



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](http://www.tn.gov/abc)

One Commerce Square  
40 South Main Street  
4<sup>th</sup> 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

APPLICATION FOR EMPLOYEE'S ON PREMISE PERMIT

CASHIER'S CHECK OR MONEY ORDER ONLY

**FEE NON-REFUNDABLE**

PERMIT  
NUMBER \_\_\_\_\_  
  
DATE  
ISSUED \_\_\_\_\_

PLEASE CHOOSE FROM THE  
FOLLOWING:  
  
\_\_\_\_\_ NEW PERMIT (\$20)  
\_\_\_\_\_ RENEWAL (\$20)  
\_\_\_\_\_ REPLACEMENT (\$10)

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 \_\_\_\_\_

**EACH QUESTION MUST BE FULLY ANSWERED**

1. Have you been convicted of any felony in the past four years? \_\_\_\_\_  
Have you been convicted of any crime relating to alcoholic beverages and beer, the sale of alcoholic beverages or beer, schedules 1 and 2 controlled substances, controlled substance analogues or any sex related crime or embezzlement within the previous eight years? \_\_\_\_\_

Are you currently in, or have you completed Judicial Diversion for any of the convictions above? \_\_\_\_\_

**Please furnish court disposition papers if you answer "Yes" to any of the questions above.**

2. Have you served alcohol at a licensed establishment in the last six months? \_\_\_\_\_ If so where?  
\_\_\_\_\_

3. Do you have any direct or indirect interest in any Tennessee licensed Wholesaler, Retailer, Winery or Manufacture? \_\_\_\_\_  
\_\_\_\_\_

4. Do you have any relatives employed by the Tennessee Alcoholic Beverage Commission? \_\_\_\_\_

5. Have you successfully completed a certified training course regarding the serving of alcohol? \_\_\_\_\_ If so, please provide the name of the trainer and the approximate date you attended the course. \_\_\_\_\_

6. Have you ever had a server permit denied or revoked? If so, provide details, including the date, state, and reasons.  
\_\_\_\_\_

7. Do you acknowledge that the sale or service of any alcoholic beverage to a minor could subject you to administrative or criminal sanctions? \_\_\_\_\_

