



ABC Licensing & Compliance Division

Delivery Service License 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 Delivery Service 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-44) to assist you in gathering the necessary documents for your application. If you have any questions, please contact your local ABC Division office.

1. Delivery Service License Applicant Name: _____
(Legally Responsible for the Delivery Service License)
2. Delivery Service Trade Name: _____
(Doing Business As)
3. Location Address: _____
Street Address (Include Suite/Unit/Building Number) City County State Zip Code
4. Is the Delivery Service License Applicant listed above a current licensee of the AL ABC Board? Yes No (If no, skip to #5)
 - a. If Yes, AL ABC License Number: _____
 - b. If Yes, Type of Ownership: _____
(Sole Proprietor, Partnership, Corporation, LLC, LLP, Association)
5. Is the location address listed above within the State of Alabama? Yes No
 - a. If Yes, Governing Jurisdiction: _____
(Where business is physically located – City or County Limits)
 - b. If yes, Police Jurisdiction: _____
(Where business is physically located – City or County Limits)
6. Is the applying entity a publicly traded company? Yes No
7. State Incorporated: _____ 8. Date Incorporated: _____
9. Date of Authority to do Business in AL: _____
10. Alabama State Sales Tax ID Number: _____
11. Federal Tax ID number: _____
12. Mailing Address: _____
Street Address (Include Suite/Unit/Building Number) City County State Zip Code
Check here if same as location address listed in 3.) above
13. 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**

14. Contact Name: _____ Contact Relationship to Applicant: _____
(i.e. Owner, Power of Attorney, etc.)
- Contact Home Number: _____ Contact Cell Phone: _____
Contact Business Number: _____ Contact Fax Number: _____
Contact Email Address: _____

Individual, Member, Officer Information: The following information is required for every person with proprietary or profit interest of 10% or more in the applicant. 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**

Location Information:

15. Does the applicant own the property? Yes No
16. Name of Property Owner/Lessor: _____
17. Property Owner/Lessor Phone Number: _____
18. What is lessor's primary business? _____
19. Is lessor involved in any way with the alcoholic beverage business? Yes No
If yes, please explain in detail: _____

20. Is there any further interest, or connection with, the licensee's business by the lessor? Yes No
If yes, please explain in detail: _____

Applicant/Financial Information:

21. Name and Address of Registered Agent for Service of Process: _____
(Name)

Street Address (Include Suite/Unit/Building Number) City County Zip Code
22. How many delivery drivers will the Delivery Service Applicant utilize?
a. Four or More: Yes No If Yes, amount of General Liability Coverage: _____
b. Three or Less: Yes No If Yes, amount of General Liability Coverage: _____
23. How will the business be funded? (i.e. loan, individual, business, other?): _____
24. Does ABC have any pending actions against the applicant or any member of the applying entity? Yes No
If yes, please explain in detail: _____
25. 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: _____
26. 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 yes, please explain in detail: _____
27. Are any of the applicants, whether individual, member of a partnership or association, or officers and directors of a corporation itself, in any manner monetarily interested, either directly or indirectly, in the profits of any other class of business regulated under authority of this act? Yes No
If yes, please explain in detail: _____
28. 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: _____
29. 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: _____

30. 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: _____

31. Is every person with profit or proprietary interest in the applicant 21 years of age or older? Yes No

If no, please explain in detail: _____

32. 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)? This includes DUIs and any violations of Code of Alabama Title 28-3A-25(3)(a) [sell, deliver, furnish alcohol to minors], 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

IMPORTANT FACTS ABOUT AN ABC LICENSE

- 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 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:

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

(Signature)

(MM/DD/YYYY)