



ALCOHOL LICENSE APPLICATION

Confirmation Number: 20250623141353841

Type License: 010 - LOUNGE RETAIL LIQUOR - CLASS I

State: State: County:

Type License:

County:

Trade Name: GOODFELLAS FINE CIGARS LLC

Filing Fee:

Applicant: GOODFELLAS FINE CIGARS LLC

Transfer Fee: \$50.00

Location Address: 1013 N MCKENZIE ST

FOLEY, AL 36535

Mailing Address: 160 N MERCHANT ST

DECATUR, IL 62523

County: BALDWIN Tobacco sales: YES

Tobacco Vending Machines:

Product Type: 01

Type Ownership: LLC

Book, Page, or Document info: 10032768

Do you sell Draft Beer?:

Date Incorporated: 12/19/2021 State incorporated: ID

County Incorporated: MACON

Date of Authority: 05/02/2025

Federal Tax 1D: 87-3800838

Alabama State Sales Tax ID: R0012559670

Name:	Title:	Date and Place of Birth:	Residence Address:
DUSTIN COLO	•		TEACOUNCED INCOME CO. AT
		ILLINOIS	to the terms of f
		-	

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: DUSTIN CHAPMAN Business Phone: 217-422-6383

Home Phone: 217-620-0989 Cell Phone:

Fax:

E-mail: GOODFELLASFINECIGARS@YAHOO.COM

PREVIOUS LICENSE INFORMATION:

License 1: 011449702

Previous License Number(s)

Trade Name: DOWNTOWN CIGARS FOLEY Applicant: FOLEY CIGAR COMPANY LLC

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: JOANNA HARDIN 251-952-8586 What is lessors primary business? RETIRED 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

Will the business require an age restriction for all patrons/customers to be 21 years of age or older? YES

Does the premise have a fully equipped kitchen? NO

Is the business used to habitually and principally provide food to the public? NO

partner been charged (whether convicted or not) of any law violation(s)? NO

Does the establishment have restroom facilities? YES

Location is within: CITY LIMITS

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

Will the business be operated primaril	y as a package store? NO	
Building Dimensions Square Footage:		y Square Footage:
Building seating capacity: 50		s include a patio area? YES
License Structure: SINGLE STRUCTUF	RE License covers: ENTII	RE STRUCTURE
Number of licenses in the vicinity: 0	Nearest: 0	
Nearest school:	Nearest church:	Nearest residence: 0 blocks
Location is within: CITY LIMITS	Police protection: CIT	Υ

Has any person(s) with any interest, including manager, whether as sole applicant, officer, member, or

Name:	Violation & Date:	Arresting Agency:	Disposition:
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Initial each	Signature page				
Ω '	In reference to law violations, I attest to the truthfulness of the responses given within the application.				
DC	In reference to the Lease/property ownership, I attest to the truthfulness of the responses given within				
	the application.				
(QC)	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.				
3	In reference to Special Retail or Special Events retail license, Wine Festival and Wine Festival Participant Licenses,				
	and Food or Beverage Truck Licenses, 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.				
<u>00</u>	In reference to the Club Application information, I attest to the truthfulness of the responses given				
	within the application.				
70	In reference to the transfer of license/location, I attest to the truthfulness of the information listed on the attached				
,	transfer agreement.				
DC	In accordance with Alabama Rules & Regulations 20-X-501(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.				
DC	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				
r	Alcoholic Beverage Control Board.				
L()C	I 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				
A 15 A	is required.				
Applicantiv	lame (phili). 1)0 371/2 Charger				
Signature o	of Applicant: Afe Chapman				
Notary Nan	ne (print): Jason James Ohl nature: from Jan Che Commission expires: 2/25/29				
Application					
	to Local Government: Received from Local Government:				
Received in	District Office: Reviewed by Supervisor: Forwarded to Central Office:				

OFFICIAL SEAL
JASON JAMES OHL
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NUMBER 1005269
MY COMMISSION EXPIRES: FEBRUARY 25, 2029



Confirmation Number: 20250623141353841

NOTICE OF TRANSFER OF ABC LICENSED BUSINESS

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

CURRENT LICENSEE:

FOLEY CIGAR COMPANY LLC

Address: 1013 NORTH MCKENZIE STREET

FOLEY, AL 36535

Telephone: 251-508-0674

NEW APPLICANT:

GOODFELLAS FINE CIGARS LLC

Address: 160 N MERCHANT ST

DECATUR, IL 62523

Telephone: 217-422-6383

Current License No: 011449702

LICENSED PREMISES ADDRESS: 1013 N MCKENZIE ST 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.

Hose Jans Do WITNESS our hands and seals on this the 26 day of ______ NEW LICENSEE (APPLICANT) CURRENT LICENSEE (NAMED ON LICENSE) Print Name: Print Name: Title: Title: 10 cnc

WITNESS: (By ABC Enforcement)
Revised 9849 of Hologram County of 12000 |
Learnly the Is to be a complete, exact and true copy

of the original document. 1709

My Commission Expires: 04/15

Receipt Confirmation Page

Receipt Confirmation Number: 20250623141353841

Application Payment Confirmation Number: 110473028

Payment Summary	
Payment liem.	Fee
Trensfer Fee for License 010	\$50.00
Total Amount to be Charged	\$50.00

Application Type

Application Type. TRANSFER

Applicant Information

License Type 1: 010 - LOUNGE RETAIL LIQUOR - CLASS I

License Type 2:

License County: BALDWIN

Business Type: LLC

Trade Name: GOODFELLAS FINE CIGARS LLC

Applicant Name: GOODFELLAS FINE CIGARS LLC

Location Address: 1013 N MCKENZIE ST

FOLEY, AL 36535

Mailing Address: 160 N MERCHANT ST

DECATUR, IL 62523

Contact Person: DUSTIN CHAPMAN

Contact Home Phone: 217-620-0989

Contact Business Phone: 217-422-6383

Contact Fax:

Contact Cell Phone: Contact Email Address:

Contact Web Address:

Viewer Map

