

CITY OF ABBEVILLE, ALABAMA

APPLICATION FOR ALCOHOLIC BEVERAGE SALES

(State Retail or Wholesale)

Date Approved _____
Date Refused _____
By: _____

On Premise New
 Off Premise Transfer
(Check One Block Only In Each Column)

A-1. Name of Applicant(s) _____

(Indicate whether individual partnership Association or Corporation)

2. (a) Name and address of individual applicant; or all partners and members of partnership or association, or of all officers and directors, if corporation:

(Attach separate sheet, if necessary)

Social Security # Name	Title	Date of Birth Place of Birth	Present Residence Address	Length of Residence at Place Named

3. Trade Name _____

4(a). Location _____

(Exact Street No. or if on Highway give detail as to Location)

City or Town or Rural _____ County _____

4.(b). Length of time in business at this location _____

4.(c). Mailing Address _____

City

Zip#

5. Name, trade name, and license number of last previous licensee: _____

YEAR TYPE: # _____

6. (a) Owner of real estate for which license is desired _____

Address

(b) Give a full description of the premises for which a license is desired: _____

7. Has a liquor, malt or brewed beverage license for these premises ever been denied, suspended or revoked? (if yes explain) _____

8. Attach a registered survey of the property on which the establishment is to be located as well as the surveyed distances from any church, school or park.

9. List below the court records for law violations, in the last five years if any, of each person interested in this application, including manager whether as a sole applicant, partner, officer, member, or landlord: (Do not include traffic violations, except D.U.I. and reckless driving. If no record, state NONE).

Name	Violation Charged	Name of Court	Date	Disposition of Case

THIS PAGE WILL BE COMPLETED ON ALL APPLICATIONS

License No. _____

Date of Issue _____

Amount of Fees _____

THIS SECTION MUST BE READ AND UNDERSTOOD BY ALL APPLICANTS BEFORE AFFIXING THEIR SIGNATURE

The undersigned agree, if a license is issued as hereinabove applied for, to comply at all times with and to fully observe all the provisions of the Alabama Alcoholic Beverage Control Act, as appears in Code of Alabama Title 28, and all laws of the State of Alabama relative to the handling of alcoholic beverages. The undersigned, if issued a license as herein requested; further agrees to obey all rules and regulations promulgated by the Board relative to all alcoholic beverages received in this State. The undersigned, if issued a license as herein requested, also agrees to allow and hereby invites duly authorized agents of the Alabama Alcoholic Beverage Control Board and any duly commissioned law enforcement officer of the State, County or Municipality in which the licensed premises are located to enter and search without a warrant the licensed premises or any building owned or occupied by him in connection with, adjoining, or adjacent thereto, whether connected or not, and whether used by him as his private dwelling or not, at any time. The undersigned understands that should he or she violate any of the provisions of Code of Alabama, Title 28, or any of the rules and regulations promulgated by the Board, his license shall be subject to revocation and no license can be again issued to said licensee for a period of one year. The undersigned further understands and agrees that no changes in the manner of operation and no deletion or discontinuance of any services or facilities as described in this application will be allowed without prior written approval of the proper governing body and the Alabama Alcoholic Beverage Control Board.

STATE OF _____ Signed _____
Name of Applicant

COUNTY OF _____ Title _____

The undersigned _____
Name of applicant or member if Partnership or Association

or Name and Title of Officer, if a Corporation

Applicant for the Alcoholic Beverage license, requested by the foregoing applicant hereby swears or affirms that he or she has read said application and all the statements therein and that the facts set forth therein are true and correct, and that the applicant is the only person interested in the business for which license is requested.

Sworn to and subscribed before me this _____ day of _____, 19_____.

Name of Notary Public Signature of Affiant

DISPOSITION

This application was submitted to the _____
Governing Body
on _____, 19_____, said application was _____
state approved or disapproved

I certify the above is an official action of the _____

Chief of Police