



ALCOHOL LICENSE APPLICATION

Confirmation Number: 20130409103831129

Type License: 040 - RETAIL BEER (ON OR OFF PREMISES) State: \$150.00 County: \$75.00

Type License: 060 - RETAIL TABLE WINE (ON OR OFF PREMISES) State: \$150.00 County: \$75.00

Trade Name: SQUASHED GRAPE Filing Fee: \$100.00

Applicant: SQUASHED GRAPES LLC Transfer Fee:

Location Address: 2770 S MCKENZIE ST; SUITE B FOLEY, AL 36535

Mailing Address: 2770 S MCKENZIE ST; SUITE B FOLEY, AL 36535

County: BALDWIN Tobacco sales: NO Tobacco Vending Machines:

Sale of Products Containing Ephedrine: NO Type Ownership: LLC

Book, Page, or Document info: INST 1390113 Do you sell Draft Beer: Y

Date Incorporated: 04/01/2013 State incorporated: AL County Incorporated: BALDWIN

Date of Authority: 04/01/2013 Alabama State Sales Tax ID: R008436556

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

MICHAEL LEE THOMPSON	MEMBER	08/08/1963	14257 GREENO RD
7191740 - AL		SALEM, MO	FAIRHOPE, AL 36532
NANCY ANTHONY THOMPSON	MEMBER	06/10/1962	14257 GREENO RD
7191728 - AL		MOBILE, AL	FAIRHOPE, AL 36532

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 cooperation 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: NANCY THOMPSON

Business Phone: 251-928-7262

Fax:

E-mail: HBHFAIRHOPE@YAHOO.COM

PREVIOUS LICENSE INFORMATION:

Trade Name: Applicant:

Previous License Number(s)

Home Phone: 251-929-1436

Cell Phone: 251-454-8219

License 1: 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: NANCY A THOMPSON 251-454-8219 What is lessors primary business? OWNER HONEY BAKED HAM Is lessor involved in any way with the alcoholic beverage business? YES Is there any further interest, or connection with, the licensee's business by the lessor? NO

Does the premise have a fully equipped kitchen? NO Is the business used to habitually and principally provide food to the public? NO Does the establishment have restroom facilities? YES Is the premise equipped with services and facilities for on premises consumption of alcoholic beverages? YES

Building Dimensions Square Footage: 1076

Display Square Footage:

Building seating capacity: 24

Does Licensed premises include a patio area? NO

License Structure: ONE STORY

License covers: OTHER

Number of licenses in the vicinity: 6

Nearest school: 1 miles

Nearest: 1 Nearest church: .5 miles

Nearest residence: 1 miles

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:
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initial each	Signature page
NT	In reference to law violations, I attest to the truthfulness of the responses given within the application.
NT	In reference to the Lease/property ownership, I attest to the truthfulness of the responses given within
	the application.
NY	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.
NT	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.
NT	In reference to the Club Application information, I attest to the truthfulness of the responses given
	within the application.
TA	In reference to the transfer of license/location, I attest to the truthfulness of the information listed on the
	attached transfer agreement.
NT	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.
NT	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 energiting and no deletion or discontinuous of energiting and residual action and residual actions are described as a few and residual actions and residual actions are described as a few and residual actions
	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.
М	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
	is required.
Applicant N	
Signature o	f Applicant: Wy
Notary Nam	ne (print): Bety G Dean
Notary Sign	ature: Betty & Dean Commission expires: 1/10/15
	Taken: 4/9/13 App. Inv. Completed: Forwarded to District Office: Received from Local Government:

Reviewed by Supervisor:

Forwarded to Central Office:

Received in District Office:





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Agent's Initials:

Private Clubs / Special Retail / or Special Events licenses ONLY

Private Club

Does the club charge and collect dues from elected members?

Number of paid up members:

Are meetings regularly held?

How often?

Is business conducted through officers regularly elected?

Are members admitted by written application, investigation, and ballot?

Has Agent verified membership applications for each member listed?

Has at least 10% of members listed been confirmed and highlighted?

For what purpose is the club organized?

Does the property used, as well as the advantages, belong to all the members?

Do the operations of the club benefit any individual member(s), officer(s), director(s), agent(s), or employee(s) of the club rather than to benefit of the entire membership?

Special Retail

Is it for 30 days or less? More than 30 days?

Franchisee or Concessionaire of above? Other valid responsible organization: Explanation:

Special Events / Special Retail (7 days or less)

Starting Date:

Ending Date:

Special terms and conditions for special event/special retail:

Other Explanations

License Covers: SUITE B

Is the lessor involved in any way with the alcohol beverage business?: LESSOR IS

ALSO A MEMBER OF APPLICANTS LLC

Receipt Confirmation Page

Receipt Confirmation Number: 20130409103831129

Application Payment Confirmation Number: 5390662

Payment Summary		
Payment Item	Fee	
Application Fee for License 040 and License 060	\$100.00	
Total Amount to be Charged	\$100.00	

License Payment Confirmation Number:

Payment Summary					
Payment Item	County Fee	State Fee	Total Fee		
040 - RETAIL BEER (ON OR OFF PREMISES)	\$75.00	\$150.00	\$225.00		
060 - RETAIL TABLE WINE (ON OR OFF PREMISES)	\$75.00	\$150.00	\$225.00		
Total Amount to be Charged	\$150.00	\$300.00	\$450.00		

Application Type

Application Type: APPLICATION

Applicant Information

License Type 1: 040 - RETAIL BEER (ON OR OFF PREMISES)

License Type 2: 060 - RETAIL TABLE WINE (ON OR OFF PREMISES)

License County: BALDWIN

Business Type: LLC

Trade Name: SQUASHED GRAPE

Applicant Name: SQUASHED GRAPES LLC

Location Address: 2770 S MCKENZIE ST; SUITE B

FOLEY, AL 36535

Mailing Address: 2770 S MCKENZIE ST; SUITE B

FOLEY, AL 36535

Contact Person: NANCY THOMPSON

Contact Home Phone: 251-929-1436 Contact Business Phone: 251-928-7262

Contact Fax:

Contact Cell Phone: 251-454-8219

Contact Email Address: Contact Web Address: