



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: _____
Street Address (Include Suite/Unit/Building Number) City State Zip Code
4. Type of License you are applying for: Direct Wine Shipper ____ Wine Fulfillment Center ____
Additional Wine Fulfillment Center ____
5. Is the applying entity a publicly traded company? Yes ____ No ____
6. Governing Jurisdiction: _____
(Where business is physically located – City or County Limits) If business is located in the County, approx. distance from city limit:
7. Police Jurisdiction: _____
(Where business is physically located – City or County Limits)
8. Type of Ownership: _____
(Individual, Partnership, LLP, LLC, Corporation, Association)
9. State Incorporated: _____ 11. Date Incorporated: _____
12. County Incorporated: _____ 13. Date of Authority to do Business in AL: _____
14. Book, Page, Document Number: _____ 15. AL State Sales Tax/Simplified Sellers Use Tax ID Number: _____
16. Federal Tax ID number: _____
17. Mailing Address: _____
Street Address (Include Suite/Unit/Building Number) City State Zip Code
____ Check here if same as location address listed in 3.) above
18. 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**

19. 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 or Officer Information: The following information is required for each and every person with proprietary or profit interest. If the applicant is a corporation, Limited Liability Company, etc., please list every member/officer along with the information listed below. This does not apply to publicly traded corporations, but we will still require a list of members/officers of publicly traded companies.

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**

21. Has applicant complied with Financial Responsibility ABC Rules and Regulations 20-X-5-.14 regarding Liquor Liability? Yes ___ No ___ Liquor Liability Expiration Date: _____

22. How will you be funding the business? (i.e. loan, individual, business, other?): _____

23. Does ABC have any pending actions against you or any member of the applying entity? Yes ___ No ___
If yes, please explain in detail: _____

24. If a transfer, does ABC have any pending violations against the current licensee? 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. 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: _____

28. 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 liquor 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 premise to manufacture beer. Yes ___ No ___
If yes, please provide business name and license number: _____

29. 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: _____

30. 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 ___ If yes, please explain below:

31.

Name	Violation & Date	Arresting Agency	Disposition

List any additional violation history on a separate sheet

- 32. Wine Manufacturer License Number: _____
- 33. Wine Manufacturer License State of Issuance: _____
- 34. Wine Manufacturer License Date of Issuance: _____
- 35. Wine Manufacturer License Date of Expiration: _____
- 36. Federal Basic Wine Manufacturing Permit Number: _____

IMPORTANT FACTS ABOUT AN ABC LICENSE

- Alabama ABC licensees are location specific and cannot be moved to any other location without completing a location transfer.
- 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.