

ABC LICENSE APPLICATION

SHELBY COUNTY DEPARTMENT OF DEVELOPMENT SERVICES

(205) 620-6650 - FAX (205) 620-6630

www.shelbyal.com

CASE NO.: _____ NO. ACRES: _____

PROJECT NAME: _____

PARCEL I.D.: _____

RELEVANT CASE NOS.: _____

FACILITY ADDRESS: _____

APPLICATION DATE: _____

SCC MEETING DATE: _____

Applicant Name: _____

Company: _____

Address: _____

Telephone: _____ 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 subject site

an incidental function of the subject property

Describe the Principal Primary Function and Incidental Function of the site not indicated above:

Days/Hours of Operation (check all that apply): S M T W Th F S Hours: _____

Live Entertainment: Yes No Outdoor Music: Yes No Dancing: 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 _____, 20_____ **SEAL**

Notary: _____ My Commission Expires: _____

Office Use Only

Fees: _____ Received by: _____

Total Paid: _____ Assigned to: _____