

**APPLICATION TO THE MADISON COUNTY COMMISSION
FOR APPROVAL OF ON-PREMISES CONSUMPTION ALCOHOLIC BEVERAGE
LICENSE**

FORM-1

1. Owing Entity Information

A. The applicant is a(n):

Individual

Partnership

Corporation ("Corporation," as used in this application, includes corporations, LLC's, P.A's, and P.C's)

B. Full name of applicant:

C. Point of Contact: Name:

Home Phone:

Work Phone:

Cell Phone:

E-Mail:

Residential Address:

D. List all locations where the applicant or any entity the applicant controls holds a license to sell liquor for on-premises consumption (attach additional page(s) labeled "Form 1- Attachment 1(D)" if necessary):

E. Have (i) for corporations - any of the applicant's officers, directors or stockholders, or a member of their immediate family (immediate family consists of spouse, children or other dependents) ; (ii) for partnerships - any partner, or a member of any partner's immediate family; or (iii) for individuals - you or any member of your immediate family:

(i) Been convicted of a felony? Yes No

If yes, have the convicted person's civil rights been restored?

Yes No

(ii) 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

(iii) During the 36 months immediately preceding the date of this application, had a 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 the answer is "Yes" to question i, ii and/or iii, complete a Background Information Form ("Form 1-Attachment 1(E)(iv)" hereto) for each person which caused the answer to be "Yes."

F. For Individual Applicants:

Date of Birth:

Social Security Number:

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

G. For Corporate and Partnership Applicants:

- (i) Federal Taxpayer ID Number:
- (ii) List (i) for corporations - all officers, directors, stockholders, and the applicant's registered agent (ii) for partnerships - all partners (attach additional page(s) labeled "Form 1-Attachment 1(G)(ii)" if necessary):

Name	Title	Ownership Percentage (if any)

- (iii) State the date and place of formation or, if a foreign corporation, LP or LLP, the date and place of registration to do business in the State of Alabama:

County of Record:

Date Recorded:

- (iv) Attach and label "Form 1-Attachment 1(G)(iv)" a copy of the corporation's, LP's or LLP's recorded formation documents or, if a foreign corporation, LP or LLP an acknowledgment from the Secretary of State of Alabama that the applicant is authorized to do business in Alabama.

H. Attach and label "Form 1-Attachment 1(H)" a copy of the applicant's policies and training materials regarding serving alcohol.

I. Has the applicant or any entity controlled by the applicant ever been denied a license to sell liquor for on-premises consumption? Yes If yes, provide the jurisdiction(s) and date(s) of such denial(s):

J. Is the applicant a franchisee? Yes No
If yes, provide the name and address of the franchisor:

2. Location Information

- A. Name under which restaurant will conduct business:
- B. Business physical address:
- C. Business mailing address (if different):
- D. Attach and label "Form 1-Attachment 2(D)" a copy of the current lease/deed showing the applicant's interest in the above-addressed real property.
- E. Has a prior owner/lessee of the above-listed address been licensed to sell liquor for on-premises consumption? If yes, provide the most recent such licensee's name and the name under which licensee conducted business, if different:
- F. Name, address, and telephone number of the landlord/owner of the above-addressed real property:
- G. Describe the structures located adjacent to and across from the business (attach additional page(s) labeled "Form 1-Attachment 2(G)" if necessary):
- H. Describe all properties within 500 feet of the external boundary of the business' physical address, measured by following the shortest route of ordinary pedestrian travel along and/or across the public thoroughfare from the building from which alcoholic beverages are dispensed or sold to the nearest point of the building or, if no building is on the premises, to the nearest point of the property boundary occupied for any such use identified in Paragraphs 4(a) and (b) of the Resolution adopted by the Madison County Commission on July 15, 2015, or within 500 feet of the external walls of the business if it is located in a shopping center (attach additional page(s) labeled "Form 1-Attachment 2(H)" if necessary) :

3. Premises Information

- A. State the square footage and give a brief description of the business' premises:
- B. Attach and label "Form 1-Attachment 3(B)" a site plan survey showing the boundaries of the business' physical address and the dimensions of the business' premises, showing all parcels of real property adjacent to the business' physical address, and identifying the owners of all such adjacent parcels.
- C. Have the premises been inspected by the Madison County Inspection Department and the Madison County Building Inspector and been certified to meet the requirements of the applicable building and fire codes?
- If yes, attach and label "Form 1-Attachment 3 (C)" documentation showing such certification.
- D. Complete Form 1-Attachment 3(D) regarding the estimated percentage of the gross receipts of the business, on a calendar monthly basis, from the sale of food for on-premises consumption.
- E. List the business' hours of operation:
- F. List the business' hours of alcoholic beverage sales:
- G. Will the business have outdoor porch or patio seating?
- If yes, attach and label "Form 1-Attachment 3(G) a drawing of the area.
- H. Does the business have liability insurance coverage, which includes dram shop coverage in an amount not less than \$1,000,000?
- If yes, attach and label "Form 1-Attachment 3 (H)" a certificate of insurance. If this application is granted a certificate of insurance will be required annually.

4. Alabama Alcoholic Beverage Control Board Application

- A. Attach and label "Form 1-Attachment 4(A)" the application to the Alabama Alcoholic Beverage Control Board, to include all documents submitted to Alabama Alcoholic Beverages Control Board, including PREAPPLICATION and supporting documents, driver's license, etc.

- B. If and when the applicant receives a license from the Alabama Alcoholic Beverage Control Board, provide a copy to the Madison County Administrator at:

Madison County Administrator
100 Northside Square
Suite 700
Huntsville, Alabama 35801
Phone: 256.532.3492

I hereby swear or affirm that the information contained in this application is true and correct and that there are not any undisclosed partners, stockholders, or others with any undisclosed interests in this applicant or its business.

I further hereby swear or affirm that I have received a copy of, read and understand the Madison County Commission's APRIL 25, 2023 Resolution attached hereto and labeled "Form 3- Attachment 1" addressing the permitting and regulation of restaurants selling alcoholic beverages for on-premises consumption in the unincorporated areas of Madison County, Alabama.

I hereby agree to conspicuously display the license requested in this application in an open and easily visible location.

Signature of Applicant

Printed Name of Applicant

If Corporation or Partnership, Title of
Person signing Application

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

Notary Public
My Commission Expires: