



**CITY OF ATHENS
ALCOHOLIC BEVERAGE/BEER LICENSE EMPLOYEE REPORT**

Pursuant to Sections 8-106 and 8-208 of the Athens Municipal Code, each licensee must furnish the chief of police with a list of names, date of birth, and social security number of all persons to be employed in the place where alcoholic beverages/beer are to be sold and must inform the chief of police within 72 hours of employment as to the names, date of birth, and social security number of any persons employed after such list has been originally submitted.

Business Name: _____

Street Address: _____

Signature of Manager: _____

Printed/Typed Name of Manager: _____

Date Submitted: _____

This form is the property of the City of Athens, Tennessee, and shall be filled out and submitted by January 1 of each year or as required to:

Athens Police Department
P.O. Box 849
Athens, TN 37371-0849

Fax No. 423-744-8868

Please duplicate this form for future use. For more information, call 423-744-2730



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NAME OF EMPLOYEE (Print or type)	DATE OF BIRTH	HOME ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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