

**MADISON COUNTY COMMISSION APPLICATION
FOR APPROVAL OF OFF-PREMISES RETAIL LIQUOR AND/OR WINE LICENSE**

FORM-1

Name of Applicant:

Telephone:

Email Address:

Trade Name or other Name of Business for which License is sought:

Location of Business for which License is sought:

Telephone Number at Location of Business:

IF APPLICANT IS AN INDIVIDUAL, complete the following:

For Applicant and his/her spouse and all dependents, list the following (attach additional sheets if necessary):

Name	Relationship	Residence Address	Date of Birth	Social Security Number

Has any person listed above been convicted of a felony or, during the 36 months immediately preceding the date of this application, been convicted for violation of any federal, state, or local alcoholic beverage law of any jurisdiction, or forfeited a bond to appear in court to answer charges for any such violation?

Yes

No

If YES, complete the following with regard to each such person and each such conviction or forfeiture (attach additional sheets if necessary)

Name of Person:

Court in which convicted:

Crime(s) of which convicted

Date convicted:

Case Number(s)

Sentence:

Have this person's civil rights been restored? Yes No

If yes, attach a copy of the document stating that the person's civil rights have been restored.

Has any person listed above, during the 36 months immediately preceding the date of this application, had a license for the sale of malt or brewed beverages or spirituous and vinous liquor (including any license to sell beer, wine, liquor or any other alcoholic beverage) revoked or suspended by any state or local government or been found in violation of any rule or regulation in regard to alcoholic beverages promulgated by any state or local government?

Yes

No

If YES, complete the following:

Name of person:

Governmental agency involved (Alabama ABC Board,

etc.): Date of revocation, suspension, violation, etc.

Attach a full explanation of the revocation, suspension, violation, etc.

IF APPLICANT IS A CORPORATION, complete the following:

Location and mailing address of principal office of corporation:

Attach a copy of the Articles of Incorporation and Certificate of Incorporation of the corporation, with any amendments thereto. Corporations formed in Alabama must provide the probated document that includes the Book/Instrument Number, Page, Date & County where incorporated. Corporations formed in a state other than Alabama must provide a copy of the Certificate of Authority to do business in Alabama issued by the Alabama Secretary of State.

For each officer, director, and stockholder, his or her spouse and all dependents, list the following (attach additional sheets if necessary):

Name	Position/ Relationship	# Shares Held	Residence Address	Date of Birth	Social Security Number
<i>i.e., John Doe</i>	<i>Shareholder</i>	<i>25</i>	<i>123 Main Street, Huntsville, AL 35801</i>	<i>12/2/1953</i>	<i>000-00-0000</i>

Has any person listed above been convicted of a felony or, during the 36 months immediately preceding the date of this application, been convicted for violation of any federal, state, or local alcoholic beverage law of any jurisdiction, or forfeited a bond to appear in court to answer charges for any such violation? Yes No

If YES, complete the following with regard to each such person and each such conviction or forfeiture (attach additional sheets if necessary):

Name of Person:

Court in which convicted:

Crime(s) of which convicted:

Date convicted:

Case Number(s):

Sentence:

Have this person's civil rights been restored? Yes No

If yes, attach a copy of the document stating that the person's civil rights have been restored.

Has any person listed above, during the 36 months immediately preceding the date of this application, had a license for the sale of malt or brewed beverages or spirituous and vinous liquor (including any license to sell beer, wine, liquor or any other alcoholic beverage) revoked or suspended by any state or local government or been found in violation of any rule or regulation in regard to alcoholic beverages promulgated by any state or local government? Yes No

If YES, complete the following:

Name of person:

Governmental agency involved (Alabama ABC Board, etc.):

Date of revocation, suspension, violation, etc.:

Attach a full explanation of the revocation, suspension, violation, etc.

IF APPLICANT IS A PARTNERSHIP, complete the following:

Name and address of the managing partnership:

Attach a copy of the Partnership Agreement, with any amendments thereto.

List the names of the partners of the partnership (attach additional sheets if necessary):
For each partner, his or her spouse and all dependents, list the following (attach additional sheets if necessary):

Name	Relationship	Residence Address	Date of Birth	Social Security Number

If YES, complete the following with regard to each such person and each such conviction or forfeiture (attach additional sheets if necessary):

Name of Person:

Court in which convicted:

Crime(s) of which convicted:

Date convicted:

Case Number(s):

Sentence:

Have this person's civil rights been restored? Yes No

If yes, attach a copy of the document stating that the person's civil rights have been restored.

Has any person listed above, during the 36 months immediately preceding the date of this application, had a license for the sale of malt or brewed beverages or spirituous and vinous liquor (including any license to sell beer, wine, liquor or any other alcoholic beverage) revoked or suspended by any state or local government or been found in violation of any rule or regulation in regard to alcoholic beverages promulgated by any state or local government?

Yes No

If YES, complete the following:

Name of person:

Governmental agency involved (Alabama ABC Board, etc.):

Date of revocation, suspension, violation, etc.:

Attach a full explanation of the revocation, suspension, violation, etc.

I understand this Application is not complete until the Madison County Administrator or his designee has had an opportunity to review the Application and travel to the location for which a license is being sought to determine its proximity to surrounding properties.

I further understand that, following review of the Application, I will be provided the date of the Madison County Commission meeting at which the Application will be considered.

In addition, I certify that I have received a copy of the Resolutions adopted by the Madison County Commission on February 6, 1995, December 20, 2010, April 2, 2012, September 24, 2014, and January 13, 2016, and April 26, 2023.

Madison County resolutions can be found [here](#).

Date:

Signature: