

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?	Yes No
If yes, please explain:	
30. Does ABC have any actions against any member of the applying entity?	Yes No
If yes, please explain:	
31. If a transfer, does ABC have any pending violations against the current licensee?	Yes No
If yes, please explain in detail:	
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: Failure to disclose arrest information may result in the denial of your application.

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

Please note: Code of Alabama, Title 28-12-40(e) prohibits a Consumable Hemp Product License from being issued to any applicant convicted of any of the following offenses within 10 years of the date of this application: any crime against children, cruelty to animals, human trafficking, any crime involving controlled substances, sex offenses, or any crime of violence.

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)