



# 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](mailto: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](mailto: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/County 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. Type of Ownership: \_\_\_\_\_  
(Individual, Partnership, LLP, LLC, Corporation, Association)
7. State Incorporated: \_\_\_\_\_ 8. Date Incorporated: \_\_\_\_\_
9. Federal Tax ID number: \_\_\_\_\_
10. 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
11. 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**

12. 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 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**

14. How will you be funding the business? (i.e. loan, individual, business, other?): \_\_\_\_\_
15. Does ABC have any pending actions against you or any member of the applying entity? Yes \_\_\_ No \_\_\_  
If yes, please explain in detail: \_\_\_\_\_
16. If a transfer, does ABC have any pending violations against the current licensee? Yes \_\_\_ No \_\_\_  
If yes, please explain in detail: \_\_\_\_\_
17. 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: \_\_\_\_\_
18. Are the applicant(s) named above the only person(s) interested in the business sought to be licensed (i.e. silent partner)?  
Yes \_\_\_ No \_\_\_
19. 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: \_\_\_\_\_
20. 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: \_\_\_\_\_
21. 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: \_\_\_\_\_

**Additional Information Required for Direct Wine Shipper Applicants ONLY:**

22. Has applicant complied with Financial Responsibility ABC Rules and Regulations 20-X-5-.14 regarding Liquor Liability?  
Yes \_\_\_ No \_\_\_ Liquor Liability Expiration Date: \_\_\_\_\_
23. Wine Manufacturer License Number: \_\_\_\_\_
24. Wine Manufacturer License State of Issuance: \_\_\_\_\_
25. Wine Manufacturer License Date of Issuance: \_\_\_\_\_
26. Wine Manufacturer License Date of Expiration: \_\_\_\_\_
27. Federal Basic Wine Manufacturing Permit Number: \_\_\_\_\_
28. Alabama Sales Tax ID (In-State) / Simplified Sellers Use Tax ID (Out of State): \_\_\_\_\_

**SIGNATURE REQUIRED:**

I, \_\_\_\_\_, attest to the truthfulness of the responses given within the above application.  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(MM/DD/YYYY)

## IMPORTANT FACTS ABOUT AN ABC LICENSE

- The Alabama ABC License must be on the premise before you can sell alcoholic beverages.
- 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 30<sup>th</sup>. The license Renewal Period is from June 1<sup>st</sup> through July 31<sup>st</sup> 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](http://www.alabcboard.gov).