



## RESPONSIBLE WINE VENDOR APPLICATION

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

Name of Owner/Corp: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Business Name of Vendor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Vendor Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

EIN/SSN: \_\_\_\_\_ Email Address: \_\_\_\_\_ Web-Site Address: \_\_\_\_\_

Name of individual completing application (contact person): \_\_\_\_\_

Job Title and/or Office held: \_\_\_\_\_

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1. What entity holds the retail license? \_\_\_\_\_
  2. Total number of employees at location? \_\_\_\_\_
  3. Total number of employees directly or indirectly involved with the sale of wine? \_\_\_\_\_ (attach clerk list)
  4. Name of Responsible Vendor Training Program used (if designated)? \_\_\_\_\_
  5. List ALL Managers and Assistant Managers: \_\_\_\_\_  
\_\_\_\_\_
  6. Has applicant or any person employed by applicant ever been convicted of any criminal offense other than minor traffic violations? \_\_\_\_\_ If yes, provide the name, date, charge and disposition. (use additional sheets if necessary) \_\_\_\_\_  
\_\_\_\_\_
  7. Has applicant or any person employed by applicant ever been convicted or any violation of law against possessing, selling, manufacturing, transporting, or otherwise dispensing of alcoholic beverages? \_\_\_\_\_ If yes, provide the name, date, place, charge and disposition. (use additional sheets if necessary) \_\_\_\_\_  
\_\_\_\_\_
  8. For purposes of Title VI reporting, please indicate the Race of Applicant \_\_\_\_\_. (If applicant is comprised of multiple people, please specify racial breakdown or indicate that applicant is a publicly traded entity)

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.

**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”

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

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

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

\_\_\_\_\_  
Notary Public

Notary Seal

TABC VALIDATION 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 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.