STATE OF TENNESSEE
ALCOHOLIC BEVERAGE COMMISSION

Davy Crockett Tower
500 James Roberson Pkwy, 3rd Floor
615-741-1602

www.tn.gov/abc

4420 Whittle Springs Road
Knoxville, TN 37917
865-594-6342

One Commerce Street
40 South Main Street
4th Floor, Suite 415
Memphis TN 38103
901-543-7284

540 McCallie Avenue, Suite 341
Chattanooga, TN 37402-2055
423-634-6434

APPLICATION FEE
NON-REFUNDABLE

ALL signature spaces MUST be signed and notarized.

APPLICATION FOR SATELLITE FACILITY PERMIT

Date: _____, 20 _____ Permit# SF-_____

I or We _____hereby make application establish and run a satellite facility at the following location(s):

SATELLITE FACILITY LOCATION #1:

Doing Business As:_____

Business Address:_____ Business Tel (___)_____Fax: (___)_____

City: _____ State_____Zip Code: _____County: _____

Mailing Address (if different from Business Address) _____
Street Address City State Zip

SATELLITE FACILITY LOCATION #2:

Doing Business As:_____

Business Address:_____ Business Tel (___)_____Fax: (___)_____

City: _____ State_____Zip Code: _____County: _____

Mailing Address (if different from Business Address) _____
Street Address City State Zip

1. Please list the license number, name and address of the winery requesting a satellite facility permit.
_____

2. Who will be in active control and personally conduct the management of this satellite facility number #1?
_____

3. Who will be in active control and personally conduct the management of this satellite facility number #2?
_____

4. Give the name and address of the owner of the premises on which the satellite facility #1 is to be located and the amount of the rental, if any. Also, submit a copy of any lease agreement which may be entered into.
_____

5. Give the name and address of the owner of the premises on which the satellite facility #2 is to be located and the amount of the rental, if any. Also, submit a copy of any lease agreement which may be entered into.
_____

6. Do you sub-lease, or allow anyone to occupy any of the space covered in the lease for either satellite facility? If so, please explain and provide a copy of such sub-lease or other agreement.
_____

7. Do you agree to accept full responsibility for the action of any member of your partnership, or any person(s) employed by you in the conduct of the business of the satellite facilities?

_____

8. If you are indebted to the State of Tennessee for any taxes, state the tax and amount _____

9. Furnish Tennessee Sales Tax Registration Number: _____

10. In whose name is the Alcoholic Dealer Registration (TTB F 5630.5d) issued?

_____

11. What are the hours of operation for the satellite facility #1? _____

12. What are the hours of operation for the satellite facility #2? _____

All data, written statements, affidavits, evidence or other documents submitted in support hereof, or upon bearing hereon, shall be deemed to be a part of this application.

The applicant or applicants agrees that the place for which application is made will be operated in conformity with Chapter 257, Public Acts of 1963, and in conformity with all applicable rules and regulations made pursuant to law, which are now, or may hereafter be, in force.

WARNING: "YOUR STATEMENT IS MADE UNDER OATH OR AFFIRMATION. PROVIDING OR INCOMPLETE INFORMATION ARE GROUNDS FOR REJECTION OF APPLICATION OR SUSPENSION OR REVOCATION OF PERMIT IF ISSUED. FALSE STATEMENTS OR INCOMPLETE INFORMATION ARE ALSO SUBJECT TO THE PENALTIES OF PERJURY UNDER TENNESSEE LAW"

*** "THE ACCEPTANCE OF FEES DOES NOT GUARANTEE THE ISSUANCE OF A LICENSE OR PERMIT" ***

_____	_____	_____
Print Name of Applicant	Signature of Applicant	Date Signed
_____	_____	_____
Print Name of Owner of Establishment	Signature of Owner of Establishment	Date Signed

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Subscribed and sworn to before me this _____day of _____20 _____

My Commission Expires _____ _____

Notary Public

Notary Seal

For TABC Validation ONLY

The State of Tennessee and the Tennessee Alcoholic Beverage Commission are Equal Opportunity Employers. Discrimination, in any of its practices, which is based on age, race, sex, color, religion, national origin, disabling condition or any other nonmerit factor is prohibited. Thus, the Tennessee Alcoholic Beverage Commission is an equal opportunity, equal access, affirmative action public entity.

FOR ADDITIONAL INFORMATION:

Contact the agency ADA Coordinator for this state agency: Assistant Director at 615-741-1602 or the Tennessee Office of Americans with Disabilities, Department of Personnel. Alternate formats of this notice are available on request.