

CITY OF CLINTON, TENNESSEE
APPLICATION FOR CERTIFICATE TO ACCOMPANY STATE APPLICATION
FOR THE SALE AND MANUFACTURING OF INTOXICATING LIQUORS

The following applicant is requesting a Certificate from the Clinton City Council in accordance with T.C.A. §57-3-208 to accompany the applicant's application to the Tennessee Alcoholic Beverage Commission for a retailer's license for the sale and manufacturing of intoxicating liquors. Per the requirements of T.C.A. §57-3-208, the City has sixty (60) days from the date of application to approve or deny the Certificate. The City considers the date of application to be the date the City receives the application, as noted below on this application form. Applications must be submitted at least 30 days prior to a regularly scheduled City Council meeting.

APPLICANT INFORMATION:

Name: _____ Date of Birth: _____

Physical Address: _____

Number of years at this address: _____ Phone Number: _____

Have you been convicted of a felony in the past ten (10) years: _____

Each applicant or officer as identified in T.C.A. §57-3-208(b)(1)(A) must obtain and submit with this application a local and national criminal history record obtained from a third party using a multistate criminal records locator or other similar commercial nationwide database with validation.

Location of proposed retail store for the sale of alcoholic beverages:

Name and address of owner of store: _____

Is the applicant a partnership? _____ If yes, provide the name, age, and address of each partner on the following page.

If the applicant a corporation? _____ If yes, provide the name, age, and address of each executive officer or individual(s) who will be in control of the store on the following page.

Partnership or Corporation Information (as indicated on previous page):

Name: _____ Age: _____

Address: _____

Name: _____ Age: _____

Address: _____

Name: _____ Age: _____

Address: _____

Name: _____ Age: _____

Address: _____

Attached additional page(s) if needed.

My signature below acknowledges my oath that the information in this application is true and correct. (For partnerships, each partner must sign. For corporations, the corporate president must sign).

Printed Name

Signature

Printed Name

Signature

Printed Name

Signature

Printed Name

Signature

Received by: _____

Date: _____