



APPLICATION FEE
NON-REFUNDABLE

**APPLICATION FOR PERMIT TO SELL
ALCOHOLIC BEVERAGES**

ALL signature spaces MUST
be signed and notarized.

RETAIL PACKAGE STORE

Date (mm/dd/yy): ____/____/____

Name of Corp., LLC, LP, SP, etc:			
Doing Business As:			Business Phone: ()
Business Address:		City:	ZIP Code:
County:	State:	Email Address:	Website:
Mailing Address (if different than business address):			

- Are you or any other person having any kind of interest in this business under 21 years of age? ____ If so, please specify the name of the person and their age.

- Are you and any other person having any kind of interest in this business United States Citizens? ____ All applicants must complete Form AB-0116 – Declaration of Citizenship.
- Are you or any other person having any kind of interest in this business a holder of public office (either appointive or elective) or a public employee (either national, state, city, or county)? If yes, please specify.

- Are you or any other person having any kind of interest in this business a law enforcement official? Do you or any other person having any kind of interest in this business appoint or supervise any law enforcement officer? If yes to either, please specify. _____

- If this is a new application, is your spouse or the spouse of any other person having any kind of interest in this business a law enforcement official? Does your spouse or the spouse of any other person having any kind of interest in your business appoint or supervise any law enforcement officer? If yes to either, please specify.

- Have you or any other person having any kind of interest in this business ever been convicted of any criminal offense under the laws of the State of Tennessee, of any other state, or of the United States? If yes, please specify.

- If this is a new application, has your spouse or the spouse of any other person having any kind of interest in this business ever been convicted of any criminal offense under the laws of the State of Tennessee, of any other state, or of the United States? If yes, please specify. _____

8. Have you or any other person having any kind of interest in this business ever had a license issued by the Tennessee Alcoholic Beverage Commission revoked? If so, please specify the name of the business, license number, and license type.

9. Has your spouse or the spouse of any other person having any kind of interest in this business ever had a license issued by the Tennessee Alcoholic Beverage Commission revoked?

10. Do you or any other person having any kind of interest in this business own, operate, or have any interest in any business licensed by the Tennessee Alcoholic Beverage Commission? _____. If yes, list the names of the businesses, the license types of the businesses, the license numbers, and the business addresses.

Business Name	TABC License Type	License Number	Business Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. Give the names and addresses of persons related to you and any other person having any kind of interest in this business by blood, marriage, or otherwise who own, operate, or have any interest in any business licensed by the Tennessee Alcoholic Beverage Commission. List the names of the businesses, the license types of the businesses, the license numbers, and the business addresses.

Business Name	TABC License Type	License Number	Business Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. Give the names and addresses of all persons other than those shown on this application who 1) have any kind of financial or other interest in the establishment, 2) provide or have an interest in any fixtures or furnishings, stock ownership, loans, or gifts, or 3) secure or guarantee the payment of any loan.

13. Give the names and addresses of all persons other than those shown on the application who share in the profits from this business and state their interest.

14. Give the name of the owner of the premises on which the business is to be located. Also submit a copy of any lease agreement which has been or may be entered into for this business.

15. 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 type of business being operated. _____

16. Who will be in active control in the management of this business? _____
17. Do you employ some person not otherwise connected with your business to keep your business and financial records?
If yes, give the name and address of the person. _____
18. Do you agree to accept full responsibility for the action of any member or interest holder of the business or any person employed by you in the conduct of your business? _____
19. If you are indebted to the State of Tennessee for any tax, state the tax and amount. \$ _____
20. Give the name and address of any relative employed by the Tennessee Alcoholic Beverage Commission.

21. If this is an application for a renewal license:
- Did you receive any additional or new financial assistance, loans or otherwise, during the previous year? If so, state all facts and details in connection with said financial assistance.

 - During the past calendar year, what percentage (%) of your proceeds was from the sale of alcoholic beverages, including wine and beer? _____%

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.

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.

All applicants agree 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 non-merit 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.