



STATE OF ALABAMA
ALCOHOLIC BEVERAGE CONTROL BOARD
ALCOHOL LICENSE APPLICATION



Confirmation Number: 20201102101440081

Type License: 020 - RESTAURANT RETAIL LIQUOR

State: \$300.00 County: \$440.00

Type License:

State: County:

Trade Name: CACTUS CANTINA

Filing Fee: \$50.00

Applicant: CACTUS CANTINA OF FOLEY LLC

Transfer Fee:

Location Address: 1605 S MCKENZIE ST FOLEY, AL 36535

Mailing Address: 187 NORTSHORE PLACE GULF SHORES, AL 36542

County: BALDWIN Tobacco sales: NO

Tobacco Vending Machines:

Product Type:

Type Ownership: LLC

Book, Page, or Document info: 9201859

Do you sell Draft Beer?:

Date Incorporated: 7/21/2020 State incorporated: AL

County Incorporated:

Date of Authority: 7/21/2020

Federal Tax ID: 85-2052760

Alabama State Sales Tax ID: R010802297

Name:	Title:	Date and Place of Birth:	Residence Address:
BRENDA LANE WADE	MEMBER		
ROBERT ADEN WADE	MEMBER		

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: ROBERT WADE

Home Phone

Business Phone: 251-943-9070

Cell Phone:

Fax:

E-mail: bobby@mycactuscantina.com

PREVIOUS LICENSE INFORMATION:

Previous License Number(s)

Trade Name:

License 1:

Applicant:

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: ROBERT WADE 770-527-8072
What is lessors primary business? RESTAURANT
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? YES

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: 6200 Display Square Footage:
Building seating capacity: 170 Does Licensed premises include a patio area? YES
License Structure: ONE STORY License covers: ENTIRE STRUCTURE
Number of licenses in the vicinity: 0 Nearest: 0
Nearest school: 1 blocks Nearest church: 1 blocks Nearest residence: 1 blocks
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

☐

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.

☐

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.

☐

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.

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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.

☐

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 Name (print): **Robert A. Wade**

Signature of Applicant:

Notary Name (print): **Wendy K. Readman**

Notary Signature:

Commission expires: **10/1/2022**

Application Taken: **App. Inv. Completed:**

Submitted to Local Government:

Forwarded to District Office:

Received from Local Government:

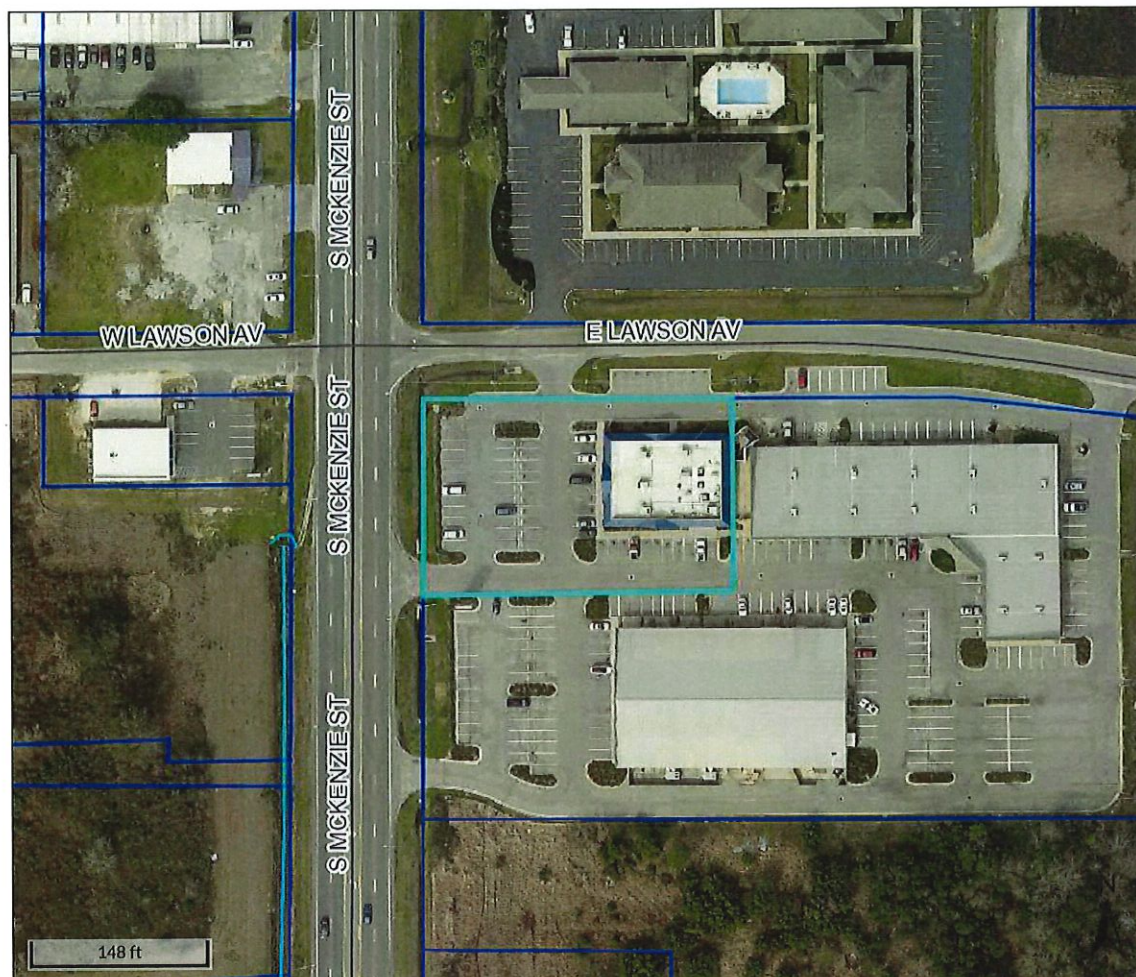
Received in District Office:

Reviewed by Supervisor:

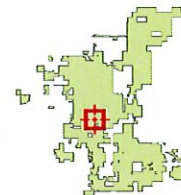
Forwarded to Central Office:



Cactus Cantina



Overview



Legend

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

PIN - 28758
Par Num - 023.002
Acreage - 0.884
Subdivision - CRTRESUB
Lot - 1
Street Name - MCKENZIE ST
Street Number - 1605
Improvement - LITE,REST,PAVI,PAVE,PAVE,PAVI,WALL

Name - MOEINI CORPORATION
Address1 - 1765 EAST NINE MILE RD
Address2 - SUITE 1 UNIT 112
Address3 -
City - PENSACOLA
State - FL
Zip - 32514

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