



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

All questions MUST be answered,
if not applicable put N/A

QUESTIONNAIRE

ALL signature spaces MUST
be signed and notarized.

Each person having ownership interests and/or managerial duties and are making an application for a permit to sell alcoholic beverages, must complete and submit a questionnaire, which is to be attached to the application for the permit.

(Type or Print)

Date _____ 20____

Name of Applicant _____ Home Phone (____) _____

Address of Applicant _____ City/State _____ Zip _____

Name of Establishment _____ Business Phone (____) _____

Business Address _____ City/State _____ Zip _____

Job Title and/or Office Held _____

Are you applying for an On-Premise or Off-Premise Consumption Liquor License? _____

- Are you a United States Citizen? _____
- Is the business to be operated as a corporation, a general or limited partnership, or are you the sole owner?

- State amount of capital you propose to invest in the business \$ _____
- From whom were these funds obtained (state in detail)? _____

- If savings or personal funds, give name of bank where deposited _____
- If a loan was made for this investment, state from whom made and the amount _____

- State names and addresses and type of business where employed for the past five years.

Name of Employer	Address/City/State/Zip	Type of Business	Period of Employment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. If you were self employed state when and where and type of business _____

9. Have you ever submitted an application for an Alcohol Dealer Registration (TTB F 5630.5d) to the TTB _____?
10. If applicant is purchasing the stock and fixtures of a licensee now engaged in business, state the amount of the purchase price and the terms agreed upon, also attach a copy of the Bill of Sale _____

11. Provide the name and address of any relative employed by the Tennessee Alcoholic Beverage Commission _____

12. Do you or any person having any interest in this business, directly or indirectly, either proprietary or by means of any loan, mortgage or lien, or participation in the profits in any way, hold a public office, either representative or elective, National, State, City or County? _____. If so, what office? _____

13. Are you indebted to the State of Tennessee for any taxes? _____
 If yes, state the tax and amount _____
14. Give the name and address of any relative that has any interest in any liquor business _____

15. Have you or has any person to be employed by you in the sale or dispensing of alcoholic or malt beverages ever been convicted of any violation of any law against possession, sale, manufacture, or transportation of intoxicating liquor, or any crime involving moral turpitude? _____
 If answer is yes, furnish complete details including DATE, PLACE, CHARGE and DISPOSITION. _____

16. Have you or any person to be employed by you in the sale or dispensing of alcoholic or malt beverages ever been convicted of any criminal offense? _____ If answer is yes, furnish complete details including DATE, PLACE, CHARGE, and DISPOSITION. _____

17. Give the names and addresses of three references
- | Name | Address/City/State/Zip |
|-------|------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
18. Give the name and address of one bank reference.
 Name _____ Address _____
19. Furnish full name, nickname or any other names by which you are or have been known. _____

20. Current Age: _____ Date of Birth: _____ City/State of Birth: _____
Social Security # _____ Driver's License # _____ State _____
Sex: _____ Race: _____

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, Owner of Establishment

Print Name, Applicant

Signature, Owner of Establishment

Signature, Applicant

Subscribed and sworn to before me this _____ day of _____ 20_____

My Commission Expires _____

Notary Public

NOTARY SEAL

*The State of Tennessee and the Tennessee Alcoholic Beverage Commission are an Equal Opportunity Employer. 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.