



<b>STAFF USE ONLY</b>	
PERMIT TYPE	_____
ORIGINAL PERMIT NUMBER	_____
DATE ORIGINAL PERMIT ISSUED	_____
REPLACEMENT PERMIT NUMBER	_____
DATE REPLACEMENT PERMIT PROCESSED	_____

**REQUEST FOR REPLACEMENT PERMIT**  
**CASHIER'S CHECK OR MONEY ORDER ONLY**

**\$10.00 FEE NON-REFUNDABLE**

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

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

Home Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

S. S. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ D. L. # \_\_\_\_\_ State Issued \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_

1. List all names you have used including maiden name, nicknames, or any other names by which you have been known. \_\_\_\_\_

2. Do you acknowledge that the sale or service of alcohol to a minor or intoxicated person can result in disciplinary actions being taken against your permit? \_\_\_\_\_

**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.

**\*THE ACCEPTANCE OF FEES DOES NOT GUARANTEE THE ISSUANCE OF A LICENSE OR PERMIT\***

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

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

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

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

Notary Seal

TABC Validation
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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.