



ALABAMA ABC BOARD DIRECT DELIVERY STORE (DDS)
REQUEST FOR CONSIDERATION

If your business meets the necessary requirements and you would like to be considered for delivery from the DDS, please fill out this Application in its entirety. After completion, email application to DDSAapplication@abc.alabama.gov, **listing the Trade Name for your business in the *subject line***. You will be contacted by email regarding eligibility.

ALL FIELDS ARE REQUIRED

License Number: _____

Licensee: _____

Trade Name: _____

Physical (delivery) Address: _____

Street Address

City

State

Zip Code

County

Contact Information: _____

Name

Phone Number

Email Address

Projected DDS monthly order in case quantity: _____

Method of Payment (credit card or Fintech): _____

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I have read the attached Recruitment Letter and understand I will be contacted after the Request has been reviewed. If approved, details regarding the ordering process, scheduled delivery days, receipt and verification of orders, payment, et al. will be sent to the email address listed above.