



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

Business Check, Money Order or Cashiers Check ONLY

ALL signature spaces MUST be signed and notarized.

APPLICATION TO BE SUBMITTED IN DUPLICATE

APPLICATION FOR PERMIT TO SELL ALCOHOLIC BEVERAGES ON PREMISE - AIRLINE, PASSENGER TRAIN, BOAT

APPLICATION FEE NON-REFUNDABLE

Date: \_\_\_\_\_, 20\_\_\_\_\_

Name and Principal Address of Common Carrier: \_\_\_\_\_

Street Address: \_\_\_\_\_ Business Telephone: (\_\_\_\_) \_\_\_\_\_

City, State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Fax # \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Street Address: \_\_\_\_\_ Business Telephone: (\_\_\_\_) \_\_\_\_\_

City, State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Fax # \_\_\_\_\_

HEREBY MAKES APPLICATION TO THE TENNESSEE ALCOHOLIC BEVERAGE COMMISSION TO SELL AND DISPENSE ALCOHOLIC BEVERAGES BY THE DRINK

Each Question Must Be Fully Answered, (use N/A if not applicable)

- 1. Are you and all partners (if any) United States Citizens? \_\_\_\_\_ All applicants must complete form AB-0116 - Declaration of Citizenship.
2. Location of facilities in Tennessee where you desire to board alcoholic beverages:

Chattanooga Knoxville Memphis Nashville Other \_\_\_\_\_

Name of Manager: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ County \_\_\_\_\_

Name of Manager: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ County \_\_\_\_\_

Name of Manager: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ County \_\_\_\_\_

Do you agree to advise this commission, within seven (7) days, of any change in management?  YES  NO

3. Describe your carrier: AIRLINE \_\_\_\_\_ PASSENGER TRAIN \_\_\_\_\_ BOAT \_\_\_\_\_

4. In what state is your corporation chartered? \_\_\_\_\_

5. Is your charter domesticated in Tennessee?  YES  NO If so, when? \_\_\_\_\_

6. In whose name is the Alcohol Dealer Registration issued? \_\_\_\_\_

7. Do you agree to accept full responsibility for the actions of any employee in the conduct of your business? \_\_\_\_\_

8. Are you indebted to the State of Tennessee for any taxes, or does the State of Tennessee have any tax claim(s) or lien(s) against you? If so, please explain in detail: \_\_\_\_\_  
\_\_\_\_\_

(a) Furnish Sales Tax Registration Number: \_\_\_\_\_

9. Does your carrier operate under a certificate of public convenience and necessity, issued by the appropriate Federal or State Agency?  YES  NO

(a) Specify or describe \_\_\_\_\_

(b) Does your carrier have adequate facilities and equipment for serving passengers on regularly scheduled or chartered trips?  YES  NO

(c) Do you certify that such carrier will not serve passengers any alcoholic beverages while such common carrier is stopped in a count or municipality where such ales have not been legalized?  YES  NO

10. Will you store the alcoholic beverages purchased from Tennessee wholesalers, in your own facilities and supply your carriers with your own personnel?  YES  NO

(a) If not, will your contract caterer store your alcoholic beverages and supply your carriers?  YES  NO

(b) If the answer to (a) is "YES", please furnish name and address of contract caterer:

Name \_\_\_\_\_ Telephone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(c) Is your caterer licensed to sell and dispense alcoholic beverages by the drink in Tennessee?  YES  NO

**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"

All data, written statements, affidavits, evidence or their 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.

**\* “THE ACCEPTANCE OF FEES DOES NOT GUARANTEE THE ISSUANCE OF A LICENSE OR PERMIT” \***

Application authorized by \_\_\_\_\_  
Print Name, Owner of Establishment

\_\_\_\_\_  
Print Name, Applicant

\_\_\_\_\_  
Signature, Owner of Establishment

\_\_\_\_\_  
Signature, Applicant

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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