



# ABC Licensing & Compliance Division

## Pre-Application

### Application packet must be completed in full prior to scheduling an appointment.

In this packet is a list of documents that are REQUIRED to obtain an ABC Alcohol or Tobacco and/or Alternative Nicotine Product/Electronic Nicotine Delivery System License. Once you gather ALL documents listed on the checklist and complete this Pre-Application entirely, you will need to scan and email the packet to your local ABC Licensing and Compliance Division office for review. Once it is reviewed, you will be notified of any corrections that need to be made. If no corrections are necessary, an appointment will be scheduled with you to create your official ABC License Application. The local ABC Division office works with applicants **BY APPOINTMENT ONLY**. It is imperative that you arrive to your scheduled appointment on time.

Please use the attached checklist (Form LCD-2) to assist you in gathering the necessary documents for your application. If you have any questions, please contact your local ABC Division office.

1. Applicant Name: \_\_\_\_\_  
(Individual or legal entity responsible for this license; (i.e. sole proprietor, Corporation, Association, LLC, Partnership, LLP)
2. Doing Business As/Trade Name: \_\_\_\_\_
3. Location Address: \_\_\_\_\_  
Street Address (Include Suite/Unit/Building Number) City County Zip Code
4. Type of Business: Convenience Store Grocery Package Store Restaurant Lounge/Private Club  
Hotel/Motel Tobacco Store Department Store Other:  
\_\_\_\_\_
5. If not a sole proprietor or partnership, is the applying entity a publicly traded company or a 501(c) organization ?
6. Governing Jurisdiction: \_\_\_\_\_  
(Where business is physically located – City or County Limits) If business is located in the County, approx. distance from city limit:
7. Police Jurisdiction: \_\_\_\_\_  
(Where business is physically located – City or County Limits)
8. Type of Ownership: \_\_\_\_\_  
(Individual, Partnership, LLP, LLC, Corporation, Association)
9. State Incorporated: \_\_\_\_\_ 11. Date Incorporated: \_\_\_\_\_
12. County Incorporated: \_\_\_\_\_ 13. Date of Authority to do Business in AL: \_\_\_\_\_
14. Book, Page, Document Number: \_\_\_\_\_ 15. Alabama State Sales Tax ID number: \_\_\_\_\_
16. Federal Tax ID number: \_\_\_\_\_
17. Mailing Address: \_\_\_\_\_  
Street Address (Include Suite/Unit/Building Number) City County Zip Code  
Check here if same as location address listed in 3.) above
18. Business Web Address (if applicable) : \_\_\_\_\_

**Contact Information:** The contact listed below should be the individual the local ABC Division office will contact regarding this application for any corrections and/or questions that arise throughout the application process, as well as for any future communication with the licensed business. **Please Note: It is extremely important to notify the ABC Board of any changes to the licensee's contact information for renewal purposes**

19. Contact Name: \_\_\_\_\_ Contact Relationship to Applicant: \_\_\_\_\_

Contact Home Number: \_\_\_\_\_ Contact Cell Phone: \_\_\_\_\_

Contact Business Number: \_\_\_\_\_ Contact Fax Number: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

**Individual or Officer Information:** The following information is required for every person with profit or proprietary interest in the applicant. This includes, but is not limited to, all members of an LLC and all officers of a corporation. This does not apply to publicly traded corporations.

**Full Name:** \_\_\_\_\_  
First Middle Last

Title: \_\_\_\_\_ Driver's License Number/State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth: \_\_\_\_\_

I am a: United States Citizen Legal Resident of the United States

Social Security Number: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
Street Address (Include Suite/Unit/Building Number) City County Zip Code

Have you ever legally changed your name? Yes No

Have you ever legally changed your social security number? Yes No

Please list all known Aliases and Nicknames: \_\_\_\_\_

**Full Name:** \_\_\_\_\_  
First Middle Last

Title: \_\_\_\_\_ Driver's License Number/State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth: \_\_\_\_\_

I am a: United States Citizen Legal Resident of the United States

Social Security Number: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
Street Address (Include Suite/Unit/Building Number) City County Zip Code

Have you ever legally changed your name? Yes No

Have you ever legally changed your social security number? Yes No

Please list all known Aliases and Nicknames: \_\_\_\_\_

**Full Name:** \_\_\_\_\_  
First Middle Last

Title: \_\_\_\_\_ Driver's License Number/State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth: \_\_\_\_\_

I am a: United States Citizen Legal Resident of the United States

Social Security Number: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
Street Address (Include Suite/Unit/Building Number) City County Zip Code

Have you ever legally changed your name? Yes No

Have you ever legally changed your social security number? Yes No

Please list all known Aliases and Nicknames: \_\_\_\_\_

**\*\*Additional officers/members must be listed on a separate sheet**

21. Does the applicant own the property? Yes      No
22. Name of Property Owner/Lessor: \_\_\_\_\_
23. Property Owner/Lessor Phone Number: \_\_\_\_\_
24. What is lessor's primary business? \_\_\_\_\_
25. Is lessor involved in any way with the alcoholic beverage business? Yes      No  
If yes, please explain in detail: \_\_\_\_\_
26. Is there any further interest, or connection with, the licensee's business by the lessor? Yes      No  
If yes, please explain in detail: \_\_\_\_\_
27. Will you be:    Selling Retail                  Manufacturing/Importing                  Selling Wholesale
28. Which of the following do you plan to sell?    Wine      Beer      Spirits      Tobacco Products and/or Alternative  
Nicotine Products/Electronic Nicotine Delivery Systems
29. If you selected "Tobacco Products and/or Alternative Nicotine Products/Electronic Nicotine Delivery Systems" above,  
which product type(s) do you plan to sell:  
(1) Tobacco Products      (2) Alternative Nicotine Products and/or Electronic Nicotine Delivery Systems      or (3) All  
of the above
30. If you plan to sell Alternative Nicotine Products and/or Electronic Nicotine Delivery Systems, is your location **more than  
1,000 ft from the following:** A public or private K-12 school; A licensed child-care facility or preschool; A church; A  
public library; A public playground; A public park; A youth center or other space used primarily for youth oriented  
activities? Yes      No  
If no, please explain in detail: \_\_\_\_\_
31. Will you sell:    On-Premises                  Off-Premises                  On and Off-Premises
32. Will the business be operated primarily as a package store? Yes      No
33. Display square footage: \_\_\_\_\_ 35. Building dimensions square footage: \_\_\_\_\_
36. License Structure:    Single Structure                  Shopping Center                  Single Level                  Multiple Levels
37. License Covers:    Entire Structure                  Top Floor                  Bottom Floor                  or Other:  
If other, please explain in detail: \_\_\_\_\_
38. Is the physical structure of your business completed (pertaining to remodeling, new structures, etc.)? Yes      No  
If no, please explain in detail: \_\_\_\_\_
39. Has applicant complied with Financial Responsibility ABC Rules and Regulations 20-X-5-.14 regarding Liquor Liability?  
Yes      No      Liquor Liability Expiration Date: \_\_\_\_\_
40. How will you be funding the business? (i.e. loan, individual, business, other?): \_\_\_\_\_
41. Does ABC have any pending actions against you or any member of the applying entity? Yes      No  
If yes, please explain in detail: \_\_\_\_\_
42. If a transfer, does ABC have any pending violations against the current licensee? Yes      No  
If yes, please explain in detail: \_\_\_\_\_
43. Has anyone, including the manager or applicant, had a Federal/State permit or license suspended or revoked?  
Yes      No  
If yes, please explain in detail: \_\_\_\_\_

44. Are the applicant(s) named above the only person(s) interested in the business sought to be licensed (i.e. silent partner)? Yes      No      If no, please explain: \_\_\_\_\_
45. Does anyone involved with this license application have any monetary interest in any other ABC licensed/permitted establishment? Yes      No  
If yes, please explain in detail: \_\_\_\_\_
46. Does applicant own or control, directly or indirectly, hold 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 license issued under the authority of this act? For example, applicant is applying for a retail beer license but also owns a property that is a licensed premises to manufacture beer. Yes      No  
If yes, please provide business name and license number: \_\_\_\_\_
47. Is the applicant receiving, either directly or indirectly, any loan, credit, money, or the equivalent thereof, from or through a subsidiary or affiliate or any other licensee, or from any firm, association, or corporation operating under or regulated by the authority of this act? For example, applicant is applying for a restaurant license and borrowed money to open their business from the owner of a distillery. Yes      No  
If yes, please provide business name and license number: \_\_\_\_\_
48. Has any person(s) with any interest, whether as applicant, officer, member or partner been charged (whether convicted or not) with any law violation(s) – Include DUIs, but can exclude minor traffic offenses: Yes      No

If yes, please explain below:

Name	Violation & Date	Arresting Agency	Disposition

\*\*\*List any additional violation history on a separate sheet\*\*\*

**ADDITIONAL INFORMATION REQUIRED FOR LOCATIONS WITH ON-PREMISE SERVICE AND CONSUMPTION:**

49. Have the requirements of Rules and Regulations 20-X-6-.02 (6) and (7) been met? Yes      No
50. Service and Consumption area square footage (must be at least 500 sq. ft.): \_\_\_\_\_
51. Seating capacity in Consumption area (must be enough seating for a minimum of 16): \_\_\_\_\_
52. Does the proposed licensed premise contain a fully operational kitchen including a stove, refrigerator, and sink?  
Yes      No
53. Is the business used to habitually and principally provide food to the public? Yes      No
54. Does the proposed licensed premise have a functioning sink or sanitizing area for dishes? Yes      No
55. Does the proposed licensed premise have functioning restroom facilities? Yes      No
56. Does the proposed license premise include a patio area? Yes      No  
If you selected yes, is the patio area visible from a church or school? Yes      No

**ADDITIONAL INFORMATION REQUIRED FOR SPECIAL EVENTS LICENSE APPLICANTS ONLY (TEMPORARY LICENSE)**

57. Will the event be 7 days or less? Yes                      No  
58. Will the event be more than 7 days, but less than 30 days? Yes                      No  
59. Event Start Date: \_\_\_\_\_ Event End Date: \_\_\_\_\_  
60. Description of Special Event Location: \_\_\_\_\_  
(Tent, City Park, Parking Lot, etc.): \_\_\_\_\_  
61. Type of alcoholic beverages to be sold (Beer, Wine, and/or Liquor): \_\_\_\_\_  
62. Other Restrictions to Apply: \_\_\_\_\_

**ADDITIONAL INFORMATION REQUIRED FOR (031) or (032) CLUB LIQUOR RETAIL LICENSE APPLICANTS ONLY**

60. 031 – Non-Profit Private Club: Do you have a minimum of 150 members? Yes                      No  
61. 032 – Private Club: Do you have a minimum of 100 members? Yes                      No  
62. Have you met all requirements as outlined in 20-X-5-.03? Yes                      No  
(See [www.alabcboard.gov](http://www.alabcboard.gov) under the Legal heading)

**ADDITIONAL INFORMATION REQUIRED FOR WINE FESTIVAL AND WINE FESTIVAL PARTICIPANT LICENSE APPLICANTS ONLY:**

63. Will the event be 5 days or less? Yes                      No  
64. Event Start Date: \_\_\_\_\_ Event End Date: \_\_\_\_\_  
65. Description of Wine Festival Location: (i.e. licensed winery premises, tent, city park) \_\_\_\_\_  
66. Other Restrictions to Apply: \_\_\_\_\_

**IMPORTANT FACTS ABOUT AN ABC LICENSE**

- The Alabama ABC License must be posted on the premises before you can order from a distributor or sell alcoholic beverages.
- Alabama ABC licensees are location specific and cannot be moved to any other location without completing a location transfer.
- Your local ABC office must be notified, in writing, of any changes in ownership with-in twenty days. NO EXCEPTIONS.
- No alcoholic beverages are allowed on the premises except that which is purchased by the ABC licensee and approved for sale within this state.
- Alabama ABC Licenses operate on a fiscal year and expire annually on September 30<sup>th</sup>. The license Renewal Period is from June 1<sup>st</sup> through July 31<sup>st</sup> of each year. The State of Alabama does NOT pro-rate the license fee.
- ABC licenses will be renewed online annually and printed by the licensee.
- All ABC Licensees are required to provide a valid e-mail address in order to receive their renewal notice and other important announcements.
- Any and ALL areas of an ABC licensed/permitted location is subject to inspection for compliance during their regular business hours by any Alabama ABC License Inspectors, any Law Enforcement Agency, and any other appointed agents of the Board.
- Any ABC Licensed location is enforced according to and must abide by state laws set forth by Code of Alabama 1975, Title 28, and ABC Rules and Regulations. Both can be found on our website, [www.alabcboard.gov](http://www.alabcboard.gov).

**SIGNATURE REQUIRED:**

I, \_\_\_\_\_, attest to the truthfulness of the responses given within the above license application.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(DD/MM/YYYY)