



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

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. _____

7. Have you ever had any permit or license denied or revoked? If so, provide details, including the date, state, and reasons.

8. Do you acknowledge that the sale or service of any alcoholic beverage to a minor could subject you and/or the establishment to administrative or criminal sanctions? _____

9. Give name of employer, address of employer, type of business and period of employment for past 5 years, including ALL present employment. (Write on back of page, if necessary)

Employer	City/State	Type of Business	From: <u>Month / Year</u>	To: <u>Month / Year</u>
_____	_____	_____	From: _____	To: _____
_____	_____	_____	From: _____	To: _____
_____	_____	_____	From: _____	To: _____

10. List all names you have used including maiden name, nicknames or any other names by which you have been known. _____

11. Do you acknowledge that the sale or service of alcohol to a minor or intoxicated person can result in disciplinary actions being taken against you and/or the establishment? _____

12. U.S. Citizen: Yes* _____ No* _____ * COMPLETE FORM AB-0116 – DELCARATION OF CITIZENSHIP

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, APPLICANT

SIGNATURE OF 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.