INSTRUCTIONS FOR FILING AN APPLICATION FOR
A CERTIFICATE OF BACKGROUND INVESTIGATION AND
ZONING COMPLIANCE FOR SALE OF WINE IN RETAIL GROCERY STORES

Retail food stores that desire to apply for a “Retail Food Store Wine License” issued by the State of Tennessee Alcoholic Beverage Commission (TABC) must first obtain a Knox County Certificate of Background Investigation and Zoning Compliance.

Application must be filled out completely on one (1) original form. The original form must be notarized. Applications, including a $5.00 filing fee, must be returned to the County Clerk’s office.

Background Investigation.

A criminal background check is required to determine that the applicant or applicants who are to be in actual charge of the business have not been convicted of a felony within a ten-year period immediately preceding the date of application.

If the applicant is a corporation, the background check is required to determine that the executive officers or those in control have not been convicted of a felony within a ten-year period immediately preceding the date of the application.

Background checks must be initiated by the Knox County Sheriff’s Department Records Office. (Level L1 of the City County Building).

Zoning Certification.

A zoning certification is required to determine that the applicant or applicants have secured a location for the business which complies with all zoning laws adopted by the local jurisdiction, as to the location of the business.

Zoning certifications must be initiated with the Knoxville-Knox County Metropolitan Planning Commission. (Fourth Floor City County Building).

Return the application, background investigation and zoning certification to the Knox County Clerk’s office. If all forms are approved the Clerk’s office will issue a Certificate of Background Investigation and Zoning Compliance to submit to the State of Tennessee Alcoholic Beverage Commission (TABC). The certificate will be mailed to you within 5 business days.

Knox County Clerk 215-3441/215-2683
Knox County Sherriff 215-2243
KNOX COUNTY SHERIFF'S OFFICE

RELEASE OF LOCAL ARREST RECORD

Jimmy "J.J." Jones
Sheriff
Knoxville City and Knox County history ONLY

Person/Business Requesting Pre-certification ____________________________________________ Business Phone Number

Name ___________________________________________ Last ___ First ___ MI ___ Maiden ___

Other names used ___________________________________________ Sex __________ Race __________

Address ___________________________________________

***PO Box is not acceptable*** Street/Road # Apt # City/State/Zip

Date of Birth ___________ SSN ___________ Drivers License # and State ______________________

_________________________________________________________ Signature of person releasing arrest record

If you cannot personally appear to have the background check completed, your signature must be notarized

Notarization

State of Tennessee, County of ______________, Personally appeared before me, ____________________________, with whom I am personally acquainted, and who acknowledged that he/she executed the within instrument for the purposes therein contained.

Sworn to and subscribed before me this ___________ day of _________________, 20________

_____________________________________________________________ My Commission expires

(DO NOT WRITE BELOW THIS LINE - KNOX COUNTY SHERIFF'S OFFICE USE ONLY)

Inquiry Results

Record Found ______ No Record Found ______ Local Warrants ______

Computer generated Arrest History attached with ___________, charges listed on ___________ pages

Record checked by: ___________________________ Date ___________________________

Knox County Sheriff's Office raised seal must be present for record to be valid

$15.00 fee
(Cash – exact change or Check only)

400 Main Street • Knoxville, Tennessee 37902 • (865) 215-2432
www.knoxsheriff.org
APPLICATION FOR BACKGROUND INVESTIGATION AND ZONING COMPLIANCE CERTIFICATE FOR RETAIL FOOD STORE WINE LICENSE

Return to: Knox County Clerk
300 Main Street, Room 237
Knoxville, TN 37902

Nonrefundable Administrative Fee: $5.00 per person

Make checks payable to the Knox County Clerk

Applicant Name: ___________________________________ SSN or FEIN: ______________________

Applicant Address: ________________________________________________________________

Phone: ___________________ Email: ___________________ Date of Birth: ___________________

Business Name: _________________________________________________________________

Business Location: ______________________________________________________________

Identify all Executive Officers of Corporate Applicant and home address:

________________________________________ DOB: _______ SSN: _________________

________________________________________ DOB: _______ SSN: _________________

________________________________________ DOB: _______ SSN: _________________

________________________________________

Store Manager: ______________________ DOB: _______ SSN: _________________

____________________________________

The undersigned hereby solemnly swears that each and every statement in this application is true and correct. The undersigned certifies that he/she has read and is familiar with the laws of the County of Knox, Tennessee and the State of Tennessee governing the sale of wine at retail food stores, and promises to be in compliance therewith. If the owner is other than an individual, the undersigned affirms that he/she is a representative of the owner duly authorized to submit this application.

APPLICANT

________________________________________ Date: ________________

(Signature)

>Title)

Subscribed and sworn to before me this ______ day of ______________ 20______.

Notary Public: ________________________________ My Commission Expires: ________________