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**STATE OF TENNESSEE
ALCOHOLIC BEVERAGE COMMISSION**

DIRECT SHIPPER LICENSE APPLICATION

Each item must be fully answered. Please type or print in ink.

Date: _____

Name of Owner/Corp _____ Telephone No. _____

Business Name _____

Shipper Address _____

City _____ State _____ County _____ Zip Code _____

Telephone _____ Fax No. _____ E-mail Address _____

Contact Person: _____

Website _____

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1. Do you have a federal basic permit pursuant to the Federal Alcohol Administration Act?
_____ Attach a copy of your permit to this application.
 2. Are you in the business of manufacturing, bottling or rectifying wine? _____
 3. Will you contract only with common carriers which agree that any delivery of wine, made in Tennessee, shall be by face-to-face delivery and that deliveries will only be made to individuals who demonstrate that such individuals are over the age of twenty-one (21) years, and which individuals sign upon receipt of such wine? _____
 4. Do you acknowledge that as a direct shipper you may not ship more than a total of nine (9) liters of wine to any individual during any calendar month nor shall such shipper ship more than twenty-seven (27) liters of wine to any individual in any calendar year? _____
 5. Do you acknowledge that direct shippers may only ship wine to an address that is located in a jurisdiction that has authorized the sale of alcoholic beverages by local option referendum pursuant to Tenn. Code Ann. § 57-3-106? _____
 6. Do you acknowledge that any shipment of wine by a licensed direct shipper shall be made only in containers which clearly indicate on the exterior of the container, visible to a person at least three feet (3'), that the container "CONTAINS ALCOHOL: SIGNATURE OF PERSON AGE 21 OR OLDER REQUIRED FOR DELIVERY?" _____
 7. Do you acknowledge that licensed direct shippers are responsible for remitting all sales taxes due to the State of Tennessee resulting from any sales made pursuant to the Tennessee direct shipper license? _____
 8. Do you acknowledge that licensed direct shippers are responsible for remitting gallonage taxes as imposed by Tenn. Code Ann. § 57-3-302? _____
 9. Do you acknowledge that licensed direct shippers shall provide to the Commission, upon request and under penalty of perjury, a list of any wine shipped to an address within Tennessee, including the addressee? _____

10. Do you have any direct or indirect interest in any business holding a manufacturer, distiller, wholesaler, retailer, winery, or liquor-by-the-drink license issued by the Tennessee Alcoholic Beverage Commission? _____ If so, identify the licensee by name, address and license number. _____

11. Do you have a Tennessee issued non-resident seller's permit? _____ If so, please provide the permit number. _____

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____ 20_____

My Commission Expires _____

Notary Public

CONSENT TO JURISDICTION AND VENUE

I, _____, on behalf of the above listed applicant, hereby consent to jurisdiction and venue of all actions brought before the Commission, any state agency or the courts of Tennessee, such that any and all hearings, appeals and other matters relating to my direct shipper license, if issued, shall be held in the State of Tennessee.

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____ 20_____

My Commission Expires _____

Notary Public

All data, written statements, affidavits, evidence or other documents submitted in support hereof shall be deemed to be a part of this Application.

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

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 non-merit 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.