



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

One Commerce Square
40 South Main Street
4th Floor, Suite 415
Memphis TN 38103
901-543-7284



4420 Whittle Springs Road
Knoxville, TN 37917
865-594-6342

540 McCallie Avenue, Suite 341
Chattanooga, TN 37402-2055
423-634-6434

Business Check, Money Order or Cashiers Check ONLY

APPLICATION FEE
NON-REFUNDABLE

APPLICATION FOR PERMIT TO SELL
ALCOHOLIC BEVERAGES BY THE DRINK OFF PREMISE
CATERING LICENSE

ALL signature spaces MUST
be signed and notarized.

Date: _____, 20 _____

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

hereby make application for a permit to sell alcoholic beverages by the drink off premise pursuant to a catering license.

Doing Business As: _____

Business Address: _____ Business Tel () _____ Fax: () _____

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

Mailing Address (if different from Business Address) _____
Street Address City State Zip

Email Address: _____ Web-Site Address: _____

- 1. Do you (as the applicant) currently hold an on-premise consumption license issued by the Tennessee Alcoholic Beverage Commission?
2. If a corporation, when and where chartered?
3. Are you and all partners (if any) United States Citizens?
4. Have you, your partners or any other person having any kind of interest in your business ever been convicted of any offense under the laws of the State of Tennessee or of any other State of the United States?
5. Have you, partners, or any other person having any kind of interest in this business ever 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 intoxicating liquors within ten (10) years preceding the date of this application?
6. 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?

7. In whose name is the Alcohol Dealer Registration (TTB F 5630.5d) as a retail liquor dealer issued at this location? _____

8. 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 licensed Retail Store, Wholesale Distributor, Distillery, Supplier or Liquor-By-The-Drink establishment? _____

9. Do you or your partners own, operate or have any interest, directly or indirectly, in a retail package store, wholesale distributorship, distillery or supplier? _____
10. 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: _____

11. 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: _____

12. Give the name and address of the owner of the premises on which the permanent business is to be located and the amount of the rental. _____

13. Who will be in active control in the management of this business (i.e. managers and assistant managers)? _____

Individual questionnaires shall be submitted for each manager and assistant manager.

14. Give the name and address of any other business in which you or your partners, if any, are actively engaged. _____

15. Do you agree to accept full responsibility for the action of any member of the partnership or any person employed by you in the conduct of your business? _____
16. If this is an application for a renewal permit, state whether you received any additional or new financial assistance, loans, or otherwise, during the previous year? _____
17. If you are indebted to the State of Tennessee for any tax, state the tax and amount. _____

18. Furnish Tennessee Sales Tax Registration Number _____
19. Give name and address of any relative employed by the Tennessee Alcoholic Beverage Commission _____

20. As a caterer, does your business conduct and/or have the following characteristics:
 - a) Offer food and beverage service for a fee at various locations? _____
 - b) Operate a permanent catering hall on an exclusive basis? _____
 - c) Own and utilized a complete and adequate commercial kitchen facility? _____
 - d) Licensed as a caterer by the Tennessee Department of Health? _____

21. By submitting this application, the applicant hereby acknowledges the following: (Please Initial)

- a) _____ At each catered event, all employees working in a capacity to serve alcoholic beverages shall be in possession of a valid server permit issued by the Tennessee Alcoholic Beverage Commission and available for inspection by a Commission representative.

