



STATE OF TENNESSEE
ALCOHOLIC BEVERAGE COMMISSION



Davy Crockett Tower
500 James Robertson Parkway, 3rd Floor
Nashville, TN 37243
615-741-1602

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

www.tn.gov/abc

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

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

APPLICATION FEE
NON-REFUNDABLE

Business Check, Money Order or Cashiers Check ONLY
APPLICATION FOR SPECIAL OCCASION LICENSE

ALL signature spaces MUST
be signed and notarized.

Name of Organization: _____

Business Address: _____ Business Tel () _____ Fax: () _____

City: _____ State _____ Zip Code: _____ County: _____

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

Email Address: _____ Web-Site Address: _____

I or We, _____
(President, Chairman, or Principal Officer(s) of Organization)

on behalf of the above-named organization, hereby make application to the Tennessee Alcoholic Beverage Commission for a special
occasion license to serve or sell alcoholic beverages, pursuant to Tennessee Code Annotated §57-4-101(g) and §57-4-102(32).

- 1. For what date(s) and time(s) is the application sought?
(Note: Alcoholic beverages cannot be sold, served or consumed between 3:00 a.m. and 8:00 a.m. on weekdays or between 3:00
a.m. and 12:00 noon on Sundays. A special occasion license cannot be granted for a period longer than 24 hours or for times
prohibited by preceding statement.)

Date(s) _____ during the hours of _____

- 2. For what premises is the license sought?
(Note: Premises must be specifically designated to the Commission. Premises must be located within the boundaries of a
political subdivision which has authorized the sale of alcoholic beverages at retail pursuant to §57-3-106 or the sale of alcoholic
beverages for consumption pursuant to §57-4-103. A special occasion license may also be issued for an event within the
unincorporated portion of a county if at least one (1) municipality in such county has approved the sale of alcoholic beverages
at retail pursuant to §57-3-106 or the sale of alcoholic beverages for consumption pursuant to §57-4-103. Organization must
furnish documentation of permission to use designated premises for the sale or serving of alcoholic beverages.)

a) Address of Premises: _____
City State Zip Code County

b) Description of Premises (meeting room, entire building, etc.) _____

c) Owner(s) or Lessor(s) of Premises _____
Name
Address City State Zip

- 3. Does your organization meet the requirements for a special occasion license?
a) If a charitable or non profit organization, are you a corporation which has been recognized as exempt from federal taxes
under Section 501(c) of the Internal Revenue Code? _____ If yes, provide document.

