



STATE OF TENNESSEE
ALCOHOLIC BEVERAGE COMMISSION



Davy Crockett Tower
500 James Robertson Pkwy, 3rd Floor
Nashville, TN 37243
615-741-1602

www.tn.gov/abc

One Commerce Square
40 South Main Street
4th Floor, Suite 415
Memphis TN 38103
901-543-7284

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

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

ALL signature spaces MUST
be signed and notarized.

Please print clearly;
All items must be answered.

Wine
RESPONSIBLE VENDOR APPLICATION

Date: _____, 20 _____

Name of Owner/Corp: _____

Address: _____ Tel () _____ Fax: () _____

City: _____ State _____ Zip Code: _____ County: _____

Business Name of Vendor _____ Telephone: _____

Vendor Address _____ City: _____ State _____ Zip _____

EIN/SSN _____ Email Address: _____ Web-Site Address: _____

Name of individual completing application (contact person) _____

Job Title and/or Office held _____

1. What entity holds the wine permit? _____

2. Wine Permit No. _____ Date Permit Issued? _____

3. Wine board issuing permit? _____

4. Total number of employees at location? _____

5. Total number of employees directly or indirectly involved with the sale of wine? _____ (attach clerk list)

6. Name of Responsible Vendor Training Program used (if designated)? _____

7. List ALL Managers and Assistant Managers: _____

8. Has applicant or any person employed by applicant ever been convicted of any criminal offense other than minor traffic violations? _____ If yes, provide the name, date, charge and disposition. (use additional sheets if necessary) _____

9. Has applicant or any person employed by applicant ever been convicted or any violation of law against possessing, selling, manufacturing, transporting, or otherwise dispensing of alcoholic beverages? _____ If yes, provide the name, date, place, charge and disposition. (use additional sheets if necessary) _____
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10. For purposes of Title VI reporting, please indicate the Race of Applicant _____. (If applicant is comprised of multiple people, please specify racial breakdown or indicate that applicant is a publicly traded entity)

The applicant or applicants agrees that the place for which application is made will be operated in conformity with Chapter 257, Public Acts of 1963, and in conformity with all applicable rules and regulations made pursuant to law, which are now, or may hereafter be, in force.

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”

Print Name of Applicant

Signature of Applicant

Date Signed

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

My Commission Expires _____

Notary Public

Notary Seal

TABC VALIDATION ONLY

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.