



ABC Licensing & Compliance Division

Consumable Hemp Products

Pre-Application

This Pre-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 Consumable Hemp Products 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-54) 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, LLC, association, partnership, LLP)]:

2. Trade Name/DBA Name:

3. Location Address - Street Address (include street number): **City:** **County:** **Zip Code:**

4. Mailing Address - Street Address (include street number): **City:** **County:** **Zip Code:**

4. Type of Retailer:

If other; please explain:

4a. If you selected "Pharmacy" in question #4 above, is the pharmacy licensed by the Alabama State Board of Pharmacy?

4b. If you selected “Retail Food Store” in question #4 above:

- a. Is the business primarily engaged in the retail sale of a variety of canned goods, frozen foods, non-alcoholic beverages, dry goods, either packaged or in bulk, and fresh produce or meats? Yes No
- b. Is a minimum of 75 percent of the store's selling area dedicated to the sale of food items listed above? Yes No
- c. Is at least 14,000 square feet of the store's footprint dedicated to the sale of food items listed above? Yes No

4c. If you selected “Specialty Retailer of Consumable Hemp Products” in question #4 above, does the proposed licensed premises have a minimum of 500 square feet of sales and service area? (Please note, the sales and service area may not include the areas that are not open to customers or not used for sales or displaying consumable hemp products, such as office space or storage)

5. Does the applicant currently hold an ABC License or Permit at the location address listed above?

If yes, list ABC License/Permit Number:

6. If not a sole proprietor or partnership, is the applying entity a publicly traded company? Yes _____

es No

7. Governing Jurisdiction - Where is the business physically located? City/town limits or within the county jurisdiction

City/town limits County jurisdiction Name of city, town, or county:

8. Police Jurisdiction - Does the city/town police department or county sheriff's department answer calls for service for the proposed licensed/permited location? City/Town Police Department County Sheriff's Department

9. Type of Ownership:					
Individual/Sole Proprietor	Partnership	LLC	LLP	Corporation	Association
Other; If other, please explain:					
10. State Incorporated:	11: County Incorporated:		12. Date Incorporated (MM/DD/YYYY):		
13: Date of Authority to do Business in Alabama (MM/DD/YYYY):		14: Book, Page, Document Number:			
15: Alabama State Sales Tax ID Number:		16: Federal Tax ID Number:			
17. Contact Information (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): <u>Please Note: It is extremely important to notify the ABC Board of any changes to the licensee's contact information for renewal purposes</u>					
Contact Name:		Contact Relationship to Applicant (i.e., owner, power of attorney):			
Contact Home Phone Number:		Contact Cell Phone Number:			
Contact Business Phone Number:		Contact Email Address:			
18. Ownership Information (The following information is required for every person with profit or proprietary interest of 10% or more in the applicant. This does not apply to publicly traded companies):					
First Name:		Middle Name:	Last Name:		
Business Title:		Date of Birth (MM/DD/YYYY):		Place of Birth (city & state):	
Driver's License Number:		Driver's License State:		Driver's License Expiration Date:	
Social Security Number:		I am a: United States Citizen or Legal Resident of the United States			
Residence Address (street Address, city, county, state, 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:					
First Name:		Middle Name:	Last Name:		
Business Title:		Date of Birth (MM/DD/YYYY):		Place of Birth (city & state):	
Driver's License Number:		Driver's License State:		Driver's License Expiration Date:	
Social Security Number:		I am a: United States Citizen or Legal Resident of the United States			
Residence Address (street Address, city, county, state, 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:					

First Name:	Middle Name:	Last Name:
Business Title:	Date of Birth (MM/DD/YYYY):	Place of Birth (city & state):
Driver's License Number:	Driver's License State:	Driver's License Expiration Date:
Social Security Number:	I am a:	United States Citizen or Legal Resident of the United States
Residence Address (street Address, city, county, state, 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 individuals must be listed on a separate sheet**

Property Information:			
19. Does the applicant own the property?	Yes	No	
20. Name of Property Owner/Lessor:	21. Property Owner/Lessor's Phone Number:		
Business Information:			
21. Which of the following products will be sold (select all that apply):			
Beverages	Edibles	Topicals	Sublingual
Other; please explain:			
22. Will the business be operated primarily as a package store?	Yes	No	
23. Will the business require an age restriction for all patrons/customers to be 21 years of age or older?			
Yes	No		
24. Display square footage:	25. Building dimensions square footage:		
26. License Structure:			
Single structure	Shopping Center	Single Level	Multiple Levels
27. License Covers:			
Entire structure	Top floor only	Bottom floor only	
Other:			
28. Is the physical structure of the business completed (pertaining to new construction, remodeling)?			
Yes	No	If no, please explain:	
29. Does the applicant receive funds from any person involved in the alcoholic beverage business?			
If yes, please explain:		Yes	No
30. Does ABC have any actions against any member of the applying entity?			
If yes, please explain:		Yes	No
31. If a transfer, does ABC have any pending violations against the current licensee?			
If yes, please explain in detail:		Yes	No
32. Has anyone, including the manager or applicant, had a Federal/State permit or license suspended or revoked?			
Yes		No	If yes, please explain:
33. Are the individuals named above the only person(s) interested in the business sought to be licensed (i.e., silent partner)?			
Yes		No	If no, please explain:

34. Criminal History

Has any person(s) with profit or proprietary interest of 10% or more in the applicant been charged (**whether convicted or not**) with any law violation(s) within the past 10 years? This excludes minor traffic offenses.

Yes No

If yes, you must list all arrests and subsequent dispositions for the past 10 years, per ABC Regulation 20-X-5-.01(1)(b).

Failure to disclose arrest information may result in the denial of your application.

Name	Violation & Date	Arresting Agency	Disposition

SIGNATURE REQUIRED:

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

(Signature)

(MM/DD/YYYY)