

## STATE OF TENNESSEE ALCOHOLIC BEVERAGE COMMISSION

Davy Crockett Tower 500 James Robertson Parkway, 3<sup>rd</sup> 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



## **NON-RESIDENT LIQUOR SELLERS PERMIT APPLICATION**

ALL signature spaces MUST be signed and notarized.

**Business Check, Money Order or Cashier's Check ONLY** 

Date of Application:		NEW □ Renewal □ Permit No. N					
		Requesting Per	rmit for Janua	ry 1 – Dece	ember 31,	(year)	
Name of Corporation, Own	ner(s)						
DBA							
Business Address		City	State _	Zip	County		
Business Tel. No. ( )		Website:					
Mailing Address		City		State	Zip		
Contact Person:		Contact Tel No. ( )	Email:				
The above applicant hereb	y makes application	n for a non-resident liquor s	eller's permit,	pursuant to	T.C.A. § 57-3-6	i01 et seq.	
		to sell or distribute) the fol (Please provide additional			c beverages (dis	stilled spirits	
		a policy which would p his state not possessed					
sell, solicit to sell or d	istribute any alc	year, did either the approholic beverages to an pursuant to § 57-3-203	y person or e			-	
**During the year (January	y 1 – December 31)	), the applicant shipped, inte	ends to ship, so	ld or otherw	vise distributed i	n Tennessee	
(Circle one):	♦ Less than 100	◆ Less than 100 cases of alcoholic beverages - **PERMIT FEE: \$150.00					
	♦ 100 cases or m	nore of alcoholic beverages	- **PERMIT F	FEE: <b>\$250.</b> 0	00		
Did you provide any Tenn value provided and to who	essee licensee anyt m.	hing of value this past year	?	If so, please	attach a list of	the things of	
☐ Yes ☐ N	o (If yes, the attache	represents or will be represented <b>Distillers Representative</b> ?	s Application (	AB-0030) an			

Are you a United States Citizen? (All applicants must complete form AB-0116 – Declaration of Citizenship)								
Application submitted by: Printed Name								
	Signature			Date				
Subscribed and sworn to before	e me this	day of		20				
My Commission Expires								
			Notary Seal					
			riotary scar					
TABC VALIDATION ON	ILY							