



STATE OF TENNESSEE
ALCOHOLIC BEVERAGE COMMISSION



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

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

One Commerce Square
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

www.tn.gov/abc

Business Check, Money Order or Cashier's Check ONLY

DELIVERY SERVICE LICENSE APPLICATION
PURSUANT TO PC 285 (2015)

Date _____, 20 ____

Name of Corp./LLC/LP,SP,etc: _____

makes application for a license to transport and deliver alcoholic beverages from the following location.

Doing Business As: _____

Business Address: _____ Business Telephone :(____) _____

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

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

Website: _____ E-mail address: _____

- 1. Are you and all persons having a direct or indirect interest in the business (if any) a United States Citizen?
2. Are you and all persons having a direct or indirect interest in the business (if any) twenty-one (21) years of age or older?
3. Have you, partners, stockholders, or any person having any direct or indirect interest in this business, ever been convicted of any offense, including felonies involving moral turpitude, under the laws of the State of Tennessee, or of any other State, or of the United States?
4. Have you, partners, stockholders, or any other person having a direct or indirect interest in this business been engaged in business as a sole proprietor or with others, in violation of any laws, rules or regulations of the State of Tennessee, the Alcoholic Beverage Commission of Tennessee or any other State, or of the United States prohibiting or regulating the sale, possession, transportation, manufacturing, or otherwise handling of intoxicating liquors within ten (10) years preceding the date of this application?

5. Have you or any other person having a direct or indirect interest in this business ever been cited to appear before the Commissioner of Revenue or the Tennessee Alcoholic Beverage Commission and charged with a violation of the law or rules and regulations made pursuant to law? _____ If yes, please specify: _____
6. Give the name and address of any other business in which you or your partners (if any) are actively engaged. _____
7. State whether you or anyone connected with this business hold any kind of interest whatsoever in any premises on which alcoholic beverages are manufactured or sold at retail or sold at wholesale. _____
8. State the names and addresses of all persons other than those whose names appear on this application who have any kind of interest, financial, stock ownership, loans, gifts, or securing loans, or otherwise, made for carrying on said business: _____
9. Who will be in active control and personally conduct the management of this business? _____
10. State the names and addresses of all persons related to you by blood, marriage or otherwise, who own, operate or have any kind of interest in a Retail Store, Wholesale Distributor, Distillery or Supplier. _____
11. Give the name and address of the owner of the premises on which the business 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. _____
12. Do you sub-lease, or allow anyone to occupy any of the space covered in this lease? _____ If so, state the name of the person and the kind of business being operated. _____
13. Do you agree to accept full responsibility for the actions of all persons having a direct or indirect interest or employment interest in the business and/or by you in the conduct of your business? _____
14. Give name and address of any relative employed by the Tennessee Alcoholic Beverage Commission. _____
15. If you are indebted to the State of Tennessee for any tax, state the tax and amount. _____
16. Do you hold a public office, either appointive or elective, or are you a public employee, either National, State, City or County? _____
17. Will you be storing, or have you stored, any alcoholic beverage within the premises of the business or any space owned or rented by the business? _____
18. What is the estimated percentage of the business's gross sales from the delivery of prepared food? _____ If this is a renewal application, what was the actual percentage of the business's gross sales from the delivery of prepared food? _____
19. Please list (on a separate sheet and made a part hereto this application) the retail package stores with which the business has a written agreement to deliver the retailer's alcoholic beverages or beer to customers.

20. Please list (on a separate sheet and made a part hereto this application) motor vehicle (mv) information of motor vehicles used in the delivery service's business, including (a) address where said mv is principally garaged, (b)mv identification number, (c) state and county of mv registration, (d) mv tag number and state, (e) mv make, (f) mv model, (g) proof of liability insurance and if owned or leased by an employee (a) employee name, (b) employment capacity and (c) employee address. This list is subject to applicant supplementation with changes made in motor vehicles used in the delivery service's business.

WARNING: "YOUR STATEMENT IS MADE UNDER OATH OR AFFIRMATION. PROVIDING FALSE 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 premises and activities 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

Subscribed and sworn to before me _____ this _____ day of 20_____

My Commission Expires _____

 Notary Public

Notary Seal

TABC USE 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.