



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

AGENT APPLICATION REVIEW CHECKLIST

Please complete and submit the following checklist as part of your application

Type: [] Retail [] Wholesale [] Distillery [] Other; Specify _____

Application for: [] New License [] Change of Ownership

Name of Business: _____ d/b/a _____

Applicant Contact Name: _____ Email: _____

Phone Number(s) _____

Ownership and Percentages: _____

I have completed the following documents (please mark):

- [] 1. License Application (Type Submitted : _____)
[] 2. Form AB-0009 - Questionnaire for each member/owner (QTY _____)
[] 3. Form AB-0118 - Background Information for each member/owner (QTY _____)
[] 4. Form AB-0127 - Personal Financial Statement for each member/owner (QTY _____)
[] 5. Three Cycles of All Associated Bank Statements for each member/owner (QTY _____)
[] 6. Last 2 Years of Federal Income Tax Returns for each member/owner (QTY _____)
[] 7. Form AB-0099 List of Corporate Stockholders and Officers/LLC Members
[] 8. Lease
[] 9. Asset Purchase Agreement (for Ownership Transfers) [] N/A
[] 10. Other information requested by Agent:
[] A. _____
[] B. _____
[] C. _____
[] D. _____

Checklist and Documents Submitted by (Establishment Representative):

*Signature acknowledges that incomplete paperwork may result in denial of application.

Name _____ Signature _____

Date/Time: _____

TABC USE ONLY

Target Commission Meeting: _____

Paperwork Due Date: _____

Above Documents and Completed Checklist Received by _____

Date/Time: _____

Assigned Agent: _____

AGENT NOTES