

ABC LICENSE APPLICATION
SHELBY COUNTY DEPARTMENT OF DEVELOPMENT SERVICES
1123 County Services Drive, Pelham, AL 35124
(205) 620-6650/FAX (205) 620-6630

PROPERTY INFORMATION

Trade Name: _____ Case No. : _____
Parcel I.D. : _____ Zoning: _____
Relevant Case Nos. : _____ Fire District: _____ No. Acres: _____
Facility Address: _____
Application Date: _____ SCC 1ST Meeting Date: _____ SCC 2ND Meeting Date: _____
Received By: _____ Reviewed By: _____ Receipt No.: _____ Amount Paid: _____

CONTACT INFORMATION

Applicant Name: _____ Company: _____
Telephone: _____ Fax: _____
Mailing Address: _____
Street City State Zip

SITE DATA

Facility Type (check one): Detached Facility Attached Facility

The sale and service of alcoholic beverages will be (check one):

the principal primary function of the subject site an incidental function of the subject site.

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

Days/Hours of Operation: _____

Live Entertainment Yes No Outdoor Music Yes No Dancing Yes No (If Yes, Explain Below)

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 STATE OF _____ COUNTY OF _____

Sworn before me this _____ day of _____, 20____

SEAL

Notary My Commission Expires