

STATE OF TENNESSEE

ALCOHOLIC BEVERAGE COMMISSION

TRAINING PROGRAM QUESTIONNAIRE

This document must be submitted by all persons having ownership interests in a training program, wishing to be certified by the Tennessee Alcoholic Beverage Commission, and by all trainers and/or instructors wishing to conduct such training programs.

THE FOLLOWING STATEMENTS ARE MADE UNDER OATH OR AFFIRMATION, AND ARE SUBJECT TO THE PENALTIES OF PERJURY.

DATE _____ 20__

(Type or Print)

Name of Applicant _____
Home Address of Applicant _____

Name of Training Program _____
Business Address _____

Telephone _____
Number _____ (HOME) _____ (WORK)
Job Title and/or Office Held: _____

If you have any ownership interest in the business, answer all of the following questions. If you are a trainer/instructor without ownership interest, begin with Question Number 6.

1. Is this training program to be operated as an "in-house" program, or is it a for-profit business to be operated as a corporation, partnership or sole proprietorship? _____
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 and the amount. _____

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

Name of Employer	Address	Type of Business	Length of Employment

7. If you were self employed, state when and where, and type of business. _____

8. State whether you have ever been licensed by the Tennessee Alcoholic Beverage Commission. _____
If so, provide the name and address of the license. _____

9. If applicant is purchasing the stock and/or assets of a certified training program now engaged in business, state the amount of the purchase price and the terms agreed upon. Attach a copy of the Bill of Sale. _____

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

11. Have you or any person employed by you ever been convicted of any criminal offense other than minor traffic violations? _____

If answer is "yes", provide the following: name, date, place, charge and disposition. _____

12. Have you or any person employed by you ever been convicted of any violation of law against possessing, selling manufacturing, transporting, or otherwise dispensing of alcoholic beverages? _____

If answer is "yes", provide the following: name, date, place, charge and disposition. _____

13. Are you a citizen of the United States? YES _____ NO _____

If naturalized, set forth the date, place, and court. _____

14. Give the names and addresses of three references.

NAME	ADDRESS
_____	_____
_____	_____
_____	_____

15. Provide a summary of your education/degree(s), and your experience/background in the training area. _____

16. Give the name and address of one bank reference.

Name _____ Address _____

17. Furnish full name, nickname or any other names by which you are or have been known. _____

18. AGE _____ DATE OF BIRTH _____ PLACE OF BIRTH _____
SOCIAL SECURITY NUMBER _____
DRIVER'S LICENSE NUMBER _____
SEX _____ RACE _____

WARNING: THIS DOCUMENT IS MADE UNDER OATH OR AFFIRMATION. FALSE STATEMENTS CAN BE GROUNDS FOR REJECTION OF THE CERTIFICATION, THE SUSPENSION OR REVOCATION OF THE CERTIFICATION IF ISSUED, AND IS SUBJECT TO THE PENALTIES OF PERJURY.

Signature of Applicant

Signature of Owner of Business

Subscribed and sworn to before me this the _____ 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 non-merit factor is prohibited. Thus, the Tennessee Alcoholic Beverage Commission is an equal opportunity, equal access, affirmative action public entity.
Contact the agency ADA Coordinator for this state agency (the Assistant Director) at 615-741-1602 or the Tennessee Office of Americans with Disabilities, Department of Personnel. Alternate formats of this document/notice are available on request.