnet

Dana Cordina HB  
**(BUSINESS REPRESENTATIVE SIGNATURE)**

**DATE:** 01/21/28

D. Stippel 10354  
**(LAW ENFORCEMENT WITNESS SIGNATURE & IBM #)**

CONF # 91591

STATE OF TENNESSEE  
COUNTY OF SHELBYMISDEMEANOR CITATION IN LIEU OF  
CONTINUED CUSTODY OF ARRESTED PERSON

M145046

Sequence # M145046

|                                                                                                                             |        |                  |       |          |                                                                        |                    |                        |                |                 |                                                                                                              |                |                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------|--------|------------------|-------|----------|------------------------------------------------------------------------|--------------------|------------------------|----------------|-----------------|--------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| Last name                                                                                                                   |        | First            |       | Middle   |                                                                        | Aliases - Nickname |                        |                |                 | Driver License No. & State                                                                                   |                | SSN                                                                                                                                       |
| Garcia                                                                                                                      |        | Dania            |       | Carolina |                                                                        |                    |                        |                |                 |                                                                                                              |                |                                                                                                                                           |
| Date of Birth                                                                                                               | Age    | Sex              | Race  | Ethnic   | HT                                                                     | WT                 | Hair                   | Eyes           | Comp            | Occupation                                                                                                   | Where Employed |                                                                                                                                           |
|                                                                                                                             |        | F                | H     | H        |                                                                        |                    |                        |                |                 | Server                                                                                                       | Margaretas     |                                                                                                                                           |
| Residence                                                                                                                   | Street | Apt / Bldg       | City  | State    | Home Phone                                                             |                    |                        | Business Phone |                 | Resident of jurisdiction where offenses occurred?                                                            |                |                                                                                                                                           |
|                                                                                                                             |        |                  |       |          |                                                                        |                    |                        | 9018177473     |                 | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                       |                |                                                                                                                                           |
| Arrestee armed with at time of arrest: (Check up to TWO and enter 'A' if fully automatic)                                   |        |                  |       |          |                                                                        |                    |                        |                |                 | Weapon Make / Model / Caliber                                                                                |                | Weapon Serial No.                                                                                                                         |
| <input type="checkbox"/> Handgun<br><input type="checkbox"/> Explosive<br><input type="checkbox"/> Fire / Incendiary Device |        |                  |       |          |                                                                        |                    |                        |                |                 | <input type="checkbox"/> Rifle<br><input type="checkbox"/> Shotgun<br><input type="checkbox"/> Other Firearm |                | <input type="checkbox"/> Lethal cutting instrument (Knife, switchblade, etc.)<br><input type="checkbox"/> Club, blackjack, brass knuckles |
| Offense Report No.                                                                                                          |        | Gang Affiliation |       |          | Accident?                                                              |                    | Disposition of Vehicle |                | Bureau Held for |                                                                                                              |                |                                                                                                                                           |
|                                                                                                                             |        |                  |       |          | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                    |                        |                |                 |                                                                                                              |                |                                                                                                                                           |
| Vehicle: Year                                                                                                               | Make   | Model            | Color | Doors    | Lic # & State                                                          | VIN                |                        |                |                 |                                                                                                              |                |                                                                                                                                           |
|                                                                                                                             |        |                  |       |          |                                                                        |                    |                        |                |                 |                                                                                                              |                |                                                                                                                                           |

THE UNDERSIGNED, BEING DULY SWORN, UPON HIS OATH DEPOSES AND SAYS: ON THE 21 DAY OF Jan 2025 AT 1815 AM (PM) THE DEFENDANT DID COMMIT THE FOLLOWING OFFENSE(S).

NAMELY: Sell beer to minor, Sell beer w/o check ID, sell beer w/o permit

AT (LOCATION) 9752 Market green PL. Arlington TN 38002

IN VIOLATION OF TCA: 57-5-301, 57-5-301A, 57-5-104

TIBRS Code

AND AFFIANT'S REASON FOR BELIEVING SAID OFFENSE(S) WAS COMMITTED BY THE DEFENDANT IS AS FOLLOWS: Under cover officer Pearce #4599, SC Henders #11147 were conducting an underage beer sting when they observed the above defendant give 12 oz Corona Extra beer to a 18 year old underage operant identified as Avery. The def. did not check the operant's ID prior to giving the product to the operant. A valid beer or alcohol permit was not displayed by the business. These events occurred in Shelby County, TN.

WORN TO AND SUBSCRIBED BEFORE ME

-HIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

CLERK / MAGISTRATE / OFFICIAL

HEREBY AFFIX MY SIGNATURE WITH THE UNDERSTANDING THAT SUCH IS NOT A PLEA OF GUILTY, BUT TO CERTIFY IAT I RECEIVED A COPY OF THIS CITATION AND AGREE TO APPEAR AT THE INDICATED PLACES ON THE INDICATED DATES AND TIMES WITHOUT ISSUANCE OF A WARRANT AS PROVIDED BY TCA 40-7-118. YOU MUST APPEAR AT THE SHELBY COUNTY SHERIFFS OFFICE, JAIL ANNEX, CRIMINAL HISTORY RECORDS AND IDENTIFICATION SECTION, 1 POPLAR AVENUE, MEMPHIS, TENNESSEE. THIS YOU WILL IN NO WAY FAIL OR A WARRANT WILL BE ISSUED FOR YOUR ARREST.

ON THE 20 DAY OF March 2025 AT (CIRCLE ONE) 7:30 A.M. / 8:00 A.M. / 8:30 A.M., TO BE PROCESSED FOR FINGERPRINTING AND PHOTOS. LOCATED AT THE JAIL ANNEX - 205 POPLAR AVE.

IMMEDIATELY AFTER PROCESSING YOU ARE TO REPORT DIRECTLY TO GENERAL SESSIONS COURT, CRIMINAL JUSTICE CENTER, LOWER LEVEL, 201 POPLAR AVENUE, MEMPHIS TENNESSEE, ARRIVING NO LATER THAN 9:00 A.M., FOR A HEARING ON THE INDICATED CHARGES.

NOTICE: FAILURE TO APPEAR IN COURT ON THE DATE ASSIGNED BY THIS CITATION OR FOR BOOKING AND PROCESSING, WILL RESULT IN YOUR ARREST FOR A SEPARATE CRIMINAL OFFENSE, WHICH IS PUNISHABLE BY A JAIL SENTENCE OF ELEVEN (11) MONTHS TWENTY-NINE (29) DAYS AND/OR A FINE OF \$200 TO TWO THOUSAND FIVE HUNDRED DOLLARS (\$2,500).

C. Pearce SC #4599  
SIGNATURE OF AFFIANT  
Shirley Jones 10733 189 SCSO  
OFFICER EMP # CAR # AGENCY  
C. Pearce 4599 W6 SCSO  
OFFICER EMP # CAR # AGENCY

X Dania Carolina 615  
SIGNATURE OF DEFENDANT

Docket Number

Property Receipt Number

State Control Number

FORM 202 REV 6/18