



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

PERMIT
NUMBER _____

DATE
ISSUED _____

APPLICATION FOR MANAGER'S PERMIT
CASHIER'S CHECK OR MONEY ORDER ONLY

\$200 FEE NON-REFUNDABLE

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 five years? _____
Have you been convicted of any crime involving the sale and distribution of alcohol 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 Manufacturer? _____

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

5. Have you successfully completed a certified Responsible Vendor 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 successfully completed a certified legal training course on applicable laws & rules? _____
If so, please provide the name of the trainer and the approximate date you attended the course. _____

