

ALCOHOLIC BEVERAGE

LICENSE APPLICATION

Date of Application: _____

License Application Type:

- Retail Beer (Off Premise)
- Retail Beer (On Premise)
- Retail Wine (Off Premise)
- Retail Wine (On Premise)
- Restaurant Retail Liquor (On Premise liquor, beer, wine)
- Package Store (Off Premise liquor, beer, wine)
- Special Event

1. BUSINESS INFORMATION:

a) Legal Name of Business: _____

a) Corporate/LLC Name: _____

b) Mailing Address: _____

c) City, State, Zip: _____

d) Physical Address: _____

e) City, State, Zip: _____

f) Telephone #: _____

g) Federal Tax I.D. #: _____

h) E-mail Address: _____

Note: If a corporation or limited liability company, give place and date of incorporation or issuance of certificate of authority to do business in the State of Alabama

Book: _____ Page #: _____ Date: _____ County: _____

Length of time in business at this location: _____

2. APPLICANT INFORMATION:

If the business is structured as a sole proprietor, corporation, limited liability company, partnership or association, provide the following information for the owner, each partner, member, officer or director of the business entity. If needed, attach a separate sheet of paper.

- a) Applicant Name: _____
- b) Driver's License #: _____ State: _____
- c) Date of Birth: _____ Social Security #: _____
- d) Residential Telephone #: _____ Cell #: _____
- e) Present Mailing Address: _____
- f) City, State, Zip: _____
- g) Present Residential Address: _____
- h) City, State, Zip: _____
- i) Length of Residence: _____
- j) Title: _____
- k) E-mail: _____

-
-
- a) Partner, Member, Officer, Director Name: _____
 - b) Driver's License #: _____ State: _____
 - c) Date of Birth: _____ Social Security #: _____
 - d) Residential Telephone #: _____
 - e) Present Mailing Address: _____ Cell #: _____
 - f) City, State, Zip: _____
 - g) Present Residential Address: _____
 - h) City, State, Zip: _____
 - i) Length of Residence: _____
 - j) Title: _____ E-mail Address: _____

3. Owner of real estate for which license is desired:

- a) Name: _____
- b) Present Mailing Address: _____
- c) City, State, Zip: _____
- d) Present Residential Address: _____
- e) City, State, Zip: _____
- f) Residential Telephone #: _____ Cell #: _____

4. Names and addresses of all lessees or sub-lessees:

- a) Lessees Name: _____
- b) Present Mailing Address: _____
- c) City, State, Zip: _____
- d) Present Residential Address: _____
- e) City, State, Zip: _____
- f) Residential Telephone #: _____ Cell #: _____

-
-
- a) Sub-Lessees Name: _____
 - b) Present Mailing Address: _____
 - c) City, State, Zip: _____
 - d) Present Residential Address: _____
 - e) City, State, Zip: _____
 - f) Residential Telephone #: _____ Cell #: _____

5. **ATTACH A COPY** of any lease agreement under which the applicant has the right of possession if the applicant is not the owner of the property.

6. This is to certify that I am the property owner or have legal control of the property described herein located in the City of Rainsville and DeKalb County, State of Alabama.

Description of property:

Printed Name of Property Owner: _____

The above property has been rented, leased, subleased or otherwise surrendered to the following, who has applied for an alcohol beverage license for this location:

Name: _____

This property is: Leased Rented at a monthly rate of \$ _____

➔ Signed by Property Owner / Lessor: _____

License #: _____

Witness: _____

Witness: _____

7. Give a description of the premises for which the alcohol license is desired, and a brief description or plan of that part of the hotel, restaurant, grocery store, convenience store, or club where it is proposed to keep and sell alcoholic beverages.

8. If any renovations, remodeling or repairs are to be completed prior to opening at this address, please describe the nature and extent of this work.

9. Is any one of the applicants, whether individual, member, partner, associate, officer or director of the business in any manner pecuniarily interested, directly or indirectly, in the profits of any other class of business regulated under this ordinance and / or the alcoholic beverage licensing code of the State of Alabama? YES NO If so, state the extent of said interest, including name, address and city of such business:

10. Are the applicants named above the only persons, in any manner, pecuniarily interested in the business sought to be licensed? YES NO If not, explain:

11. Has the applicant made an application before for a similar or other alcoholic beverage license?

YES NO If so, state the disposition of such application:

12. Has any applicant, partner, member, associate, officer, director or stockholder of the business had, during the three years immediate preceding the date of this application, a license for the sale of spirituous or vinous liquors, fortified wine or table wine, or malt or brewed beverages revoked or suspended by any government authority? YES NO If so, explain:

13. Below, list the court records for violations, if any, for each applicant, partner, member, associate, officer or director of the business. Do not include traffic violations except DUI and RECKLESS DRIVING.

Name:	Violation Charged:	Name of Court:	Date:	Disposition:

14. Each applicant for a club retail liquor license shall also file with, and as a part of, the application the following:
- a) A certified copy of the “Certificate of Incorporation” and the constitution and / or by-laws of such club.
 - b) A verified list of the paid-up members of such club at the time of the application, together with the resident address of each such paid up member.
 - c) The name and address of the manager of the club. If the person shown as the manager of the club ceases to be such manager, then the club shall notify the CITY CLERK of the City of Rainsville within five (5) days of such change, together with the name and resident address of any new manager.
 - d) A copy of any certificate from the United States Internal Revenue Service or the Treasury Department concerning any exemption of the club from taxation.
15. In what commercial zoning classification, according to the Zoning Ordinance of the City of Rainsville, is the proposed business located?

- C-1 Neighborhood Shopping District
- C-2 Central Business District
- C-3 Highway Business District
- C-4 General Business District

Note: This form is to be signed by the owner, or in the case of a partnership, association, limited liability company, or corporation, by a partner, member, associate or executive officer.

I understand that false or misleading information given in this application is grounds for denial.

The undersigned agrees, if issued a license as hereinbefore requested, (1) to comply with all the provisions of the laws of Alabama and particularly Title 28, Code of Alabama, as now and hereafter amended, (2) and to obey all rules and regulations promulgated by the Alabama Beverage Control Board (the "Board"), relative to the handling of the alcoholic beverages, and particularly Ordinance No. 2004-14, as now and hereafter amended, and (3) to allow any duly authorized agent of the Board and any duly commissioned law enforcement officer of the State of Alabama, DeKalb County, or the City of Rainsville, to enter and search, without a warrant, the licensed premises or any other building owned or occupied by the licensee in connection with, adjoining or adjacent thereto, whether connected or not, and whether used by the licensee as his private dwelling or not, at any time. The undersigned understands that a violation of the state or city laws or rules and regulations of the Board may result in a suspension or revocation of his license. The applicant further swears or affirms that he or she has read said application and all statements therein and that the facts set forth therein are true and correct.

State of: _____

Printed Name: _____

County of: _____

Title: _____

→→→ Signature of Applicant: _____

- Corporation or Limited Liability Company
- Partnership
- Association
- Individual Business Owner

NOTARY CERTIFICATION

STATE OF ALABAMA

COUNTY OF DEKALB

I, the undersigned authority, a Notary Public in and for said County and State, hereby certify that _____, whose names as _____ of _____, is signed to the foregoing conveyance, and who is known to me, acknowledged before me on this day, that, being informed of the contents of the conveyance, he/she in his/her capacity as _____, and with full authority, executed the same voluntarily on the day the same bears date on behalf of _____.

Given under my hand and official seal this _____ day of _____, 20____.

Notary Public
My commission expires: _____

[Seal]

NOTE: This application and all required forms should be submitted to:

**Kelly Frazier
City Clerk
P.O. Box 309
Rainsville, Alabama 35986
Ph: (256) 638-6331**
