



**CITY OF CLARKSVILLE, TENNESSEE
APPLICATION FOR
CERTIFICATE OF COMPLIANCE
SALE OF WINE IN A FOOD STORE**

Date of Application: _____

Name of Applicant: _____

Title: _____

**A separate application must be submitted for each person whose name will be listed on the Certificate of Compliance and on the ABC License.*

Address: _____

City _____ State _____ Zip _____

Phone: (_____) _____

Date of Birth: _____

Social Security No: _____

Driver's License: State: _____ No. _____

Office held with Company: _____

Name and Email of person submitting the application on behalf of applicant(s):

Name of Food Store: _____

Address of Food Store: _____

I hereby certify that all of the above information is true and that no false statements have been submitted in this application:

Signature of Applicant

Notary Public
Commission Expires: _____

DATE RECEIVED BY CITY CLERK: _____



**CITY OF CLARKSVILLE
CRIMINAL HISTORY
INVESTIGATION AUTHORIZATION**

Date: _____

Name of Applicant: _____

**A separate authorization must be submitted for each person whose name will be listed on the Certificate of Compliance.*

Address: _____

City _____ State _____ Zip _____

Phone: (____) _____

Date of Birth: _____

Social Security No: _____

Driver's License: State: _____ No. _____

I hereby authorize the City of Clarksville to investigate my criminal history for the purpose of issuance of a Certificate of Compliance for sale of wine in a food store.

Signature of Applicant

Notary Public

Commission Expires: _____