

Address:

226 Capitol Blvd. Suite 300  
Nashville, TN 37243-0755  
615-741-1602

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

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

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



ALL questions MUST be answered even if answered N/A.

ALL signatures spaces MUST be signed and notarized.

www.tn.gov/abc

## STATE OF TENNESSEE ALCOHOLIC BEVERAGE COMMISSION

### QUESTIONNAIRE

Each person having ownership interests and/or managerial duties and are making an application for a permit to sell alcoholic beverages, must complete and submit a questionnaire, which is to be attached to the application for the permit.

(Type or Print)

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

Name of Applicant \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Address of Applicant \_\_\_\_\_ Zip \_\_\_\_\_ --

Name of Establishment \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

Business Address \_\_\_\_\_ Zip \_\_\_\_\_ --

Job Title and/or Office Held \_\_\_\_\_

Are you applying for an On-Premise or Off-Premise Consumption Liquor License? \_\_\_\_\_

1. Is the business to be operated as a corporation, a general or limited partnership, or are you the sole owner? \_\_\_\_\_

2. State amount of capital you propose to invest in the business \$ \_\_\_\_\_

3. From whom were these funds obtained (state in detail)? \_\_\_\_\_  
\_\_\_\_\_

4. If savings or personal funds, give name of bank where deposited \_\_\_\_\_

5. If a loan was made for this investment, state from whom made and the amount \_\_\_\_\_  
\_\_\_\_\_

6. State names and addresses and type of business where employed for the past five years.

Name of Employer	Address	Type of Business	Period of Employment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. If you were self employed state when and where and type of business \_\_\_\_\_  
\_\_\_\_\_

8. Have you purchased and/or currently applied for a U.S. Department of Treasury Special Tax Registration — (Alcohol and Tobacco) stamp in your name permitting you to engage in a business of selling or dispensing alcohol? \_\_\_\_\_  
If answer is yes, provide specifics (names). \_\_\_\_\_  
\_\_\_\_\_

9. If applicant is purchasing the stock and fixtures of a licensee now engaged in business, state the amount of the purchase price and the terms agreed upon, also attach a copy of the Bill of Sale \_\_\_\_\_  
\_\_\_\_\_

10. Provide the name and address of any relative employed by the Tennessee Alcoholic Beverage Commission \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(CONTINUED ON BACK)

11. Do you or any person having any interest in this business, directly or indirectly, either proprietary or by means of any loan, mortgage or lien, or participation in the profits in any way, hold a public office, either representative or elective, National, State, City or County? \_\_\_\_\_. If so, what office? \_\_\_\_\_
12. Are you indebted to the State of Tennessee for any taxes? \_\_\_\_\_  
If yes, state the tax and amount \_\_\_\_\_
13. Give the name and address of any relative that has any interest in any liquor business \_\_\_\_\_
14. Have you or has any person to be employed by you in the sale or dispensing of alcoholic or malt beverages ever been convicted of any violation of any law against possession, sale, manufacture, or transportation of intoxicating liquor, or any crime involving moral turpitude? \_\_\_\_\_  
If answer is yes, furnish complete details including DATE, PLACE, CHARGE and DISPOSITION. \_\_\_\_\_
15. Have you or any person to be employed by you in the sale or dispensing of alcoholic or malt beverages ever been convicted of any criminal offense? \_\_\_\_\_ If answer is yes, furnish complete details including DATE, PLACE, CHARGE, and DISPOSITION. \_\_\_\_\_

16. Are you a citizen of the United States: Yes \_\_\_\_\_ No \_\_\_\_\_  
If naturalized, set forth DATE, PLACE and COURT. \_\_\_\_\_

17. Give the names and addresses of three references

Name	Address
_____	_____
_____	_____
_____	_____

18. Give the name and address of one bank reference.  
Name \_\_\_\_\_ Address \_\_\_\_\_

19. Furnish full name, nickname or any other names by which you are or have been known. \_\_\_\_\_

20. State Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_  
Sex: \_\_\_\_\_ Race: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Owner of Establishment

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.