

**CITY OF MADISON, ALABAMA  
APPLICATION FOR**

\_\_\_\_\_  
**(Type of License Applied For)**

Date Refused: \_\_\_\_\_ Date Approved: \_\_\_\_\_  
By: \_\_\_\_\_ By: \_\_\_\_\_

1. Name of Applicant(s): \_\_\_\_\_  
2. (a) Name and address of individual applicant; or all partners and members if partnership or association, or of all officers and directors, if corporation.

Name and Social Security #	Title	Date of Birth Place of Birth	Present Resident Address	Length of Residence
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(b) Are all of the above listed persons, citizens of the United States? \_\_\_\_\_

(c) If naturalized, give place and date: \_\_\_\_\_

(d) If applicant is corporation, is fifty-one percent (51%) or more, of capital stock owned by citizens of the United States? \_\_\_\_\_

NOTE: If a corporation, give place and date of incorporation or issuance of certificate of authority to do business in Alabama:

Book \_\_\_\_\_ Page \_\_\_\_\_ County \_\_\_\_\_

Date \_\_\_\_\_

3. Trade Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

4. (a) Location \_\_\_\_\_  
(b) Length of time in business at this location: \_\_\_\_\_  
© Mailing address: \_\_\_\_\_

5. Name, trade name and license number of past previous licensee: \_\_\_\_\_  
Year \_\_\_\_\_ Type: \_\_\_\_\_ Number: \_\_\_\_\_

6. (a) Owner of real estate for which license is desired: \_\_\_\_\_  
Inspector & Date: \_\_\_\_\_
7. (a) Is establishment equipped with tables and chairs? \_\_\_\_\_  
(b) Is the manager a citizen of the United States? \_\_\_\_\_ (If no, explain at bottom of page.)  
(c) Has this manager or applicant, whether individual member or partnership or association of officers and directors of corporation itself, ever been refused a federal state permit or license or had permit or license suspended, revoked or declined? \_\_\_\_\_ (If yes, explain at bottom of page.)  
(d) Has a liquor, malt or brewed beverage license for these premises ever been denied, suspended or revoked? \_\_\_\_\_ (If yes, explain at bottom of page.)
8. What gambling paraphernalia or slot musical equipment are on the premises? \_\_\_\_\_  
\_\_\_\_\_
9. (a) Do you now allow dancing? \_\_\_\_\_  
(b) Contemplate allowing dancing? \_\_\_\_\_  
(c) Is disco or live entertainment provided? \_\_\_\_\_
10. Are the applicant(s) named above, the only person(s) in any manner pecuniary interested in the business sought to be licensed? \_\_\_\_\_ (If not, explain)
11. These premises are located in the corporate limits of the City of Town of Madison, Alabama.  
(a) Is any of the applicants, whether individual, member of partnership or association, or officers and directors of corporation or the corporation itself, in any manner pecuniarily interested either directly or indirectly, in the profits of any other class of business regulated under this Act? \_\_\_\_\_  
\_\_\_\_\_
- (b) Does applicant own or control, directly or indirectly, or hold lien against any real or personal property which is rented, leased or used in the conduct of business by the holder of any vinous, malt or brewed beverage or distilled liquors permit or license issued under authority of this Act? \_\_\_\_\_
- © Is applicant receiving, either directly or indirectly, any loan, credit, monies or the equivalent thereof from any other licensee, or from or through a subsidiary or affiliate of another licensee, or from any firm, association or corporation operating under or regulated by the authority of this Act? \_\_\_\_\_
12. A certificate of approval of the proper governing body must accompany the application. This certificate must evidence the approval of the City Council, if premises are located in a municipality or the Board of Revenue or other county governing body, if premises are located in county and outside the limits of a municipality, except RETAIL COMMON CARRIERS.
- (a) Is this premises' kitchen equipped? \_\_\_\_\_  
(b) Is kitchen apart from, but convenient to, the dining room? \_\_\_\_\_  
© Is place of business habitually and principally used for providing food to the public? \_\_\_\_\_  
(d) If kitchen is not equipped, is any type food served? \_\_\_\_\_  
If yes, explain: \_\_\_\_\_
- (e) Are these premises equipped with services and facilities that provide for on premises consumption of liquor? \_\_\_\_\_
- (f) Will this business be operated primarily as a package store? \_\_\_\_\_
- (g) Number of seats at tables \_\_\_\_\_ Booths \_\_\_\_\_  
Stools \_\_\_\_\_ Total \_\_\_\_\_
- (h) If a common carrier, does each vehicle seat ten or more persons? \_\_\_\_\_

- (i) For a SPECIAL RETAIL LICENSE, more than thirty (30) days:  
Starting \_\_\_\_\_ Ending \_\_\_\_\_
  - (j) For a SPECIAL RETAIL LICENSE, less than thirty (30) days:  
Starting \_\_\_\_\_ Ending \_\_\_\_\_
  - (k) For a SPECIAL EVENTS RETAIL LICENSE (not to exceed 7 days):  
Starting \_\_\_\_\_ Ending \_\_\_\_\_  
(Must be filed 120 Days in advance of event for which license is applied for.)
13. (a) Does the Club charge and collect dues from elected members? \_\_\_\_\_
- (b) How many paid up members are there in the Club? \_\_\_\_\_
- (c) Are regular meetings held? \_\_\_\_\_ If so, when? \_\_\_\_\_
- (d) Is business conducted through officers regularly elected? \_\_\_\_\_
- (e) Are members admitted by written application, investigation and ballot? \_\_\_\_\_
- (f) For what purpose is the Club organized and operated?  
Social? \_\_\_\_\_ Patriotic? \_\_\_\_\_  
Political? \_\_\_\_\_ Athletic? \_\_\_\_\_
- (g) Does the property used, as well as the advantages, belong to all the members?  
\_\_\_\_\_
- (h) Does the Club maintain in the establishment, a special space and accommodation where, in consideration of payment, food, with or without lodging, is habitually served? \_\_\_\_\_
- (i) Do the operations of the Club inure to the benefit of any individual members, officers, directors, agents or employees of the Club, rather to the benefit of the entire membership? \_\_\_\_\_
14. List below the court records for law violations, in the last ten years, if any, of each person interested in this application, including manager, whether as a sole applicant, partner, officer, member or landlord: (DO NOT include traffic violations, except D.W.I. and reckless driving.) If no record, state NONE.

Name	Violation Charge	Name of Court	Date	Disposit. of Case

**SKETCH OF NEIGHBORHOOD/ENTIRE PREMISES**

N

W

E

S

Make proper designation of approximate location of a place of learning, church, parsonage, public or private institution or private residence to respected premises

The undersigned agree, if a license is issued as hereinabove applied for, to comply at all times with and to fully observe all the provisions of the Alabama Alcoholic Beverage Control Act, as appears in Code of Alabama, Title 28, and all laws of the State of Alabama relative to the handling of alcoholic beverages. The undersigned, if issued a license as herein requested, further agrees to obey all rules and regulations promulgated by the Board relative to all alcoholic beverages received in this State. The undersigned, if issued a license as herein requested, also agrees to allow and hereby invites duly authorized agents of the Alabama Alcoholic Beverage Control Board and any duly commissioned law enforcement officer of the State, County or Municipality in which the licensed premises are located, to enter and search without a warrant, the licensed premises or any building owned or occupied by him in connection with, adjoining, or adjacent therein, whether connected or not, and whether used by him as his private dwelling or not, at any time. The undersigned understands that should he or she violate any of the provisions of Code of Alabama, Title 28, or any of the rules and regulations promulgated by the Board, his license shall be subject to revocation and no license can be again issued to said licensee for a period of one (1) year. The undersigned further understands and agrees that no changes in the manner of operation and no deletion or discontinuance of any services or facilities as described in this application, will be allowed without prior written approval of the proper governing body and the Alabama Alcoholic Beverage Control Board.

STATE OF \_\_\_\_\_

Signed \_\_\_\_\_  
(Name of Applicant)

COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
(Title)

The undersigned

\_\_\_\_\_  
(Applicant or Member if Partnership or Assoc.)

\_\_\_\_\_  
(Name & Title of Officer if a Corporation)

Applicant for the Alcoholic Beverage license, requested by the foregoing applicant, hereby swears or affirms that he or she has read said application and all the statements therein and that the facts set forth therein, are true and correct, and that the applicant is the only person interested in the business for which license is requested.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Name of Notary Public

\_\_\_\_\_  
Signature of Affiant

The space below is provided for use by the County or City governing authority for approval or disapproval of the above application.

This application was submitted to the \_\_\_\_\_  
(Name of Governing Authority)  
on \_\_\_\_\_, 20\_\_\_\_\_, said application was \_\_\_\_\_  
(State Approved/Disapproved)

I certify the above is an official action of the \_\_\_\_\_  
(Name of Governing Authority)

**WAIVER AND AUTHORIZATION FORM FOR BACKGROUND CHECK**

**RE: CITY OF MADISON, ALABAMA  
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

**DATE:** \_\_\_\_\_

I respectfully request and authorize the CITY OF MADISON, ALABAMA, City Clerk and Police Chief, to furnish any and all information that you have on record, concerning my background check, relating to the above referenced "Application for Alcoholic Beverage License," in accordance with the Madison Code of Laws and Ordinances applicable to this Section.

This information will be a part of the individual application for Alcoholic Beverage license file and may be reviewed by the Madison elected officials in considering my application for an alcoholic beverage license, according to local laws and regulations.

In consideration of the review of application for license by the City of Madison elected and appointed officials, I hereby hold harmless and give full release and authorization from any and all liability or damage which may result from furnishing such information.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Printed Name

NOTARY:

State of Alabama  
County of Madison  
City of Madison, Alabama

\_\_\_\_\_  
Applicant's Date of Birth

\_\_\_\_\_  
Applicant's Social Security Number

Before me, a Notary Public in and for said City, County and State, personally appeared the above signed Applicant, who after being duly sworn, acknowledged that he/she had read this document and had its purpose and intent fully explained to him/her and with such knowledge said Applicant freely executed this instrument by his/her own hand.

Subscribed before me in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_