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615-741-1602

[www.tn.gov/abc](http://www.tn.gov/abc)

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

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

100 W. Martin Luther King Blvd,  
Suite 812  
Chattanooga, TN 37402-2055  
423-634-6434

PERMIT  
NUMBER \_\_\_\_\_

DATE  
ISSUED \_\_\_\_\_

## APPLICATION FOR EMPLOYEE'S ON PREMISE PERMIT

### CASHIER'S CHECK OR MONEY ORDER ONLY

**FEE NON-REFUNDABLE**

PLEASE CHOOSE FROM THE  
FOLLOWING:

\_\_\_\_\_ NEW PERMIT (\$20)

\_\_\_\_\_ RENEWAL (\$20)

\_\_\_\_\_ REPLACEMENT (\$10)

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

Name of Applicant \_\_\_\_\_

Home Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

S. S. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ D. L. # \_\_\_\_\_ State Issued \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_

### EACH QUESTION MUST BE FULLY ANSWERED

1. Have you ever been convicted of any felony offense? \_\_\_\_\_ If so, specify the offense(s): \_\_\_\_\_

In the past eight (8) years, have you been convicted of any misdemeanor or felony offense relating to 1) the sale or dispensing of alcoholic beverages or beer, Schedules I and II controlled substances, or controlled substance analogues; 2) sex-related crime; or 3) embezzlement? \_\_\_\_\_ If so, specify the offense(s): \_\_\_\_\_

Are you currently in or have you completed judicial diversion for any of the above offenses? \_\_\_\_\_

**If you answer "Yes" to any of the above questions, please furnish court disposition papers demonstrating the jurisdiction in which you were convicted, the court docket number, and the statute for which you were convicted.**

2. Have you served alcohol at a licensed establishment in the last six months? \_\_\_\_\_ If so where? \_\_\_\_\_

3. Do you have any direct or indirect interest in any Tennessee licensed Wholesaler, Retailer, Winery, or Manufacturer? \_\_\_\_\_

4. Have you had an ownership interest in a 1) wholesaler licensed pursuant to T.C.A. § 57-3-203; 2) retailer licensed pursuant to T.C.A. § 57-3-204; 3) winery licensed pursuant to T.C.A. § 57-3-207; 4) public accommodation selling alcoholic beverages for consumption on the premises licensed pursuant to T.C.A. § 57-4-101; or 5) business engaged in the sale, distribution, manufacture, or storage of beer permitted pursuant to T.C.A. § 57-5-103; any of which has had its license or permit revoked within the previous eight (8) years?\_\_\_\_\_ If so, specify the name of the licensee or permittee:\_\_\_\_\_

5. Do you have any relatives employed by the Tennessee Alcoholic Beverage Commission? \_\_\_\_\_

6. Have you successfully completed a certified training course regarding the serving of alcohol? \_\_\_\_\_If so, please provide the name of the trainer and the approximate date you attended the course. \_\_\_\_\_

7. Have you ever had a server permit denied or revoked? If so, provide details, including the date, state, and reasons.

8. Do you acknowledge that the sale or service of any alcoholic beverage to a minor could subject you to administrative or criminal sanctions? \_\_\_\_\_

9. Give name of employer, address of employer, type of business and period of employment for past five (5) years, including **ALL** present employment. (Write on back of page if necessary.)

Employer	City/State	Type of Business	From: <small>Month / Year</small>	To: <small>Month / Year</small>
_____	_____	_____	From: _____	To: _____
_____	_____	_____	From: _____	To: _____
_____	_____	_____	From: _____	To: _____

10. Places of residence for past eight (8) years including present residence. (Write on back of page if necessary.)

Street	City	State	Period of Residence (To / From - month/year)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. List all names you have used including maiden name, nicknames, or any other names by which you have been known. \_\_\_\_\_

12. Do you acknowledge that the sale or service of alcohol to a minor or intoxicated person can result in disciplinary actions being taken against your permit? \_\_\_\_\_

13. U.S. Citizen: Yes\* \_\_\_\_\_ No\* \_\_\_\_\_ \* **COMPLETE FORM AB-0116 – DECLARATION OF CITIZENSHIP**

**WARNING:** “YOUR STATEMENT IS MADE UNDER OATH OR AFFIRMATION. PROVIDING FALSE OR INCOMPLETE INFORMATION IS 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, APPLICANT

SIGNATURE OF APPLICANT

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

My Commission Expires \_\_\_\_\_

Notary Public

Notary Seal

TABC Validation

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.