



ABC Licensing & Compliance Division

Delivery Service License Pre-Application

The Pre-Application Packet (Forms LCD-43 through LCD-46) must be completed prior to submission to the ABC Board.

Form LCD-44 contains a checklist of documents that are REQUIRED to obtain an ABC Delivery Service License. Once all documents on the checklist are gathered and this Pre-Application is complete, all documents must be scanned and emailed to the Alabama ABC Board for review. In-State locations will submit packets to their local ABC Division offices, and Out-of-State locations will submit packets to applications@abc.alabama.gov. Once your packet is reviewed, you will be notified of any corrections that need to be made. If no corrections are necessary, you will be contacted by ABC staff. In-State locations will be contacted by the local ABC Division office to schedule an appointment to create the official ABC Application, and Out-of-State locations will be contacted by ABC Board Central Office staff.

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 or Officer Information: The following information is required for every person with profit or proprietary interest in the applicant. This includes, but is not limited to, all members of an LLC and all officers of a corporation. 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: This section applies to both in-state and out-of-state locations

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. 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 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: _____
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. 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: _____
31. Has any person(s) with profit or proprietary interest 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:

(Initial Here) _____ I understand that any delivery in a sealed package must contain a stamp or label that clearly and conspicuously, in no less than 1/2 inch font, states that the package contains alcohol and that the signature of an adult 21 years of age or older is required. Anything outside of those parameters should be submitted to abcboard--enforcement@abc.alabama.gov for approval.

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

 (Signature)

 (DD/MM/YYYY)