

# ABC LICENSE APPLICATION

SHELBY COUNTY DEPARTMENT OF DEVELOPMENT SERVICES

(205) 620-6650 - FAX (205) 620-6630 [www.shelbyal.com](http://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? \_\_\_\_\_