



**STATE OF TENNESSEE
ALCOHOLIC BEVERAGE COMMISSION**

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

www.tn.gov/abc

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



**APPLICATION TO BE
SUBMITTED
IN DUPLICATE**

Business Check, Money Order or Cashier's Check ONLY

**APPLICATION FOR PERMIT TO SELL
ALCOHOLIC BEVERAGES ON PREMISE**

ALL signature spaces MUST
be signed and notarized.

**APPLICATION FEE
NON-REFUNDABLE**

LIQUOR-BY-THE-DRINK

Date: _____, 20____

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

hereby make application for a permit to sell alcoholic beverages on premise at the following location _____

Doing Business As _____

(Specify nature of establishment, whether restaurant, hotel, or private club) _____

Business Address: _____ Business Telephone: (____) _____

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

E-Mail Address _____ Fax # _____

Mailing Address (if different from Business Address) _____

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. If a corporation, when and where chartered? _____
3. Have you, your partners, or any other person having any kind of interest in your business ever been convicted for any offense under the laws of the State of Tennessee or of any other State of the United States? _____
If answer is yes, specify furnishing date, place, offense and disposition _____
4. Have you, your partners, or any other person having any kind of interest in this business been convicted of **ANY** offense under the laws of the State of Tennessee, or of any other State, or of the United States, prohibiting, or regulating the sale, possession, transportation, storing, manufacturing or otherwise handling alcoholic beverages or of any felony within ten (10) years preceding the date of this application? _____ If answer is yes, specify furnishing date, place, offense and disposition _____
5. Have you or your partners (if any) 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? _____
6. In whose name is the Alcohol Dealer Registration (TTB F 5630.5d) issued at this location? _____
7. Give the names and addresses of persons related to you by blood, marriage, or otherwise who own, operate, or have any interest either in a Retail Store, Wholesale Distributor, Distillery or Supplier.

8. Do you or your partners own, operate or have any interest, directly or indirectly, in a Retail Liquor Store, Wholesale Distributor, Distillery or Supplier? _____
9. Give the names and addresses of all persons other than those shown on the application who have any kind of interest – financial, loans, gifts, or securing loans, or otherwise – made for carrying on said business and describe such interest: _____
10. Give the names and addresses of all persons other than those shown on the application who share in the profits from your business and state their interest: _____
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 for our files a copy of any lease agreement which has or may be entered into. All persons having any interest direct or indirect in such places must be designated and interest specified: _____
12. Who will be in active control in the management of the business (i.e. on premise managers)? _____
- (a) Designate the person or persons who will be in charge of the operation on the premises in the absence of the licensee or person primarily charged (i.e. assistant managers). _____
- (b) **Alcoholic Beverage Commission shall be notified within seven (7) days of any person(s) assuming managerial duties. Individual questionnaires shall be submitted with such notification.**
13. Give the name and address of any other business in which you or your partners, if any, are actively engaged: _____
14. Do you agree to accept full responsibility for the action of any employee in the conduct of your business? _____
15. Do you intend at any point during the next license year to produce, store, sell or offer for sale infusions as that term is defined in T.C.A. §57-4-108? _____
16. If this is an application for a renewal permit, state whether or not you received any financial assistance, loans, or otherwise, during the previous year? _____
17. If the answer to question 15 is “yes,” state all facts and details in connection with said financial assistance, loans or otherwise: _____
18. Are you indebted to the State of Tennessee for any tax or does the State of Tennessee have any tax claim against you? If so, set forth amount and details: _____
- (a) Furnish Tennessee Sales Tax Registration Number: _____
19. Give name and address of any relative employed by the Tennessee Alcoholic Beverage Commission and degree of relationship. _____
20. If a permit is sought for a **RESTAURANT**, does your establishment fulfill the requirements of T.C.A. Section 57-4-102(29)(A)? _____
- (a) Are meals actually and regularly served? _____
- (b) How many days a week, with the exception of holidays, vacations and periods of redecorating is the establishment open? _____
- (c) Is the serving of meals the principal business conducted each day the establishment is open? _____
- (d) Estimate percentage of food sales as compared to gross sales. _____

- (e) Does the establishment have sleeping accommodations? _____
- (f) Does the establishment employ a sufficient number and kind of employees to prepare, cook and serve suitable foods for its patrons? _____
- (g) Does the establishment have an adequate and sanitary kitchen, with sufficient dining room equipment, and with a seating capacity of at least 40 people? _____
- (h) What is the seating capacity of the establishment? _____

21. If a permit is sought for a **HOTEL (MOTEL)**, does your establishment fulfill the requirements of T.C.A. Section 57-4-102(20)(A)? _____

(a) Is your establishment a building used, maintained, advertised and held out to the public to be a place where food is actually served and consumed and sleeping accommodations are offered for adequate pay to travelers and guests, whether transient, permanent, or residential, in which fifty or more rooms are used for the sleeping accommodations of such guests and having one or more public dining rooms, with adequate and sanitary kitchen and a seating capacity of at least fifty (50) at tables, where meals are regularly served to such guests, such sleeping accommodations and dining rooms being conducted in the same building or in separate buildings or structures used in connection therewith that are on the same premises and are a part of the hotel operation? _____

22. If a permit is sought for a **PRIVATE CLUB**, does your organization meet the requirements of T.C.A. Section 57-4-102(8)? _____

- (a) Is your organization a for-profit association, organization or other business entity? _____
- (b) Is your organization a non-profit association organized and existing under the laws of the State of Tennessee, which has been in existence at least two (2) years prior to the application for a permit hereunder? _____
If not, provide explanation. _____
- (c) Does your organization have at least one hundred (100) members regularly paying dues? _____
- (d) State total number of members and the amount of annual dues: _____
- (e) Is it organized and operated exclusively for pleasure, recreation and other non-profit purposes, no part of the net earnings of which inures to the benefit of any shareholder or member? _____
- (f) Does it own, hire, or lease a building or space therein for the reasonable use of its members with suitable kitchen and dining room space and equipment and maintain and use a sufficient number of employees for cooking, preparing and serving meals for its members and guests? _____
- (g) Do you state that no member or officer, agent or employee of the club is paid, or directly or indirectly receives, in the form of salary or other compensation, any profits from the sale of spirituous liquors, wines, champagnes or malt beverages beyond the amount of such salary as may be fixed by its members at an annual meeting or by its governing body out of the general revenue of the club? _____
(Tips which are added to the bills under club regulations shall not be considered as profits hereunder.)

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

Signature, Owner of Establishment

Print Name, Applicant

Signature, Applicant

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

My Commission Expires _____

NOTARY SEAL

Notary Public

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.