City of Tuscaloosa
2201 University Boulevard
Tuscaloosa, AL 35401
(205) 248-5200

ALCOHOLIC BEVERAGE LICENSE APPLICATION

APPLICATION MUST BE LEGIBLE

OFFICE USE ONLY

Date Received _____ City Limits _____ PJ_____ Sent to OCA _____ Council Date _____

I. APPLICANT INFORMATION:

Name of Applicant(s): _____

Business Name: _____

Physical Address of Business: _____

Local Contact Name and Phone Number: _____

List the following for individuals, partners and members, association, corporate officers, etc. for the past ten (10) years.
(Attach separate sheet, if necessary)

Name/Title	SS #	DL#/State Issued	DOB/State of Birth	Present Address	Past Address

CHECK THE TYPE OF LICENSE APPLYING FOR:		BASE LICENSE	FILING FEE
LOUNGE RETAIL LIQUOR LICENSE – CLASS II, PACKAGE STORE (No one under 21 years of age admitted, no on-premises consumption)	☐	$400.00 plus 7% gross liquor sales	$175.00
LOUNGE RETAIL LIQUOR LICENSE – CLASS I (No one under 21 years of age allowed to consume)	☐	$400.00 plus 7% gross liquor sales	$175.00
RESTAURANT RETAIL LIQUOR LICENSE (Must serve food that requires utensils & be seated)	☐	$400.00 plus 7% gross liquor sales	$175.00
CLUB LIQUOR LICENSE – CLASS I (PRIVATE-NON PROFIT) CLASS II (PRIVATE-PROFIT)	☐ ☐	$400.00 plus 7% gross liquor sales	$175.00
RETAIL BEER LICENSE (ON PREMISES)	☐	$75.00	$175.00
RETAIL BEER LICENSE (OFF PREMISES)	☐	$50.00	$175.00
RETAIL TABLE WINE LICENSE (ON PREMISES)	☐	$75.00	$175.00
RETAIL TABLE WINE LICENSE (OFF PREMISES)	☐	$75.00	$175.00
SPECIAL RETAIL LICENSE – MORE THAN 7 DAYS	☐	$500.00	$175.00
SPECIAL EVENTS RETAIL LICENSE Not to exceed 7 days (any one of the following: beer, liquor or wine or all) Note: Must apply 120 days in advance of date needed.	☐	$250.00 plus 7% gross liquor sales	$175.00
WHOLESALE TABLE WINE ONLY	☐	$275.00	$175.00
WHOLESALE BEER ONLY	☐	$275.00	$175.00
WHOLESALE LIQUOR	☐	PS-O	$175.00
WAREHOUSE LICENSE	☐	PS-D	$175.00
ADDITIONAL WAREHOUSE WINE OR BEER / OR BOTH	☐	PS-D	$175.00
BREWPUB LICENSE	☐	$500.00	$175.00
IMPORTER LICENSE	☐	PS-O	$175.00

ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY. IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET.

1. Indicate the name under which the business is to be operated: _____

_____

2. Physical address of the business: _____

_____

3. If you are purchasing an existing business, please indicate the name and City of Tuscaloosa license type and license number for that business and length of time business was at this location: _____

_____

4. Are you currently operating a business at this location? If so, please indicate the name of the business, type of business, and the length of time you have been operating. _____

_____

5. Are you currently a member in good standing of the Responsible Vendor Program of the State of Alabama? _____ If you are not currently a member, do you plan on participating in the Responsible Vendor Program? _____
6. Have you or your business ever been "decertified" from the Responsible Vendor Program? _____
7. What policies or procedures do you have in place or plan to execute concerning sale of alcoholic beverages?

_____

_____

8. Are there currently people consuming alcohol in close proximity to your establishment and if so, how do you plan to prevent this problem? _____

_____

9. Are there currently minors routinely in your establishment and if so, how do you plan to prevent sales to minors from becoming a problem? _____

_____

10. Are you aware of any opposition to this license being issued? If so, please describe. _____

_____

11. Has this APPLICANT(s), manager, etc. ever applied for and been refused a State or City permit or license, or had a permit or license suspended or revoked by and State or City authority? If so, please describe completely.

_____

_____

12. Has an alcoholic beverage license ever been suspended, revoked, or denied to anyone at the location for which this application is submitted? If so, please describe completely. _____

_____

13. Have you or one of your employees ever been charged with a violation of the Alcoholic Beverage Control Laws of the State of Alabama or any state or municipality? If yes, explain the circumstances, and what corrective action, if any, was taken at the result of the charge? _____

_____

14. Does the APPLICANT(s) currently possess any other license issued by the State of Alabama or the City of Tuscaloosa for the sale of alcoholic beverages? If so, please list the name under which the license is issued, physical address of the licensed business, type of business, date of issuance and license number.

_____

_____

15. Does the APPLICANT(s) own or control, either directly or indirectly, or hold any lien against any real or personal property which is rented, leased, or used in the operation of business by the holder of a permit or license issued under the authority of any alcoholic beverage law? If so, please describe completely.

_____

_____

16. Is the APPLICANT(s) receiving, either directly or indirectly, ANY loan, credit, cash or equivalent from any other alcoholic beverage licensee or from or through any subsidiary or affiliate or another alcoholic beverage licensee, or from any individual, firm, association, or corporation operating under or regulated by the authority of any alcoholic beverage law? If so, please describe completely. _____

_____

17. Have YOU or ANY OF THE APPLICANTS ever been arrested? If yes, please explain. _____

_____

☐ Information on this application and any information obtained from your or any of the applicants background checks will become part of your application file and possibly will be discussed at or during the City Council meeting(s). The information obtained may become public records and available to the public if requested.

II. LOCATION INFORMATION:

18. Detailed description of the primary business to be operated from this location: _____

_____

19. Will any building renovations, remodeling, or repairs be completed prior to opening your business at this address? If so, please describe the nature and extent of this work. _____

_____

20. Does the APPLICANT(s) own the property listed as the physical address of the business? _____
    If so, is a copy of the recorded deed attached? _____
21. Does the APPLICANT(s) have a contract to purchase the property? _____
    If so, is a copy of the recorded sales contract attached? _____
22. Does the APPLICANT(s) lease the property? _____
    If so, is a copy of the lease agreement attached? _____

    What is the name, address and contact number of the property owner/lessor? _____

    _____

23. What are your planned hours of operation? _____

_____

24. How many marked parking spaces, on premises, are available for customers? _____

25. What is the total number of square feet of floor space in the retail area? _____

26. How many restrooms are available? _____

How many are A. D. A. (American Disabilities Act) accessible? _____

27. Approximately what distance is the nearest residence from the business? _____

III. LOUNGE (Complete this section only if applicable to your business)

28. Do you allow dancing? _____ Is music or live entertainment provided? _____

IV. RESTAURANT (Complete this section only if applicable to your business)

****Submit a completed menu and floor plan of the restaurant with this application****

29. What is the total number of square feet of floor space in the dining room? _____

30. Indicate the maximum capacity of persons who can be seated at tables or booths at any one time in the dining room: _____

31. Is the food preparation area separate but adjoining the dining room? _____

32. How frequently will meals be offered to the public? (e.g., daily, twice daily, continuously)

_____

33. Does the premise have a fully equipped and operational kitchen and storage equipment necessary to prepare on premises all of the items listed on the submitted menu? _____

V. HOTEL/MOTEL (Complete this section only if applicable to your business)

34. Indicate the total number of fully equipped rooms available for transient lodging: _____

35. Does the applicant own, operate, or lease the dining facilities within this location? If so, please describe

_____

36. Indicate the square footage of the dining facilities: _____

37. Indicate the maximum capacity of persons who can be accommodated at one time in the dining space:

_____

38. Is the food preparation area separate but adjoining the dining space? _____

VI. CLUB LIQUOR LICENSE – CLASS I & CLASS II

(Complete this section only if applicable to your business)

****Submit a copy of membership application, current membership list, current articles of incorporation and by-laws****

39. Does the Club charge and collect dues from members? _____
40. How many paid in full members are there in the Club? _____
41. Are regular meetings held? _____ If so, when? _____ Is business conducted through officers regularly elected? _____
42. Who are current officers and members of the Club's Board of Directors? (attach additional sheet if necessary) _____
43. Are members admitted by written application, investigation and/or ballot? _____
44. For what purpose is the Club organized and operated: Social? _____ Patriotic? _____ Political? _____ Athletic? _____
45. Does the property being used, as well as the advantages of membership, belong to ALL the members? _____
46. Does the operations of the Club benefit any individual members, officers, directors, agents or employees of the Club rather than to the benefit of the ENTIRE membership? _____

VII. SPECIAL RETAIL/SPECIAL EVENTS RETAIL LICENSE

(Complete this section only if applicable to your business)

47. Is the event more than seven days? _____ If not, what is the start and end date and planned hours of operation? _____
48. Detailed description of the event: _____
49. Location of the event: _____

****If the event is located on City owned or controlled property the City of Tuscaloosa requires the applicant to: (a) acquire, in the applicants name or the name of the sponsor, from the City a permit to so use the property, and (b) in the interest of protecting the public health, safety and welfare of the attendees and the general public, pursuant to Ala. Code Section 28-1-7 (1975) as amended by Act 98-342 of the 1998 Regular Session, the applicant must acquire and maintain General Liability insurance in the minimum amount of One Million Dollars ($1,000,000) AND Dram Shop (Liquor Liability) insurance in the minimum amount of One Million Dollars ($1,000,000) providing coverage for all activities authorized by the permit and requested to be authorized by the license which is the subject of this application, listing the City of Tuscaloosa, its officers, agents, and employees as additional insured's. The applicant must furnish to the City of Tuscaloosa a copy of the Certificate of Insurance evidencing that such insurance has been obtained prior to the application being placed on the City Council agenda.****

*****NOTE: THE CITY RESERVES THE RIGHT TO REQUEST FURTHER OR ADDITIONAL INFORMATION FROM THE APPLICANT.*****

The undersigned agree, if a license is used as hereinabove for, to comply at all times with and to fully observe all the provisions of the Alabama Beverage Control Act, as appears in the Code of Alabama, Title 28, all laws of the State of Alabama and the Code of the City of Tuscaloosa 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 and the Code of the City of Tuscaloosa relative to all alcoholic beverages. 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/her in connection with, adjoining, or adjacent thereto, whether connected or not, and whether used by him/her as his/her private dwelling or not, at any time. The undersigned understands that should he or she violate any of the provisions of the Code of Alabama, Title 28, or any of the rules and regulations of the Alcoholic Beverage Control Board, his/her license shall be subject to revocation. The undersigned understands that the City reserves the right to file for suspension, revocation or an objection with the Alabama Alcoholic Beverage Control Board to a license renewal for failure to follow the Alcoholic Beverage Control Laws of the State of Alabama and Code of Tuscaloosa or the creation of a nuisance. The undersigned further understands and agrees that no changes in the manner of operation, nature of owner and no deletion or discontinuance of any services or facilities as described in this application will be allowed without prior written approval of the City of Tuscaloosa and the Alabama Alcoholic Beverage Control Board.

I understand that by completing this application, I am requesting inspection of the premises by all applicable departments and agencies whose approval are or may be required to process this application. All code violations must be corrected PRIOR to submission of the application to the City Council.

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

_____
Signature of Applicant(s)

State of Alabama
County of Tuscaloosa

I, _____, a Notary Public in and for the State at Large, hereby certify that

_____, whose name is signed to the forgoing document, and

- [ ] Who is known to me, or
- [ ] Whose identity I proved on the basis of _____, or
- [ ] Whose identity I proved on the oath/affirmation of _____, a credible witness to the signer of the above document and that being informed of the contents of the document, he/she executed the same voluntarily on the day of the same bears date.

Given under my hand and official seal this the _____ day of _____, 20_____.

_____
Notary Public

My Commission Expires: _____