

# ABC LICENSE APPLICATION

SHELBY COUNTY DEPARTMENT OF DEVELOPMENT SERVICES

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

[www.shelbyal.com](http://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

<b>Facility Type (check one):</b> <input type="checkbox"/> Detached Facility <input type="checkbox"/> Attached Facility
<b>The sale and service of alcoholic beverages will be (check one):</b> <input type="checkbox"/> the principal function of the subject site <input type="checkbox"/> an incidental function of the subject property
<b>Describe the Principal Primary Function and Incidental Function of the site not indicated above:</b>  
<b>Days/Hours of Operation (check all that apply):</b> <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S <b>Hours:</b>
<b>Live Entertainment:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Outdoor Music:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Dancing:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please explain:</b>  
<b>Type of Establishment (check one):</b> <input type="checkbox"/> Restaurant <input type="checkbox"/> Lodging <input type="checkbox"/> Dinner Theater <input type="checkbox"/> Public Club <input type="checkbox"/> Private Club <input type="checkbox"/> Retail <input type="checkbox"/> Athletic and/or Sports Facility <input type="checkbox"/> Bar <input type="checkbox"/> 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_____	<b>SEAL</b>
Notary: _____ My Commission Expires: _____	

## Office Use Only

Fees:	Received by:
Total Paid:	Assigned to: