



**Town of Dandridge
P.O. Box 249
131 East Main Street
Dandridge, TN 37725**

Retail Package Store: Application for Certificate of Compliance

An application fee of two hundred fifty dollars (\$250.00), payable to the Town of Dandridge, shall accompany each application for a certificate of compliance. In the event the applicant is a partnership or corporation, each partner or stockholder shall file an accompanying application.

Personal Data

Full Name of Applicant: _____ Date of Birth (Age): _____

Home Address: _____ Zip: _____

Drivers License #: _____ Social Security #: _____ Phone Number: _____

Name of Employer: _____

Employer Address: _____ Employer Phone Number: _____

Length of time employed by or engaged in this business: _____

If in business, the kind of business and location thereof: _____

Number of years residency in the State of Tennessee: _____

Have you ever been convicted of any violation of State or Federal Law or Municipal Ordinance? _____

If yes, specify offense, date, and place of occurrence: _____

Store Name and Location

Proposed Store Name: _____

Street Address of Proposed Store: _____

Current Business Address (if relocation is requested): _____

Current Zoning of Proposed Location: _____

Name and Address of the Proposed Property Owner: _____

**Town of Dandridge - 131 East Main Street - PO Box 249, Dandridge, Tennessee 37725
Phone (865)397-7420 ~ Fax (865)397-1839
TownOfDandridge.com
"We Saved a Place for You"**

Is this business a partnership or corporation? _____ If so, list the name, age, and address of each partner or stockholder and his or her occupation, business, or employer: (Add separate attachment if needed)

Name: _____
Address: _____
Zip Code: _____
Date of Birth (Age): _____
Employer (Occupation): _____
Employer Address: _____

List the names and addresses of any person, firm, or corporation (outside of your business) who will aide the venture financially or will have any interest, in the business, or in the profits, and the nature of such interest: (Add separate attachment if needed)

Name: _____
Address: _____ Zip Code: _____
Nature of Interest: _____

The information in the application shall be verified by the oath of the applicant. If the applicant is a partnership or a corporation, the applications shall be verified by the oath of each partner, or by the president of the corporation.

I, _____, certify that no person prohibited from having direct or indirect interest in the proposed store has such an interest. I further state that all attachments are true and accurate. I realize that the falsification of any portion of the application shall be grounds for rejection of the application.

The applicant further agrees to comply with state and federal laws, Town of Dandridge Ordinances, and the rules and regulations of the Alcoholic Beverage Commission and of the State Commissioner of Revenue with references to the sale of alcoholic beverages.

Signature of Applicant: _____ Date: _____

Sworn to and subscribed before me this the _____ day of _____, 20____.

Notary Public: _____

Commission Expires: _____