



**CITY OF JOHNSON CITY
APPLICATION FOR CERTIFICATE OF COMPLIANCE
RETAIL FOOD STORE WINE**

Applicant Information (for Background Check)

Name of Individual in
Charge of Business
(For Corporations,
Executive Officer) : _____

Date of Birth: _____

Social Security #: _____

Store Information

Store Name: _____

Physical Address: _____

Mailing Address: _____

Corporation Name: _____

Corporate Address: _____

The information above will be utilized by the City to conduct the due diligence required to ensure compliance with T.C.A. 57-3-806 (b)(1,2).

Applicant Signature: _____

City Use _____
Date Filed