



STATE OF TENNESSEE
ALCOHOLIC BEVERAGE COMMISSION



Davy Crockett Tower
500 James Roberson Pkwy, 3rd Floor
615-741-1602

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

www.tn.gov/abc

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

ALL signature spaces MUST
be signed and notarized.

APPLICATION FEE
NON-REFUNDABLE

APPLICATION FOR WINERY LICENSE

Date: _____, 20 _____

I or We _____

hereby make application for a license to manufacture vinous beverages in the following location.

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. Are you and all partners (if any) United States Citizens? All applicants must complete form AB-0116 Declaration of Citizenship.
2. Have you, partner(s), stockholders, or any other person having any kind of interest in this business, ever been convicted for any offense under the laws of the State of Tennessee, or any other State, or of the United States?
3. Have you, partner(s), or any other person having any kind of interest in this business 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?
4. Have you, partner(s), or any other person having any kind of interest in this business been engaged in business alone, or with others in violation of any laws, or Rules and Regulations of the State of Tennessee, prohibiting or regulating the sale, possession, transportation, manufacturing, or otherwise handling intoxicated liquors within ten (10) years preceding the date of this application?
5. Have you, partner(s), stockholders, or any other person having any kind of interest in this business ever been cited to appear before the Commissioner of Revenue of the Tennessee Alcoholic Beverage Commission and charged with a violation of the law or rules and regulations made pursuant to law?
6. Give the name and address of any other business in which you or your partner (if any) are actively engaged.
7. State whether you or anyone connected with this business holds any kind of interest whatsoever in any premises on which alcoholic beverages are sold at retail.
8. Is this business to be operated as a corporation, general or limited partnership, or are you the sole owner?
9. State the names and addresses of all persons other than those whose names appear on this application who have any kind of interest, financial, stock ownership, loans, gifts, or securing loans, or otherwise, made or carrying on said business.

10. Who will be in active control and personally conduct the management of this business? _____
11. State the names and addresses of all persons related to you by blood, marriage or otherwise, who own, operate or have any kind of interest in a Retail Store, Wholesale Distributor, Distillery or Supplier. _____

12. Give the name and address of the owner of the premises on which the business is to be located and the amount of the rental, if any. Also submit a copy of any lease agreement which may be entered into. _____

13. Do you sub-lease, or allow anyone to occupy any of the space covered in this lease? _____
14. Do you agree to accept full responsibility for the action of any member of your partnership, or any person(s) employed by you in the conduct of your business? _____
15. Give the name and address of any relative employed by the Tennessee Alcoholic Beverage Commission. _____

16. If you are indebted to the State of Tennessee for any taxes, state the tax and amount _____

All data, written statements, affidavits, evidence or other documents submitted in support hereof, or upon bearing hereon, shall be deemed to be a part of this application.

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"

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

Print Name of Applicant

Signature of Applicant

Date Signed

Print Name of Owner of Establishment

Signature of Owner of Establishment

Date Signed

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

My Commission Expires _____

Notary Public

Notary Seal

For 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.