



STATE OF ALABAMA
ALCOHOLIC BEVERAGE CONTROL BOARD
ALCOHOL LICENSE APPLICATION
Confirmation Number: 20200702134436893



Type License: 020 - RESTAURANT RETAIL LIQUOR

State: County:

Type License:

State: County:

Trade Name: SHRIMP BASKET

Filing Fee:

Applicant: SHRIMP BASKET RESTAURANTS LLC

Transfer Fee: \$50.00

Location Address: 1500 S MCKENZIE STREET FOLEY, AL 36535

Mailing Address: 7282 PLANTATION ROAD; SUITE 301 PENSACOLA, FL 32504

County: BALDWIN Tobacco sales: NO

Tobacco Vending Machines:

Type Ownership: LLC

Book, Page, or Document info: FLORIDA

Date Incorporated: 05/19/2020 State incorporated: FL

County Incorporated:

Date of Authority: 05/16/2020

Alabama State Sales Tax ID: R

Federal Tax ID: 85-1124165

Name: Title: Date and Place of Birth: Residence Address:

MICHAEL WOOD	AUTHORIZED REPRESENTATIVE		
WILLIAM HEADLEY	AUTHORIZED REPRESENTATIVE		VE
BARRY GOFF	AUTHORIZED REPRESENTATIVE		

Has applicant complied with financial responsibility ABC RR 20-X-5-.14? YES

Does ABC have any actions pending against the current licensee? NO

Has anyone, including manager or applicant, had a Federal/State permit or license suspended or revoked? NO

Has a liquor, wine, malt or brewed license for these premises ever been denied, suspended, or revoked? NO

Are the applicant(s) named above, the only person(s), in any manner interested in the business sought to be licensed? YES

Are any of the applicants, whether individual, member of a partnership or association, or officers and directors of a corporation itself, in any manner monetarily interested, either directly or indirectly, in the profits of any other class of business regulated under authority of this act? NO

Does applicant own or control, directly or indirectly, 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? NO

Is applicant receiving, either directly or indirectly, any loan, credit, money, or the equivalent thereof from or through a subsidiary or affiliate or other licensee, or from any firm, association or corporation operating under or regulated by the authority of this act? NO

Contact Person: JON ARCHER

Business Phone: 251-937-3655

Fax:

Home Phone:

Cell Phone:

E-mail: ,

PREVIOUS LICENSE INFORMATION:

Trade Name: SHRIMP BASKET OF FOLEY

Applicant: SPENCE ENTERPRISES LLC

Previous License Number(s)

License 1: 020 000229602

License 2:



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If applicant is leasing the property, is a copy of the lease agreement attached? **YES**

Name of Property owner/lessor and phone number: **WHEELS UP INC**

What is lessors primary business? **REAL ESTATE**

Is lessor involved in any way with the alcoholic beverage business? **NO**

Is there any further interest, or connection with, the licensee's business by the lessor? **NO**

Does the premise have a fully equipped kitchen? **YES**

Is the business used to habitually and principally provide food to the public? **YES**

Does the establishment have restroom facilities? **YES**

Is the premise equipped with services and facilities for on premises consumption of alcoholic beverages? **YES**

Will the business be operated primarily as a package store? **NO**

Building Dimensions Square Footage: **4200** Display Square Footage:

Building seating capacity: **72** Does Licensed premises include a patio area? **YES**

License Structure: **ONE STORY** License covers: **ENTIRE STRUCTURE**

Location is within: **CITY LIMITS** Police protection: **CITY**

Has any person(s) with any interest, including manager, whether as sole applicant, officer, member, or partner been charged (whether convicted or not) of any law violation(s)?

Name: Violation & Date: Arresting Agency: Disposition:



SHRIMP BASKET FOLEY LOCATION

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NOTICE OF TRANSFER OF ABC LICENSED BUSINESS

NOTE: A Copy of Operating Agreement Must be Attached To Application

CURRENT LICENSEE:
SPENCE ENTERPRISES LLC
Address: 1500 S MCKENZIE ST;
FOLEY, AL 36535
Telephone: 850-898-1480

NEW APPLICANT:
SHRIMP BASKET RESTAURANTS LLC
Address: 7282 PLANTATION ROAD; SUITE 301
PENSACOLA, FL 32504
Telephone: 251-937-3655

Current License No: 020 000229602

LICENSED PREMISES ADDRESS: 1500 S MCKENZIE STREET FOLEY, AL 36535

THE AFORENAMED HEREBY SERVE NOTICE TO THE ABC BOARD OF THE ATTACHED CONTRACTUAL AGREEMENT GOVERNING THE CONTINUATION OF SALES OF ALCOHOLIC BEVERAGES ON THE LICENSED PREMISES.

The Parties to this agreement hereby acknowledge and affirm that the New (Applicant) Licensee will, at all times, act as the AGENT for the Current (Named) Licensee, and the Current Licensee shall act as PRINCIPAL for the purposes of the attached Agreement. The Principal shall be bound by all acts and/or omissions of the Agent in the operation of the licensed premises.

The Current Licensee is now and shall remain liable for any violations of ABC Rules and Regulations or other Alabama Law for the duration of the attached Agreement; and, further, that the Current Licensee has the right and authority, under Alabama Law, to surrender the ABC License to the ABC Board at any time.

The parties acknowledge that the operation of the licensed premises shall remain subject to inspection by ABC Enforcement, and must comply with all State and Local regulations and Laws, and that the local ABC Enforcement District Office must be immediately notified of any change in the attached Agreement.

THE CURRENT LICENSE WILL NOT BE RENEWED.

WITNESS our hands and seals on this the 2nd day of JULY, 20 20.

CURRENT LICENSEE (NAMED ON LICENSE)

NEW LICENSEE (APPLICANT)

Print Name: Jeffrey T. Varsalone
Title: Chief Restructuring Officer

SIGN HERE

Print Name: Jon Archer
Title: attorney in fact

SIGN HERE

WITNESS: (By ABC Enforcement) ROBIN MCKEE

Revised 9/08



SHRIMP BASKET FOLEY LOCATION

STATE OF ALABAMA ALCOHOLIC BEVERAGE CONTROL BOARD

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Initial each

Signature page

- ☒ In reference to law violations, I attest to the truthfulness of the responses given within the application.
- ☒ In reference to the Lease/property ownership, I attest to the truthfulness of the responses given within the application.
- ☒ In reference to ACT No. 80-529, I understand that if my application is denied or discontinued, I will not be refunded the filing fee required by this application.
- ☒ N/A In reference to Special Retail or Special Events retail license, I agree to comply with all applicable laws and regulations concerning this class of license, and to observe the special terms and conditions as indicated within the application.
- ☒ N/A In reference to the Club Application information, I attest to the truthfulness of the responses given within the application.
- ☒ In reference to the transfer of license/location, I attest to the truthfulness of the information listed on the attached transfer agreement.
- ☒ In accordance with Alabama Rules & Regulations 20-X-5-.01(4), any social security number disclosed under this regulation shall be used for the purpose of investigation or verification by the ABC Board and shall not be a matter of public record.
- ☒ The undersigned agree, if a license is issued as herein 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 license premises are located to enter and search without a warrant the licensed premises or any building owned or occupied by him or her in connection with said licensed premises. The undersigned hereby understands that he or she violate any provisions of the aforementioned laws his or her license shall be subject to revocation and no license can be again issued to said licensee for a period of one 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 written approval of the proper governing body and the Alabama Alcoholic Beverage Control Board.
- ☒ hereby swear and affirm that I have read the application and all statements therein and facts set forth are true and correct, and that the applicant is the only person interested in the business for which the license is required.

✓ Applicant Name (print): Jon Archer for Shrimp Basket Restaurants, LLC

Signature of Applicant: _____

Notary Name (print): Shauna B. Mosley

Notary Signature: _____

Commission expires: 5/20/24

Application Taken: 07/02/20 App. Inv. Completed: 07/02/20

Submitted to Local Government:

Received in District Office:

Reviewed by Supervisor:

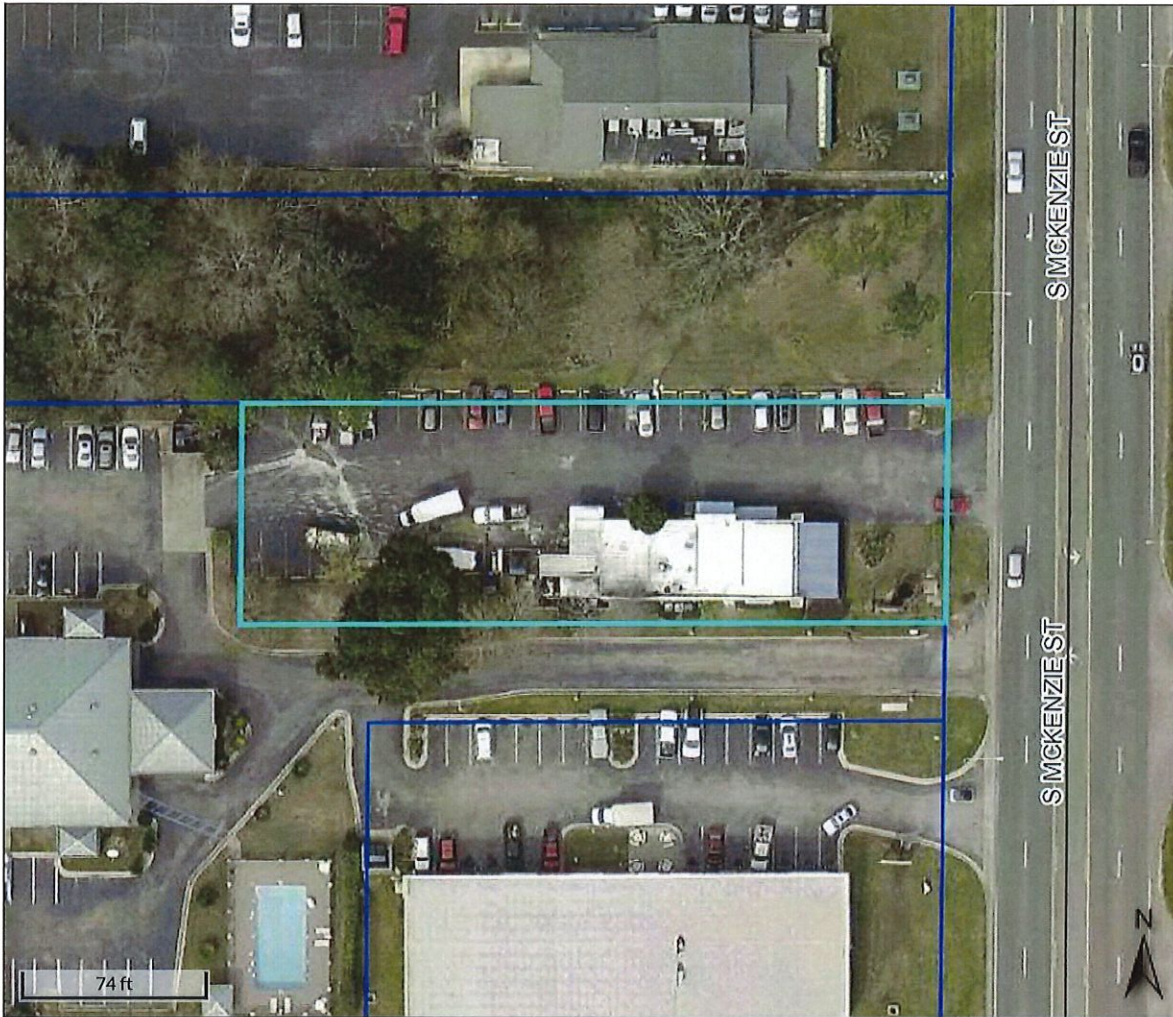
Forwarded to District Office: 07/02/20

Received from Local Government:

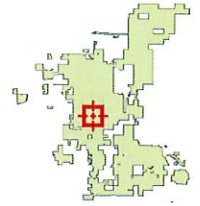
Forwarded to Central Office:



Shrimp Basket



Overview



Legend

- Centerlines
- Foley City Limits
- ▣ County Mask
- Parcels
- - Lot Lines
- Streams and Creel
- Lakes and Bays

PIN - 66384
Par Num - 004.001
Acreage - 0.533
Subdivision -
Lot -
Street Name - MCKENZIE ST S
Street Number - 1500
Improvement - REST,LITE,PAVE,PAVI

Name - SPENCE ENTERPRISES INC
Address1 - P O BOX 904
Address2 -
Address3 -
City - GULF SHORES
State - AL
Zip - 36547

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