

AFTER-HOURS ESTABLISHMENT

APPLICATION FOR INITIAL OR RENEWAL LICENSES

Non-refundable Fees: Initial Application - \$250.00
Renewal - \$150.00
Late fee - \$50.00
Registered Manager Investigation fee - \$50.00 each

Items to include with application:

- Copy of individual applicant's state or federal issued identification card
- Proof of property ownership
- Proof of right to possession of the premises (copy of lease)
- Sketch/diagram of licensed premises (include entrances, exits, parking)
- Copy valid Tennessee sales tax permit
- Copy of valid general business license, as may be required by law
- Detailed security plan
- Detailed emergency evacuation plan

DATE OF APPLICATION: _____

ESTABLISHMENT INFORMATION

BUSINESS LEGAL NAME: _____

D/B/A NAME: _____

PHYSICAL BUSINESS ADDRESS: _____

BUSINESS MAILING ADDRESS: _____

TELEPHONE: _____ (home) _____ (cell) _____ (other)

MANAGER INFORMATION

NAME OF REGISTERED MANAGER: (may be more than one)

1) _____

2) _____

3) _____

4) _____

5) _____

CORPORATION, PARTNERSHIP OR LLC INFORMATION

NAME OF CORPORATION: _____

ADDRESS: _____

TELEPHONE: _____ (primary) _____ (alternate)

FEDERAL ID NUMBER: _____

APPLICANT INFORMATION

NAME: _____

RESIDENCE ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE: _____ (home) _____ (cell) _____ (other)

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

For additional applicants – include information on last page

CORPORATION, PARTNERSHIP OR LLC

Only complete the following section if the business is a corporation, partnership or LLC – for each member of the Board of Directors, Officers, Partners or Stockholders (holding at least 10% interest)

NAME: _____

POSITION HELD ON BOARD: _____

RESIDENCE ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE: _____ (home) _____ (cell) _____ (other)

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

NAME: _____

POSITION HELD ON BOARD: _____

RESIDENCE ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE: _____ (home) _____ (cell) _____ (other)

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

NAME: _____

POSITION HELD ON BOARD: _____

RESIDENCE ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE: _____ (home) _____ (cell) _____ (other)

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

For additional board members – include information on last page

PROPERTY OWNER OF PHYSICAL LOCATION INFORMATION

OWNER NAME: _____
RESIDENCE ADDRESS: _____
MAILING ADDRESS: _____
TELEPHONE: _____ (home) _____ (cell) _____ (other)

FELONY INFORMATION

Has any person required to be listed on this application ever been charged with or convicted of a felony?

Yes _____, If yes, details must be provided below No _____

Name: _____

Offense charged or convicted: _____

Court having jurisdiction: _____

Docket or file number of case: _____ Date of offense _____

Date of charge by warrant or indictment _____

Date of conviction (if any) _____ Date of disposition of the charge _____

Disposition or adjudication of the charge or sentence Imposed: _____

Include additional offenses on last page.

CRIMINAL LAW OR MISDEMEANOR INFORMATION

Has any person required to be listed on this application ever been convicted of any criminal law, including misdemeanors involving alcohol, illegal drugs or violence, crime of moral turpitude within 5 years of the date of this application?

Yes _____, If yes, details must be provided below No _____

Name: _____

Offense name: _____

Court having jurisdiction: _____

Docket or file number of case: _____ Date of offense _____

Date of charge by warrant or indictment _____

Date of conviction (if any) _____ Date of disposition of the charge _____

Disposition or adjudication of the charge or sentence Imposed: _____

Include additional offenses on last page.