

APPLICATION FOR RENEWAL OF CERTIFICATE OF COMPLIANCE

NAME OF STORE _____

STREET ADDRESS OF STORE _____

ZIP CODE _____ TELEPHONE NUMBER _____

OWNERSHIP (List all persons participating in partnership)

1. Full Name: _____ Date of Birth: _____
Social Security No.: _____
Home Address: _____ Zip: _____
Telephone No: _____ Driver's License No.: _____

2. Full Name: _____ Date of Birth: _____
Social Security No.: _____
Home Address: _____ Zip: _____
Telephone No: _____ Driver's License No.: _____

3. Full Name: _____ Date of Birth: _____
Social Security No.: _____
Home Address: _____ Zip: _____
Telephone No: _____ Driver's License No.: _____

(Use additional sheet if necessary to list all owners/partners)

Have you ever been convicted of any violations of the Alcoholic Beverage Statutes?

Yes _____ No _____

Specify _____

Applicants named above agree to comply with the State, Federal, and City laws and ordinances and with the rules and regulations of the Commissioner of Revenue of the State with reference to the sale of alcoholic beverages, and agree to the validity of and reasonableness of the inspection fees which by ordinance are adopted by the Board of Mayor and Aldermen now or during the term of the license which may be issued.

Applicant

Applicant

Applicant

STATE OF TENNESSEE)
COUNTY OF GREENE)

The applicant (s) named above in my presence and who after being duly sworn according to law made oath that the facts as stated therein are true. Signed this application this _____ day of _____ 20 ____.

My Commission Expires: _____

NOTARY PUBLIC