

DIRECT WINE SHIPPER – WINE FULFILLMENT CENTER

ABC Licensing & Compliance Division Pre-Application

2715 Gunter Park Drive West Montgomery, AL 36109

This Pre-Application packet must be completed in full.

In this packet is a list of documents that are REQUIRED to obtain a Direct Wine Shipper and/or Wine Fulfillment Center 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 in one PDF file to applications@abc.alabama.gov or mail to the address above for review. Once it is reviewed, you will be notified of any corrections that need to be made. If no corrections are necessary, you will be contacted to provide application payment information.

Please use the attached checklist (Form LCD-40) to assist you in gathering the necessary documents for your application. If you have any questions, please contact applications@abc.alabama.gov.

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:						
	Location Address: Street Address (Include Suite/Unit/Building Number)		City/County	State	Zip Code		
4.	Type of License you are applying for:	Direct Wine Shipper Wine Fulfillment Ce Additional Wine Ful	nter				
5.	Is the applying entity a publicly traded co						
6.	Type of Ownership:	(Individual, Partnership, LL	P, LLC, Corporation, Associat	:ion)			
7.							
12.	County Incorporated:13. Date of Authority to do Business in AL:						
14.	Federal Tax ID number:						
15.	Mailing Address: Street Address (Include Suite	e/Unit/Building Number)	City/County	State	Zip Code		
	Check here if same as location addre	ss listed in 3.) above					
16.	Business Web Address (if applicable) :						
regardi as for a	t Information: The contact listed beloing this application for any corrections any future communication with the licof any changes to the licensee's conta	s and/or questions the ensed business. <u>Plea</u>	at arise throughou se Note: It is extre	t the application	process, as well		
<u>buaru (</u>	or any changes to the licensee's conta	ct information for re	<u>newai purposes</u>				
17. Con	tact Name:	Contact Re	lationship to Applicar	it:(i.e. Owner, Power	of Attornov etc.)		
	: Home Number:		ll Phone:		·· ·		
	Business Number:	Contact Fa	x Number:				
Contact	: Email Address:						

September 2021 Form LCD-39 Page 1 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 or all officers of a corporation. This does not apply to publicly traded corporations; however, publicly traded companies must still submit a list of its officers at the time of application.

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:	clude Suite/Unit/Building Number) City	County Zip Code					
Have you ever legally changed you	, , , , ,	county zip code					
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:	nclude Suite/Unit/Building Number) City	County Zip Code					
Have you ever legally changed you	, , ,	county Lip code					
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 (In	clude Suite/Unit/Building Number) City	County Zip Code					
Have you ever legally changed you							
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

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18.		Financial Responsibility ABC Liability Expiration Date:		i14 regarding Liquor Liability?					
19.	How will you be funding the business? (i.e. loan, individual, business, other?):								
	Does ABC have any pending a			? Yes No					
	If a transfer, does ABC have a			No					
22.	Has anyone, including the ma No If yes, please explain in detail		•	suspended or revoked? Yes					
23.	s. 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 in detail:								
24.	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:								
25.	5. 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:								
26.	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:								
27.	. 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								
28.	If yes, please explain below:	T							
•	Name	Violation & Date	Arresting Agency	Disposition					
ļ	***List any additional violat	ion history on a separate sho	eet***	I					

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Additional Information Required For Direct Wine Shipper Applicants ONLY: 29. Wine Manufacturer License Number: __ 30. Wine Manufacturer License State of Issuance: 31. Wine Manufacturer License Date of Issuance: ___ 32. Wine Manufacturer License Date of Expiration: ___ 33. Federal Basic Wine Manufacturing Permit Number: _____ 34. Alabama Sales Tax ID (In-State) / Simplified Sellers Use Tax ID (Out of State): ______ **IMPORTANT FACTS ABOUT AN ABC LICENSE** The ABC Board must be notified, in writing, of any changes in ownership with-in twenty days. NO EXCEPTIONS. Alabama ABC Licenses operate on a fiscal year and expire annually on September 30th. The license Renewal Period is from June 1st through July 31st 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. SIGNATURE REQUIRED: _____, attest to the truthfulness of the responses given within the above license application. (Print Name)

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(Signature)

(DD/MM/YYYY)