

Addresses:

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615-741-1602

170 North Main, 11<sup>th</sup> Floor  
Memphis, TN 38103-1877  
901-543-7284

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

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

www.tn.gov/abc



**STATE OF TENNESSEE  
ALCOHOLIC BEVERAGE COMMISSION**

**APPLICATION FOR LICENSE TO MANUFACTURE OR DISTILL OR RECTIFY ALCOHOLIC  
BEVERAGES UNDER T.C.A. § 57-3-202.**

Date \_\_\_\_\_, 20 \_\_\_\_

Name of Corp./LLC/LP, etc: \_\_\_\_\_

Hereby makes application for a license to manufacture, distill or rectify in the following location for the year 20\_\_\_\_.

Doing Business As: \_\_\_\_\_

Mailing Address (if different from Business Address) \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Telephone: (\_\_\_\_) \_\_\_\_\_

City, State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Website: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

1. Are you and all persons having a direct or indirect interest in the business (if any) American Citizens? \_\_\_\_
2. Have you and all persons having a direct or indirect interest in the business (if any) for at least two years been legal residents of the State of Tennessee? \_\_\_\_\_
3. Do you hold a public office, either appointive or elective, or are you a public employee, either National, State, City or County? \_\_\_\_\_ If yes, please specify \_\_\_\_\_
4. Have you, partners, 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 of any other State, or of the United States? \_\_\_\_\_
5. 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: \_\_\_\_\_
6. 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: \_\_\_\_\_
7. 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 \_\_\_\_\_
8. Give the name and address of any other business in which you, or your partners (if any) are actively engaged.  
\_\_\_\_\_
9. State whether you or anyone connected with this business hold any kind of interest whatsoever in any premises on which alcoholic beverages are sold at retail. \_\_\_\_\_
10. Is the business to be operated as a corporation, general or limited partnership, or are you the sole owner?  
\_\_\_\_\_

11. 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 for carrying on said business: \_\_\_\_\_  
\_\_\_\_\_
12. Who will be in active control and personally conduct the management of this business? \_\_\_\_\_  
\_\_\_\_\_
13. 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. \_\_\_\_\_  
\_\_\_\_\_
14. 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. \_\_\_\_\_  
\_\_\_\_\_
15. 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. \_\_\_\_\_  
\_\_\_\_\_
16. 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? \_\_\_\_\_
17. Give name and address of any relative employed by the Tennessee Alcoholic Beverage Commission. \_\_\_\_\_  
\_\_\_\_\_
18. If you are indebted to the State of Tennessee for any tax, state the tax and amount. \_\_\_\_\_
19. Furnish Tennessee Sales Tax Registration Number \_\_\_\_\_

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 Tennessee Statutes and in conformity with all applicable rules and regulations made pursuant to law, which are now, or may hereafter be, in force.

**WARNING:** THIS STATEMENT IS MADE UNDER OATH OR AFFIRMATION. FALSE STATEMENTS CAN BE GROUNDS FOR REJECTION OF THE APPLICATION OR SUSPENSION OR REVOCATION OF PERMIT IF ISSUED.

Application authorized by \_\_\_\_\_  
Signature of Owner of Establishment

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

My commission Expires: \_\_\_\_\_  
Notary Public

\*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.