



ABC Licensing & Compliance Division

Pre-Application

This Pre-Application packet must be completed in full prior to scheduling an appointment.

In this packet is a list of documents that are REQUIRED to obtain an ABC Alcohol or Tobacco and/or Alternative Nicotine Product/Electronic Nicotine Delivery System 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 to your local ABC Licensing and Compliance Division office for review. Once it is reviewed, you will be notified of any corrections that need to be made. If no corrections are necessary, an appointment will be scheduled with you to create your official ABC License Application. The local ABC Division office works with applicants **BY APPOINTMENT ONLY**. It is imperative that you arrive to your scheduled appointment on time.

Please use the attached checklist (Form LCD-2) to assist you in gathering the necessary documents for your application. If you have any questions, please contact your local ABC Division office.

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 Zip Code
4. Type of Business: Convenience Store __ Grocery __ Package Store __ Restaurant __ Lounge/Private Club __ Hotel/Motel __
Tobacco Store __ Department Store __ Other: _____
5. If not a sole proprietor or partnership, is the applying entity a publicly traded company __ or a 501(c) organization __ ?
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. Alabama State Sales Tax ID number: _____
16. Federal Tax ID number: _____
17. Mailing Address: _____
Street Address (Include Suite/Unit/Building Number) City County 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. Does the applicant own the property? Yes ___ No ___
22. Name of Property Owner/Lessor: _____
23. Property Owner/Lessor Phone Number: _____
24. What is lessor's primary business? _____
25. Is lessor involved in any way with the alcoholic beverage business? Yes ___ No ___
If yes, please explain in detail: _____
26. Is there any further interest, or connection with, the licensee's business by the lessor? Yes ___ No ___
If yes, please explain in detail: _____
27. Will you be: Selling Retail ___ Manufacturing/Importing ___ Selling Wholesale ___
28. Which of the following do you plan to sell? Wine ___ Beer ___ Spirits ___ Tobacco Products and/or Alternative Nicotine Products/Electronic Nicotine Delivery Systems ___
29. If you selected "Tobacco Products and/or Alternative Nicotine Products/Electronic Nicotine Delivery Systems" above, which product type(s) do you plan to sell:
(1) Tobacco Products ___ (2) Alternative Nicotine Products and/or Electronic Nicotine Delivery Systems ___ or (3) All of the above ___
30. If you plan to sell Alternative Nicotine Products and/or Electronic Nicotine Delivery Systems, is your location **more than 1,000 ft from the following**: A public or private K-12 school; A licensed child-care facility or preschool; A church; A public library; A public playground; A public park; A youth center or other space used primarily for youth oriented activities? Yes ___ No ___
If no, please explain in detail: _____
31. Will you sell: On-Premises ___ Off-Premises ___ On and Off-Premises ___
32. Will the business be operated primarily as a package store? Yes ___ No ___
33. Display square footage: _____ 35. Building dimensions square footage: _____
36. License Structure: Single Structure ___ Shopping Center ___ Single Level ___ Multiple Levels ___
37. License Covers: Entire Structure ___ Top Floor ___ Bottom Floor ___ or Other: ___
If other, please explain in detail: _____
38. Is the physical structure of your business completed (pertaining to remodeling, new structures, etc.)? Yes ___ No ___
If no, please explain in detail: _____
39. Has applicant complied with Financial Responsibility ABC Rules and Regulations 20-X-5-.14 regarding Liquor Liability? Yes ___ No ___
Liquor Liability Expiration Date: _____
40. How will you be funding the business? (i.e. loan, individual, business, other?): _____
41. Does ABC have any pending actions against you or any member of the applying entity? Yes ___ No ___
If yes, please explain in detail: _____
42. If a transfer, does ABC have any pending violations against the current licensee? Yes ___ No ___
If yes, please explain in detail: _____
43. 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: _____

44. Are the applicant(s) named above the only person(s) interested in the business sought to be licensed (i.e. silent partner)? Yes ___ No ___
45. 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: _____
46. 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: _____
47. 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: _____
48. 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:

Name	Violation & Date	Arresting Agency	Disposition

List any additional violation history on a separate sheet

If the premise is to be used for ON-PREMISE SERVICE AND CONSUMPTION, you must answer the following additional questions:

49. Have the requirements of Rules and Regulations 20-X-6-.02 (6) and (7) been met? Yes ___ No ___
50. Service and Consumption area square footage (must be at least 500 sq. ft.): _____
51. Seating capacity in Consumption area (must be enough seating for a minimum of 16): _____
52. Does the proposed licensed premise contain a fully operational kitchen including a stove, refrigerator, and sink?
Yes ___ No ___
53. Is the business used to habitually and principally provide food to the public? Yes ___ No ___
54. Does the proposed licensed premise have a functioning sink or sanitizing area for dishes? Yes ___ No ___
55. Does the proposed licensed premise have functioning restroom facilities? Yes ___ No ___
56. Does the proposed license premise include a patio area? Yes ___ No ___
If you selected yes, is the patio area visible from a church or school? Yes ___ No ___

SPECIAL EVENTS LICENSE APPLICANTS ONLY (TEMPORARY LICENSE)

57. Will the event be 7 days or less? Yes ___ No ___
58. Will the event be more than 7 days, but less than 30 days? Yes ___ No ___
59. Event Start Date: _____ Event End Date: _____
60. Description of Special Event Location: _____
(Tent, City Park, Parking Lot, etc.): _____
61. Type of alcoholic beverages to be sold (Beer, Wine, and/or Liquor):

62. Other Restrictions to Apply:

(031) or (032) CLUB LIQUOR RETAIL LICENSE ONLY

60. 031 – Non-Profit Private Club: Do you have a minimum of 150 members? Yes ___ No ___
61. 032 – Private Club: Do you have a minimum of 100 members? Yes ___ No ___
62. Have you met all requirements as outlined in 20-X-5-.03? Yes ___ No ___
(See www.alabcboard.gov under the Legal heading)

IMPORTANT FACTS ABOUT AN ABC LICENSE

- The Alabama ABC License must be on the premise before you can order from a distributor or sell alcoholic beverages.
- Alabama ABC licensees are location specific and cannot be moved to any other location without completing a location transfer.
- 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.