



CITY OF FAIRHOPE
P.O. DRAWER 429
FAIRHOPE, AL 36533
251/928-2136

ALCOHOLIC BEVERAGE LICENSE APPLICATION

PLEASE PRINT

We hereby apply for a license to sell Alcoholic Beverages in the City of Fairhope or its Police Jurisdiction. We agree to abide by all applicable Ordinances of the City, or any amendments to same, and to promptly furnish all reports required by the City.

APPLICANT'S NAME _____ SSN# _____

AGE _____ DATE OF BIRTH _____ PLACE OF BIRTH _____

MAILING ADDRESS _____

HOME # _____ WORK # _____

CELL # _____ FAX # _____

RESIDENCE ADDRESS _____

NO. YEARS AT PRESENT ADDRESS _____ NO. YEARS AT PREVIOUS ADDRESS _____

PREVIOUS ADDRESS _____

NAME AND ADDRESS OF BUSINESS _____

NAME OF CORPORATION _____

BUSINESS LOCATION _____

HAS APPLICANT EVER HAD AN ALCOHOLIC BEVERAGE LICENSE BEFORE _____

IF SO, WHERE _____ UNDER WHAT NAME _____

HAS APPLICANT EVER BEEN ARRESTED _____ IF SO, WHERE _____

WHEN _____ WHAT WAS CHARGE _____

DISPOSITION _____

LIST THREE REFERENCES:

NAME	ADDRESS	PHONE NUMBER

City of Fairhope
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PLEASE SELECT TYPE OF LICENSE APPLYING FOR:

- 011 - PACKAGE STORE LICENSE** – Allows sale of liquor, wine, or beer at Retail, TO GO only. No one under age 21 allowed on premises. A liquor tax of 10% City Limits or 5% Police Jurisdiction is due the 10th of each month on the purchase price paid for all liquor for use or resale by the licensee.
- 010- LOUNGE LIQUOR LICENSE** – Allows sale of liquor, wine, or beer for on and off consumption. No one under age 21 allowed on the premises. A liquor tax of 10% City Limits or 5% Police Jurisdiction is due the 10th of each month on the purchase price paid for all liquor for use or resale by the licensee.
- 031- CLUB LIQUOR LICENSE** – Allows sale of liquor, wine, or beer but must meet ABC Board's "club" regulations. A liquor tax of 10% City Limits or 5% Police Jurisdiction is due the 10th of each month on the purchase price paid for all liquor for use or resale by the licensee.
- 020 - RESTAURANT LIQUOR LICENSE** – Allows sale of liquor, wine, or beer for on-premises consumption only and 51% of gross receipts must come from the sale of food. A liquor tax of 10% City Limits or 5% Police Jurisdiction is due the 10th of each month on the purchase price paid for all liquor for use or resale by the licensee.
- 140 - SPECIAL EVENTS LICENSE**
- 160 - SPECIAL RETAIL LICENSE** – More than 30 days
- 040 - BEER ON/OFF PREMISES LICENSE** – Allows sale of Beer Only, on and off consumption.
- 050 - BEER OFF-PREMISES LICENSE** – Allows sale of Beer Only, TO GO only.
- 060 - WINE ON/OFF PREMISES LICENSE** – Allows sale of Wine Only, on and off consumption.
- 070 - WINE OFF-PREMISES LICENSE** – Allows sale of Wine Only, TO GO, only.
- 100 - WINE WHOLESALER LICENSE**
- 210 - WINE IMPORTER LICENSE**
- 200 - WINE MANUFACTURER LICENSE**
- 240 - NON-PROFIT TAX EXEMPT LICENSE**

I STATE ALL THE ABOVE TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE (FULL NAME) _____	DATE _____
NOT APPROVED _____ DATE _____ <div style="text-align: center; margin-left: 100px;">Chief of Police</div>	NOT APPROVED BY COUNCIL _____ DATE _____ <div style="text-align: center; margin-left: 100px;">City Clerk</div>
APPROVED _____ DATE _____ <div style="text-align: center; margin-left: 100px;">Chief of Police</div>	APPROVED BY COUNCIL _____ DATE _____ <div style="text-align: center; margin-left: 100px;">City Clerk</div>

** The Chief of Police is only acquiring a background check on the owners, partners, or corporate officers of the business for the City of Fairhope. The Alabama Alcoholic Beverage Control Board does a thorough Federal and State background check before issuing the License.

INCORPORATION MEMBERS

Applicant: _____, d/b/a/ _____

The following persons have a proprietary or profit interest in this business: (not needed for corporations whose stock is traded on a recognized stock exchange)

Name _____ Social Security Number _____

Date of Birth _____ Age _____ Place of Birth _____

Mailing Address _____

Position with the Business _____

Telephone Number _____ Driver License Number _____ State _____

Name _____ Social Security Number _____

Date of Birth _____ Age _____ Place of Birth _____

Mailing Address _____

Position with the Business _____

Telephone Number _____ Driver License Number _____ State _____

Name _____ Social Security Number _____

Date of Birth _____ Age _____ Place of Birth _____

Mailing Address _____

Position with the Business _____

Telephone Number _____ Driver License Number _____ State _____

Name _____ Social Security Number _____

Date of Birth _____ Age _____ Place of Birth _____

Mailing Address _____

Position with the Business _____

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