

State Sales or Use Tax Number _____ Federal ID Number _____

II. CLUBS, CLASS I (NON-PROFIT) CLASS II (PROFIT)

- A. Do you have an I.R.S. designation as a non-profit organization? _____ No _____ Yes If Yes, please provide _____
- B. Amount of square feet on one floor in one room equipped with table and chairs. _____ (sq. ft.)
- C. Seating capacity in one room on one floor: _____
- D. Number of off-street parking spaces: _____

III. CONVENIENCE STORE

- A. What percentage of gross receipts is anticipated from sales of all products except alcoholic beverages for any one ninety (90) day period? _____ (%)
- B. Are you selling Tobacco Products? _____ Yes _____ No If yes, provide the name and phone number of your wholesaler:

IV. GROCERY STORE (OTHER RETAIL)

- A. What percentage of gross receipts is anticipated from sales of all products except alcoholic beverages for any one ninety (90) day period? _____ (%)
- B. State the number of square feet of floor space in retail sales area. _____ (sq. ft.)

V. LOUNGE

- A. Give a description of the part of the premises to which the application refers. _____

- B. Amount of square feet on one floor, in one room equipped with table and chairs: _____ (sq. ft.)
- C. Seating capacity in one room on one floor: _____
- D. Number of off street parking spaces: _____
- E. Attach a copy of every instrument creating a security interest in the licensed premises, and each instrument creating a security interest in any personality used in the operation of the business (LIST INSTRUMENTS AND ATTACH A COPY)

- F. Notice of filing and date of hearing. Sec. 5-94.

Notice of publication _____; Date of Hearing _____

Applicants for a lounge liquor license or a club liquor license shall publish notice of the filing of the application, and of the date and time set for the hearing thereof, once a week for two (2) consecutive weeks in a newspaper of general circulation published in the city nearest the location of the site for which license application is made. The notice shall be published at no cost to the city and applicant shall present proof of publication to the city council at the time set for the hearing of same.

VI. RESTAURANT (FULL MENU/SPECIALTY MENU)

- A. State the number of square feet of floor space in the dining room: _____ (sq. ft.)
- B. State how many people can be seated in dining room tables in:
_____open dining room _____booths _____total at any one time
- C. Is the kitchen apart from, but adjoining, the dining room? _____Yes _____No
- D. Do you keep a record of all food supplies purchased? _____ Yes _____ No
- E. Is the place of business habitually and principally used for the purpose of providing food for the public? _____ Yes _____No
- F. Is the restaurant equipped with tables and chairs? _____ Yes _____ No
- G. What percentage of gross receipts do you expect to receive from the sale of food products for any one ninety (90) day period? _____ (%)

VII. SPECIAL EVENTS

- A. Name of Event: _____ Date of Event: _____
- B. Has a permit by the A.B.C. Board been issued for said event 120 days prior to the date of this application? ____ Yes ____ No
- C. Has a Special Event Permit been issued by the City of Tuscombria for said event 120 days prior to the date of this application?
____ Yes ____ No
- D. Has the City Council approved the applicant as qualified for issuance of license? ____ Yes ____ No
- E. Has the City Council prescribed limitations concerning this event? ____ Yes ____ No
- F. If answer to question "E" is yes, list stipulations: _____

- G. Is Applicant, whether individual, member of partnership or association, or officer and directors of corporation or the corporation self in any manner have pecuniary interest either directly or indirectly in the profits of any other class of business regulated under this act? ____ Yes ____ No
- H. Does the Applicant own or control, directly or indirectly, or hold any 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 licensed issued under the authority of this act? _____
- I. Is Applicant receiving, either directly or indirectly, any loan, credit, monies, or equivalent thereof from any other licensee or from or through a subsidiary or affiliate of another licensee, or from any firm, association, or corporation operating under or regulated by the authority of this act? _____
- J. Has Applicant, whether individual, member of partnership or association, or officers and directors of corporation or the corporation itself, ever been refused a State or Local permit or license, or had a permit or license suspended, revoked, or declined? ____ No ____ Yes If Yes, explain _____
- K. Has an Alcoholic Beverage License ever been suspended, revoked, or declined to anyone at the desired location?
____ No ____ Yes If Yes, explain _____
- L. Furnish such other information that might assist the regulating authority in acting on this Application _____

Applicant for license requested herein, hereby swears or affirms that he/she and all parties interested in said Application have read the above questions and answers thereto, all in connection with Application of said Applicant for a Alcohol Beverage License as indicated in said Application; that he/she and all parties interested in said Application for License fully acknowledge that this attachment is a part of said Application and all statements and facts herein are true and correct.

Sworn to and subscribed before me this _____ day of _____, 20 ____.

Notary Public

Signature of Applicant

Date Commission Expires

THIS FORM IS INTENDED AS A SIMPLIFIED, STANDARD MECHANISM FOR BUSINESSES TO INITIATE CONTACT WITH THE CITY OF TUSCUMBIA REGARDING ACTIVITIES WITHIN THE CITY. A BUSINESS LICENSE WILL BE REQUIRED PRIOR TO ENGAGING IN BUSINESS.

THE COMPLETION AND SUBMISSION OF THIS FORM DOES NOT GUARANTEE THE APPROVAL OR SUBSEQUENT ISSUANCE OF A LICENSE TO DO BUSINESS. ANY PREREQUISITES FOR A PARTICULAR TYPE AND LOCATION OF THE BUSINESS MUST BE SATISFIED PRIOR TO LICENSING.

SHOULD THERE BE ANY QUESTIONS CONCERNING THE COMPLETION OF THIS FORM OR THE LICENSING AND/OR REGISTRATION PROCESS, PLEASE CALL THE NUMBER ON THE FRONT OF THIS FORM TO OBTAIN A MORE DETAILED EXPLANATION.

TAX ID # _____

VIII. BACKGROUND INVESTIGATION –ORGANIZED CRIME BUREAU ALCOHOLIC BEVERAGE LICENSE APPLICANT

A. A Background Information Sheet must be completed and submitted with the Alcohol Beverage Application, one sheet for each person(s) listed in Section I:

1. Applicant Name _____ Current Address _____

2. Applicant Last Address _____

3. Driver's License No. _____ Social Security No. _____

Telephone Numbers: Home _____ Business _____

4. Race _____ Sex _____ Date of Birth _____

5. Applicant Present Employment: _____ Address: _____

6. Title and/or Position: _____

7. Applicant Last Employment _____ Address: _____

8. Personal References: (List names, addresses, and telephone numbers)

1. _____

2. _____

3. _____

9. Marital Status _____ If married, give spouse's full name, full address, occupation, and place of employment: _____

Signature of Applicant

IX. JUDICIAL HISTORY (Attach Report)

A. If Application is for any of the following classifications:

- PRIVATE CLUB: CLASS I
- PRIVATE CLUB: CLASS II
- RESTAURANT (FULL MENU/SPECIALTY MENU)
- MALT OR BREWED BEVERAGE ON/OFF PREMISES RETAIL
- LOUNGE

THIS REPORT MAY BE PROVIDED BY ALABAMA BEVERAGE CONTROL BOARD.