

**CITY OF FLORENCE  
APPLICATION FOR ALCOHOL BEVERAGE LICENSE**

**Type of license being applied for (check only one)**

- |  |   |
|--|---|
| <input type="checkbox"/> CONVENIENCE STORE                                   | <input type="checkbox"/> HOTEL/MOTEL  |
| <input type="checkbox"/> DRUG STORE  | <input type="checkbox"/> LOUNGE   |
| <input type="checkbox"/> GROCERY STORE                                       | <input type="checkbox"/> ENTERTAINMENT & RECREATIONAL   |
| <input type="checkbox"/> PACKAGE LIQUOR STORE                                | <input type="checkbox"/> WHOLESALE DISTRIBUTOR  |
| <input type="checkbox"/> SPECIAL EVENTS                                      | <input type="checkbox"/> CLUBS, PRIVATE: <input type="checkbox"/> CLASS I <input type="checkbox"/> CLASS II |
| <input type="checkbox"/> RESTAURANT - FULL MENU                              |   |
| <input type="checkbox"/> RESTAURANT - SPECIALTY MENU                         |   |
| <input type="checkbox"/> AUTOMOBILE SELF-SERVICE STATION & CONVENIENCE FOODS |   |

**Off Premises:**

- BEER                                       BEERWINE                                       LIQUOR-BEER-WINE

**On Premises:**

- BEER                                       BEER-WINE                                       LIQUOR-BEER-WINE

**I. APPLICANT(S)**

A. Name of Applicant(s) \_\_\_\_\_

Indicate by checking:     Individual                       Corporation                       Partnership

B. Name and address of individual applicant; or all partners and members if partnership or association, or all of the officers and directors if corporation:

NAME	TITLE & DATE OF BIRTH	PRESENT ADDRESS	PLACE OF BIRTH	% OF OWNERSHIP

C. Name of Manager: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ DOB: \_\_\_\_\_

D. Has this manager ever had an Alcoholic Beverage License revoked, suspended, or declined; if so explain:

\_\_\_\_\_

E. Are all listed persons citizens of the United States of America?     yes     no

If naturalized, give the place and date of naturalization. \_\_\_\_\_

NOTE: If a corporation, give the place and date of incorporation issuance of certificate of authority to do business in the State of Alabama:

\_\_\_\_\_ Book    \_\_\_\_\_ Page    \_\_\_\_\_ Date    \_\_\_\_\_ County

**II. LOCATION INFORMATION**

A. Trade Name \_\_\_\_\_

B. Location: Give exact street number, or if highway give details \_\_\_\_\_

\_\_\_\_\_

C. Mailing Address \_\_\_\_\_

D. Length of time in business at location desired to be licensed \_\_\_\_\_

E. Trade name and license number of last licensee \_\_\_\_\_

F. Owner of real estate for which license is desired. List name and address: \_\_\_\_\_

G. Lessees or sub-lessees of real estate for which license is desired. \_\_\_\_\_

H. Attach copy of lease agreement.

I. Give full description of that part of the premises to which the application refers \_\_\_\_\_

\_\_\_\_\_

**III. HOTEL/MOTEL LOUNGE**

A. Give a description of that part of the premises to which the application refers \_\_\_\_\_

\_\_\_\_\_

B. How many completely separate sleeping rooms with adequate facilities are there in the hotel/motel, under one continuous roof? \_\_\_\_\_

C. Does applicant own, lease, or operate a dining room in the hotel/motel? \_\_\_\_\_

D. State how many people can be seated at tables:

\_\_\_\_\_ in open dining room    \_\_\_\_\_ in dining room    \_\_\_\_\_ at counters    \_\_\_\_\_ total at any one time

E. Is the kitchen apart from, but adjoining the dining room? \_\_\_\_\_

**IV. CLUBS, CLASS I (NON-PROFIT) CLASS II (PROFIT)**

- A. Do you have an I.R.S. designation as a non-profit organization?  no  yes If yes, please provide \_\_\_\_\_
- B. Amount of square feet on one floor in one room equipped with table and chairs. \_\_\_\_\_ sq. ft.
- C. Seating capacity in one room on one floor: \_\_\_\_\_
- D. Number of off-street parking spaces: \_\_\_\_\_

**V. CONVENIENCE STORE**

- A. What percentage of gross receipts is anticipated from sales of all products except alcoholic beverages for any one ninety (90) day period? \_\_\_\_\_%

**VI. DRUG STORE**

- A. What percentage of gross receipts is anticipated from sales of all products except alcoholic beverages for any one ninety (90) day period? \_\_\_\_\_%
- B. State the number of square feet of floor space in retail sales area. \_\_\_\_\_ sq. ft.

**VII. GROCERY STORE**

- A. What percentage of gross receipts is anticipated from sales of all products except alcoholic beverages for any one ninety (90) day period? \_\_\_\_\_%
- B. State the number of square feet of floor space in retail sales area. \_\_\_\_\_ sq. ft.

**VIII. ENTERTAINMENT**

- A. Is the facility operated for:  
 Bowling Alley  Billiard Parlor  Golf Course

**IX. LOUNGE**

- A. Give a description of that part of the premises to which the application refers. \_\_\_\_\_  
 \_\_\_\_\_
- B. Amount of square feet on one floor in one room equipped with table and chairs: \_\_\_\_\_ sq. ft.
- C. Seating capacity in one room on one floor: \_\_\_\_\_
- D. Number of off street parking spaces: \_\_\_\_\_
- E. Name of each Manager or other person(s) who will have supervisory control over the business:

NAME	TITLE & DATE OF BIRTH	PRESENT ADDRESS	PLACE OF BIRTH	% OF OWNERSHIP

- F. Attach a copy of every instrument creating a security interest in the licensed premises, and each instrument creating a security interest in any personality used in the operation of the business (LIST INSTRUMENTS AND ATTACH A COPY) \_\_\_\_\_  
 \_\_\_\_\_

**X. RESTAURANT (FULL/SPECIALTY MENU)**

- A. State the number of square feet of floor space in the dining room: \_\_\_\_\_ sq. ft.
- B. State how many people can be seated in dining room at tables in:  
 open dining room  booths  total at any one time
- C. Is the kitchen apart from, but adjoining, the dining room?  yes  no
- D. Do you keep a record of all food supplies purchased?  yes  no
- E. Is the place of business habitually and principally used for the purpose of providing food for the public?  yes  no
- F. Is the restaurant equipped with tables and chairs?  yes  no
- G. What percentage of gross receipts do you expect to receive from the sale of food products for any one ninety (90) day period? \_\_\_\_\_%

**XI. SPECIAL EVENTS**

- A. Has a permit by the A.B.C. Board been issued for said event 120 days prior to the date of this application?  yes  no
- B. Has the City Council approved applicant as qualified for issuance of license?  yes  no
- C. Has the City Council prescribed limitations concerning this event?  yes  no
- D. If answer to question "C" is yes, list stipulations \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**XII.**

- A. Is anyone of the Applicants, whether individual, member of partnership or association, or officer and directors of corporation or the corporation itself, in any manner pecuniary interested either directly or indirectly in the profits of any other class of business regulated under this act? \_\_\_\_\_
- B. Does the Applicant own or control, directly or indirectly, or hold any lien against any real or personal property which is rented, leased, or used in the conduct of business by the holder of any vinous malt or brewed beverage or distilled liquors permit or licensed issued under the authority of this act? \_\_\_\_\_
- C. Is Applicant receiving, either directly or indirectly, any loan, credit, monies, or equivalent thereof from any other licensee or from or through a subsidiary or affiliate of another licensee, or from any firm, association, or corporation operating under or regulated by the authority of this act? \_\_\_\_\_
- D. Has Applicant, whether individual, member of partnership or association, or officers and directors of corporation or the corporation itself, ever been refused a State or Local permit or license, or had a permit or license suspended, revoked, or declined?    \_\_\_\_\_no    \_\_\_\_\_yes    If yes, explain \_\_\_\_\_
- E. Has an Alcoholic Beverage License ever been suspended, revoked, or declined to anyone at the desired location? \_\_\_\_\_no    \_\_\_\_\_yes    if yes, explain \_\_\_\_\_
- F. Furnish such other information that might assist the regulating authority in acting on this Application \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**XIII. BACKGROUND INVESTIGATION – ORGANIZED CRIME BUREAU  
ALCOHOLIC BEVERAGE LICENSE APPLICANT**

A. A Background Information Sheet must be completed and submitted with the Alcohol Beverage Application, one sheet for each person(s) listed in Sections 1-A; 1-B; 1-C; IX-E; and/or XHIA, XHIB.

1. Applicant Name \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_
2. Applicant Last Address \_\_\_\_\_  
Social Security No. \_\_\_\_\_
3. Driver’s License No. \_\_\_\_\_  
Telephone Numbers: Home \_\_\_\_\_ Business \_\_\_\_\_
4. Race \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_
5. Applicant Present Employment \_\_\_\_\_ Address \_\_\_\_\_
6. Title and/or Position \_\_\_\_\_
7. Applicant Last Employment \_\_\_\_\_ Address \_\_\_\_\_
8. Title and/or Position \_\_\_\_\_
9. Personal References: (List names, addresses, and telephone numbers)  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_
10. Marital Status \_\_\_\_\_ If married, give spouse’s full name, full address, occupation, and place of employment: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

**XIV. JUDICIAL HISTORY**

- A. If Application is for any of the following classifications:  
 PRIVATE CLUB: CLASS I RESTAURANT (FULL MENU)  
 PRIVATE CLUB: CLASS II RESTAURANT (SPECIALTY MENU)  
 MALT OR BREWED BEVERAGE ON/OFF PREMISES RETAIL

Indicate below if the Applicant, partner or member of partnership, or officers and directors of a corporation, or managers, has ever been convicted for a violation of any Federal, State, or Local Alcoholic Beverage Laws, or forfeited a cash bond to appear in court to answer charges for such violations:

NAME	VIOLATION CHARGED	NAME OF COURT	DATE OF ARREST

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

SIGNED: \_\_\_\_\_  
Name of Applicant

The Undersigned \_\_\_\_\_  
Name of Applicant or member if Partnership of Association or Name and Title of Officer, if a Corporation

Applicant for license requested herein, hereby swears or affirms that he/she and all parties interested in said Application have read the above questions I through XIV and the answers thereto, all in connection with Application of said Applicant for a Liquor License as indicated in said Application; that he/she and all parties interested in said Application for License fully acknowledged that this attachment is a part of said Application and all statements and facts herein are true and correct.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Commission Expires