



STATE OF TENNESSEE
ALCOHOLIC BEVERAGE COMMISSION



Davy Crockett Tower
500 James Robertson Pkwy, 3rd Floor
Nashville, TN 37243
615-741-1602

One Commerce Square
40 South Main Street
4th Floor, Suite 415
Memphis TN 38103
901-543-7284

www.tn.gov/abc

4420 Whittle Springs Road
Knoxville, TN 37917
865-594-6342

540 McCallie Avenue, Suite 341
Chattanooga, TN 37402-2055
423-634-6434

ALL signature spaces MUST
be signed and notarized.

FOOD AFFIDAVIT

Date: _____, 20 _____

STATE OF TENNESSEE)
COUNTY OF _____)

I, (Print Name) _____, being first duly sworn, depose and say:

- 1. I am over 18 and make this affidavit on my personal knowledge.
2. The gross revenue from the sale of prepared food at _____ ("licensed establishment") in the previous licensed year was approximately \$_____. This figure does not include the sales tax collected in conjunction with the sale of the food. (For purposes of determining the revenue from the sale of prepared food, chips, popcorn, pretzels, peanuts and similar snack items is not included.)
3. The revenue derived from the sale of alcoholic beverages having an alcoholic content of more than five percent (5%) by weight at the establishment in the previous licensed year was approximately \$_____. This figure does not include the sales tax or liquor-by-the-drink tax collected in conjunction with the sale of the alcoholic beverages.
4. As a current licensee, the amount of revenue from food sales and the amount of revenue from the sales of the alcoholic beverages sales listed above are based on the previous licensed year during the time period from _____ to _____.
5. A menu of prepared food is made available to patrons, and a copy is attached hereto.

WARNING: "YOUR STATEMENT IS MADE UNDER OATH OR AFFIRMATION. PROVIDING FALSE OR INCOMPLETE INFORMATION IS GROUNDS FOR REJECTION OF APPLICATION OR SUSPENSION OR REVOCATION OF PERMIT IF ISSUED. FALSE STATEMENTS OR INCOMPLETE INFORMATION ARE ALSO SUBJECT TO THE PENALTIES OF PERJURY UNDER TENNESSEE LAW"

All data, written statements, affidavits, evidence or their documents submitted in support hereof, or upon bearing hereon, shall be deemed to be a part of this application.

FURTHER AFFIANT SAITH NOT:

Print Name of Applicant

Signature of Applicant

Date Signed

Subscribed and sworn to before me this _____ day of _____, 20 _____

My Commission Expires _____

Notary Public

The State of Tennessee and the Tennessee Alcoholic Beverage Commission are Equal Opportunity Employers. Discrimination, in any of its practices, which is based on age, race, sex, color, religion, national origin, disabling condition or any other nonmerit factor is prohibited. Thus, the Tennessee Alcoholic Beverage Commission is an equal opportunity, equal access, affirmative action public entity.

FOR ADDITIONAL INFORMATION:

Contact the agency ADA Coordinator for this state agency: Assistant Director at 615-741-1602 or the Tennessee Office of Americans with Disabilities, Department of Personnel. Alternate formats of this notice are available on request.