

ABC LICENSE APPLICATION

SHELBY COUNTY DEPARTMENT OF DEVELOPMENT SERVICES

(205) 620-6650 - FAX (205) 620-6630 www.shelbyal.com

You must provide the following to submit a complete ABC License Application.

- Notarized Application Form Fees
 Paper Copy - State Application

Application Date: _____ Type License (Code/s): _____

Project (Trade) Name: _____

Parcel I.D.: _____

Location Address: _____

Applicant Name (Contact Person): _____

Company (Applicant): _____

Address: _____

Cell : _____ Email: _____

SITE DATA

Facility Type (check one): Detached Facility Attached Facility

The sale and service of alcoholic beverages will be (check one):

- the principal function of the site an incidental function of the site

Describe the Principal Primary Function and Incidental Function of the site:

Days/Hours of Operation: S _____ M _____ T _____ W _____ Th _____ F _____ Sat _____

I acknowledge NO Sunday alcohol sales prior to 12 noon Live Entertainment Yes No

Dancing: Yes No Outdoor Music: Yes No

If yes, please explain:

Type of Establishment (check one) Restaurant Lodging Dinner Theater Public Club

Private Club Retail Athletic and/or Sports Facility Bar

Other- Explain _____

ACKNOWLEDGEMENT

I, the undersigned Applicant, do hereby certify and declare that the foregoing application was prepared by me and, to the best of my knowledge, reflects the true accurate facts pertaining to the information hereinbefore requested. I, the undersigned applicant, understand that any false or misleading information contained within, or presented in connection with this application may be cause for denial of and /or subsequent revocation of the issued license. The undersigned, being duly sworn, deposes and says that he is the person who executed this application; that the statements herein contained are true in every respect; that he has not suppressed any information that might affect this application; and that he has read and understands his affidavit.

Signature of Applicant _____ Date: _____

Print Name: _____

STATE OF _____ COUNTY OF _____

Sworn before me this _____ day of _____ Notary: _____

My Commission Expires: _____

Office Use Only

CASE NO.: _____ TENTATIVE SCC MEETING DATE: _____

Relevant Case Nos: _____ Zoning District: _____

Fees: _____ Transfer? _____