

APPLICATION FOR CERTIFICATE OF COMPLIANCE

RETAIL FOOD STORE WINE

Pursuant to Tennessee Code Annotated, Title 57, Section 3-806, this is to certify that:

Name of Applicant:

NAME: _____ Date of Birth: _____ SSN: _____

NAME: _____ Date of Birth: _____ SSN: _____

NAME: _____ Date of Birth: _____ SSN: _____

NAME: _____ Date of Birth: _____ SSN: _____

NAME: _____ Date of Birth: _____ SSN: _____

Corporation Name: _____

Business Address: _____

Mailing Address: _____

Have made application for a Certificate of Compliance to sell retail alcoholic beverages in the City of Tusculum, County of Greene, State of Tennessee.

Signed this _____ day of _____, _____

SIGNATURE

PRINTED NAME: _____

PHONE: _____

E:MAIL: _____