APPLICATION FOR RENEWAL OF CERTIFICATE OF COMPLIANCE

NAN	ME OF STORE		
STR	REET ADDRESS OF ST	ORE	
ZIP CODE		TELEPHONE NUMBER	
OW	NERSHIP (List all po	ersons 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 addit	ional sheet if necessary to list all owners/partners)	
Hav	e you ever been convict	ed of any violations of the Alcoholic Beverage Statutes?	
Yes_	No	_	
Spec	cify		

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 Council of the City of Knoxville now or during the term of the license which may be issued.

Applicant

Applicant

Applicant

STATE OF TENNESSEE) COUNTY OF KNOX)

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. day of

This

My Commission Expires:

NOTARY PUBLIC

PLEASE RETURN COMPLETED APPLICATION TO: **CITY OF KNOXVILLE REVENUE OFFICE** P.O. BOX 1028 **KNOXVILLE, TENNESSEE 37901**

APPLICATION RENEWAL OF CERTIFICATE 31108.doc