



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

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

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

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



NON MANUFACTURING NON-RESIDENT LIQUOR SELLERS PERMIT APPLICATION

ALL signature spaces MUST
be signed and notarized.

Business Check, Money Order or Cashiers Check ONLY

Date of Application: _____ NEW Renewal Permit No. NM-_____

Name of Corporation, Owner(s) _____

DBA _____

Business Address _____ City _____ State ____ Zip _____ County _____

Business Tel No. (____) _____ Website: _____

Mailing Address _____ City _____ State _____ Zip _____

Contact Person: _____ Contact Tel No. (____) _____ Email: _____

The above applicant hereby makes application for a non-manufacturing non-resident liquor seller's permit, pursuant to T.C.A. § 57-3-602 (c).

Did you provide any Tennessee licensee anything of value this past year? _____ if so, please attach a list of the things of value provided and to whom.

Do you have a Representative who currently represents or will be representing you to the wholesalers in Tennessee?
 Yes No (If yes, the attached **Distillers Representative's Application (AB-0030) and Affidavit (AB-0029)**, (these forms must be completed and returned with this application with a check for \$50.00 made payable to: TABC.)

1. Are you and all persons having a direct or indirect interest in the business (if any) a United States Citizen? _____
All applicants must complete form AB-0116 – Declaration of Citizenship.
2. Have you or any other person having a direct interest in this business been convicted of any offense under the laws of the State of Tennessee, 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? _____ If yes, please specify:

3. Have you, partner, or any other person having a direct or indirect 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 and the Alcoholic Beverage Commission, prohibiting or regulating the sale, possession, transportation, manufacturing, or otherwise handling intoxicating liquors within ten (10) years preceding the date of this application? If yes, please specify:

4. Have you or any other person having a direct or indirect interest in this business 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? _____ If yes, please specify

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

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6. Who will be in active control and personally conduct the management of this business?

 7. 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 Retail Store, Wholesale Distributor, Distillery, Liquor-by-the-Drink Establishment or Supplier.

 8. Do you or your partners own, operate or have any interest, directly or indirectly, in a Retail Liquor Store, Wholesale Distributor, Distillery, Liquor-by-the-Drink or Supplier?

 9. 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:

 10. 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: _____
 11. 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.

 12. Do you sub-lease, or allow anyone to occupy any of the space covered in this lease? _____ if so, state the name of the person and the kind of business being operated. _____
 13. Do you agree to accept full responsibility for the actions of all persons having a direct or indirect interest in the business and/or by you in the conduct of your business? _____
 14. Give name and address of any relative employed by the Tennessee Alcoholic Beverage Commission.

 15. If you are indebted to the State of Tennessee for any tax, state the tax and amount. _____
 16. Do you store, or intend to store, alcoholic beverages on your licensed premises? _____ If so, is the storage area properly bonded in accordance with all federal and/or state laws? _____
 17. List all distilleries, and their addresses, with which you have a contract for the manufacture of alcoholic beverages. _____
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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”

All data, written statements, affidavits, evidence or their 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.

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

Application authorized by _____
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

TABC Validation

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.