



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 [DDSapplication@abc.alabama.gov](mailto:DDSapplication@abc.alabama.gov), **listing the Trade Name for your business in the *subject line of the email***. 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): \_\_\_\_\_

**I have read the DDS Registration Information** 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.