



Regulatory Licensing and Permitting System (RLPS) Citizen Portal

RLPS Citizen Portal: Presentation Content

- Citizen Access Contact Types
 - Site address: <https://rlps.abc.tn.gov/citizenaccess/>
 - Contact Types
 - Business Information
 - Business Owner - Individual
 - Business Owner - Organization
 - Master Company
 - Applicant - Individual
 - Armed Forces Import
 - Permittee
 - Office Manager – Individual
 - Complainant

RLPS Citizen Portal: Contact Type

- The record type that you are applying for will determine the required contact type that is needed for your application.
 - * Indicates required contact types below per record type

| License and Training Program | Permit | Master Company | Certificate | Complaint |
|-------------------------------|-----------------------|------------------|--------------------------|-------------|
| * Business Information | * Permittee | * Master Company | * Applicant - Individual | Complainant |
| Business Owner - Individual | * Armed Forces Import | | | |
| Business Owner - Organization | | | | |
| Office Manager – Individual | | | | |



RLPS Citizen Portal: Business Information

This is the mandatory contact entry type for the business itself. Submit only one of these types per application.

Contact Information

Please fill in all required information.

* Legal Business Name:

DBA:

* Primary Phone: Secondary Phone:

* E-mail:

TN Sales and Use Tax Account Number: *

* Legal Business Structure:
--Select--

Charter Date:

Charter Location:
--Select--

▼ Contact Addresses

Add a Contact Address

To edit a contact address, click the address link.

Showing 0-0 of 0

| Address Type | Address | Action |
|-------------------|---------|--------|
| No records found. | | |

Continue **Clear** Discard Changes

The contact address must be the business mailing address.

Contact Information

* Address Type:
Mailing

* Address Line 1:

Address Line 2:

* Country: United States * City: * State: TN * ZIP Code:

Save and Close **Save and Add Another** **Clear** Discard Changes



RLPS Citizen Portal: Business Information

- The Business Information contact type is Mandatory for each application and provides detail about business itself, not the ownership structure
- There will only be ONE Business Information contact added per application
- If you previously listed a Secretary of State control number for your business, a Business Information entry will automatically be created
- **HOWEVER**, you will need to edit and complete the entry with additional information, a displayed ERROR message will direct you to do so

RLPS Citizen Portal: Business Ownership

- Business Owner contact types must be entered to cover 100% of business ownership.
- Business Owner – Organization entries are used for named partnerships, LLCs, and Corporations
- Business Owner – Individual entries are used for named individuals
- Creating Business Owner – Individual entries replaces the current paper-based questionnaire form
- Every application needs at least one Business Owner entry, but may have several
- Where practical, ABC needs Business Owner – Individual entries for individuals making up Business Owner – Organization entries
 - Example - One LLC owning 100% of the business made up of two individual owners at 50% ownership each



RLPS Citizen Portal: Business Owner – Organization

This is a contact entry type for organizations (LLC, Corporation, Partnership, etc), there could be multiple entries per application.

Depending on the number of owners, the tally of the percentage must =100%

The contact address must be the organization contact address.

Contact Information
Please fill in all required information.

* Legal Business Name:

DBA:

* Primary Phone: Secondary Phone:

* E-mail:

* Percentage of ownership:

▼ Contact Addresses

Add a Contact Address

To edit a contact address, click the address link.

Showing 0-0 of 0

| Address Type | Address | Action |
|-------------------|---------|--------|
| No records found. | | |

Contact Information

* Address Type:

* Address Line 1:

Address Line 2:

* Country: * City: * State: * ZIP Code:

Save and Close **Save and Add Another** **Clear** Discard Changes

Continue **Clear** Discard Changes



RLPS Citizen Portal: Business Owner – Individual

This is a contract entry type for named individuals (people), there could be multiple entries per application.

Contact Information

Please fill in all required information.

*First: Middle: *Last:

*SSN/ITIN *Birth Date:

Primary Phone: Secondary Phone:

Gender: Female Male

*Percentage of ownership:

*Amount of capital you propose to invest in the business:
Enter '0.00' if this is not applicable.

From whom were these funds obtained? If savings or personal funds, give name of bank where deposited. If a loan or gift was made for this investment, state from whom made and the amount.:

Depending on the number of owners, the tally of the percentage must =100%

The contact address must be the Individual contact address.

Contact Information

*Address Type:

*Address Line 1:

Address Line 2:

*Country: *City: *State: *ZIP Code:

Save and Close **Save and Add Another** **Clear** Discard Changes



RLPS Citizen Portal: Business Representative

This is an optional contact entry type for non-owner representatives of the business such as an Attorney or Accountant.

Contact Information

Please fill in all required information.

* First: Middle: * Last:

* Primary Phone: Secondary Phone:

* E-mail:

Relationship to Business:

spell check

* Have you ever been convicted for any offense under the laws of the State of Tennessee or of any other State or of the United States?:
 Yes No

Please furnish date, place, offense and disposition for each:

The contact address must be the business representative contact address.

Contact Information

* Address Type:

* Address Line 1:

Address Line 2:

* Country: * City: * State: * ZIP Code:

Discard Changes




RLPS Citizen Portal: Office Manager - Individual

This is an optional contact entry type for non-owner individuals who run the day to day operation of the business. This is also the entry type for Corporate Officers for a Corporation Owned Business.

Contact Information

Please fill in all required information.

* First: Middle: * Last:

* SSN/ITIN * Birth Date: 

* Primary Phone: Secondary Phone:

* E-mail:

Race: Gender: Female Male

* Furnish full name, nickname or any other names by which you are or have been known:
Enter "None" if this is not applicable.

spell check

* Give the names and addresses of all persons related to you by blood, marriage or otherwise, who own, operate or have any kind of interest in a retail store, wholesale distributor, manufacturer or supplier.:
Enter "None" if this is not applicable.

The contact address must be the business representative contact address.

Contact Information

* Address Type:

* Address Line 1:

Address Line 2:

* Country: * City: * State: * ZIP Code:

Discard Changes


RLPS Citizen Portal: Permittee

Contact type for an individual who is interested in getting a Server, Delivery Service Employee, Designated Manager, Supplier Representative, Wholesale Employee, or Wholesale Representative Permit.

Contact Information

Please fill in all required information.

* First: Middle: * Last:

* SSN/ITIN * Birth Date: 

* Primary Phone: Secondary Phone:

* E-mail:

Race: Gender: Female Male

* Furnish full name, nickname or any other names by which you are or have been known:
Enter "None" if this is not applicable.

spell check

* Give the names and addresses of all persons related to you by blood, marriage or otherwise, who own, operate or have any kind of interest in a retail store, wholesale distributor, manufacturer or supplier.:
Enter "None" if this is not applicable.

The contact address must be the permittee mailing address.

Contact Information

* Address Type:

* Address Line 1:

Address Line 2:

* Country: * City: * State: * ZIP Code:




RLPS Citizen Portal: Armed Forces Import

This is a contact entry type for an individual only used for Armed Forces importation of alcohol.

Contact Information ×

Please fill in all required information.

* First: Middle: * Last:

* SSN/ITIN * Birth Date: 

* Primary Phone: Secondary Phone:

* E-mail:

Race: Gender: Female Male

* Furnish full name, nickname or any other names by which you are or have been known:
Enter 'None' if this is not applicable.

spell check

* Give the names and addresses of all persons related to you by blood, marriage or otherwise, who own, operate or have any kind of interest in a retail store, wholesale distributor, manufacturer or supplier.:
Enter 'None' if this is not applicable.

The contact address must be the permittee mailing address.

Contact Information

* Address Type:

* Address Line 1:

Address Line 2:

* Country: * City: * State: * ZIP Code:




RLPS Citizen Portal: Applicant – Individual

This is a contact entry type only used for trainers participating in Server Training Programs.

Contact Information

Please fill in all required information.

* First: Middle: * Last:

* SSN/ITIN * Birth Date: 

* Primary Phone: Secondary Phone:

* E-mail:

Race: Gender: Female Male

* Furnish full name, nickname or any other names by which you are or have been known:
Enter 'None' if this is not applicable.

spell check

* Give the names and addresses of all persons related to you by blood, marriage or otherwise, who own, operate or have any kind of interest in a retail store, wholesale distributor, manufacturer or supplier.:
Enter 'None' if this is not applicable.

The contact address must be the trainer's mailing address.

Contact Information

* Address Type:

* Address Line 1:

Address Line 2:

* Country: * City: * State: * ZIP Code:




RLPS Citizen Portal: Complainant

This is a contact entry type used only for a complaint submission when the submitter wishes to provide contact detail.

Contact Information

Please fill in all required information.

*First: Middle: *Last:

*SSN/ITIN *Birth Date: 

*Primary Phone: Secondary Phone:

*E-mail:

Race: Gender: Female Male

*Furnish full name, nickname or any other names by which you are or have been known:
Enter "None" if this is not applicable.

spell check

*Give the names and addresses of all persons related to you by blood, marriage or otherwise, who own, operate or have any kind of interest in a retail store, wholesale distributor, manufacturer or supplier.:
Enter "None" if this is not applicable.

The contact address must be the Complainant mailing address.

Contact Information

*Address Type:

*Address Line 1:

Address Line 2:

*Country: *City: *State: *ZIP Code:





Thank You