



**RLPS CONTACT TYPE
BUSINESS OWNER INDIVIDUAL**

First Name*	Middle Name	Last Name*	SSN*	Country/Region
_____	_____	_____	_____	_____
Birth Date	Driver's License No.	Race	Gender	
_____	_____	_____	_____	
Email*	Primary Phone No.*	Secondary Phone No.*		
_____	_____	_____		

Any convictions under the laws of Tennessee or any other State or of the United States? *

Yes No

Furnish date, place, offense and disposition for each conviction

Any convictions under TN, any state or US, involving alcohol, or any felony in 10 years prior? *

Yes No

Furnish date, place offense and disposition for each

Been cited to appear before the COR or TABC charged with a violation of the law or rules and regs? *

Yes No

Have you ever had a license related to any form of alcoholic beverages revoked for cause? *

Yes No

Give name and address of any relative employed by the TABC and degree of relationship. *

Interest, direct or indirect, in any business licensed in TN to sell, mfr or distribute alcohol? *

Yes No

Describe interest

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

List relatives who have interest in retail store, wholesale distributor, manufacturer or supplier. *

Indebted to the State of TN for any tax or does the State of TN have any tax claim against you? *

Yes No

Amount and details

Businesses actively engaged in*

Percentage of ownership* (must be a number)

Amount of capital you propose to invest in the business. * (Money)

From whom were these funds obtained.*

Name and addresses of all persons other than those names who share in the profits from your business.*

If applicant is purchasing an existing business, provide the purchase price and terms agreed upon *

If you were self employed provide when and where and type of business. *

Which applies? *

SELECTION REQUIRED

Employment History

Employer Name	City and State of Employer	Type of business	From (date)	To (date)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact Reference Information

Name	Phone Number
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Contact Address

Address Line 1

Address Line 2

City	State	Zip	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>