

STATE OF ALABAMA ALCOHOLIC BEVERAGE CONTROL BOARD



ALCOHOL LICENSE APPLICATION Confirmation Number: 20170327160939767

Type License: 050 - RETAIL BEER (6	OFF PREMISES ONLY) State: \$150.00	County: \$50.00
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Type License: 070 - RETAIL TABLE WINE (OFF PREMISES ONLY) State: \$150.00 County: \$75.00

Trade Name: FREDS STORE 2088 Filing Fee: \$100.00

Transfer Fee: Applicant: FREDS STORES OF TENNESSEE INC

Location Address: 1200 N MCKENZIE STREET FOLEY, AL 36535

Mailing Address: 4300 NEW GETWELL ROAD MEMPHIS, TN 38118

County: BALDWIN Tobacco sales: YES **Tobacco Vending Machines: 0**

Type Ownership: CORPORATION

Book, Page, or Document info: 897 704

Date Incorporated: 04/01/1973 State incorporated: TN County Incorporated: SHELBY

Date of Authority: 11/30/1992 Alabama State Sales Tax ID: 680007951

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

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İ	<u> </u>		VICE PRESIDENT	<u>-</u> -	-

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:

Business Phone:

Fax:

Home Phone:

Cell Phone:

E-mail:

PREVIOUS LICENSE INFORMATION:

Trade Name:

Applicant:

Previous License Numbertar

License 1:

License 2:



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

Name of Property owner/lessor and phone number: FIRST CHOICE PROPERTY AND DEVELOPMENT LLC 706-737-3138

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? 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? NO

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

Building Dimensions Square Footage: 16000

Display Square Footage:

Building seating capacity: 0

Does Licensed premises include a patio area? NO

License Structure: SINGLE STRUCTURE License covers: BOTTOM FLOOR

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 eacl	n	Signature	page		
	In reference to law vio	lations, I attest to the truthfulness of	the responses given within the application.		
	In reference to the Lea	ase/property ownership, I attest to th	e truthfulness of the responses given within		
	the application.				
	In reference to ACT N	o. 80-529, I understand that if my ap	plication is denied or discontinued, I will not be		
	-	required by this application.			
N/A	In reference to Specia	l Retail or Special Events retail licen	se, I agree to comply with all applicable laws and		
	regulations concerning within the application.	g this class of license, and to observe	e the special terms and conditions as indicated		
N/A	In reference to the Cluwithin the application.	b Application information, I attest to	the truthfulness of the responses given		
N/A		esfer of license/location, I attest to th	e truthfulness of the information listed on the		
1	attached transfer agre	ement.			
		-	01(4), any social security number disclosed		
			stigation or verification by the ABC Board		
	and shall not be a mat	·			
		•	olled for, to comply at all times with and to fully		
	•		age Control Act, as appears in Code of Alabama,		
		f the State of Alabama relative to the			
	•	•	further agrees to obey all rules and regulations		
		'=	is received in this State. The undersigned, wand hereby invites duly authorized agents of		
			ulty commissioned law enforcement officer of		
			ises are located to enter and search without		
			occupied by him or her in connection with		
		• • •	ands that he or she violate any provisions of the		
			revocation and no license can be again issued		
			further understands and agrees that no changes		
	•		ce of any services or facilities as described in this		
	• •	• •	roper governing body and the Alabama		
	Alcoholic Beverage Co		and all statements therein and facts set forth are true		
	•	firm that I have read the application and all statements therein and facts set forth are t the applicant is the only person interested in the business for which the license			
	is required.	to applicant to allo only pordon intorc	ded at the badisted for trises the seconds		
Applicant N					
Signature o	f Applicant:				
Notary Nam	ne (print):				
Notary Sign	ature:		Commission expires:		
Application	Taken:	App. Inv. Completed:	Forwarded to District Office:		
	o Local Governme	~ ~	Received from Local Government:		
	District Office:	Reviewed by Superviso			

Receipt Confirmation Page

Receipt Confirmation Number: 20170327160939767 Application Payment Confirmation Number: 29036424

	Payment S	iummary	
Payment Item			Fee
Application Fee for I	icense 050 and Lice	nse 070	\$100.00
		Fotal Amount to be Charged	\$100,00

License Payment Confirmation Number:

Payment Sum	mary		
Payment Item	County Fee	State Fee	Total Fee
050 - RETAIL BEER (OFF PREMISES ONLY)	\$50.00	\$150.00	\$200.00
070 - RETAIL TABLE WINE (OFF PREMISES ONLY)	\$75.00	\$150.00	\$225.00
Total Amount to be Charged	\$125.00	\$300.00	\$425 00

Application Type

Application Type: APPLICATION

Applicant Information

License Type 1: 050 - RETAIL BEER (OFF PREMISES ONLY)

License Type 2: 070 - RETAIL TABLE WINE (OFF PREMISES ONLY)

License County: BALDWIN

Business Type: CORPORATION

Trade Name: FREDS STORE 2088

Applicant Name: FREDS STORES OF TENNESSEE INC

Location Address: 1200 N MCKENZIE STREET

FOLEY, AL 36535

Mailing Address: /

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Contact Person:

Contact Home Phone: '

Contact Business Phone

Contact Fax:

Contact Cell Phone:

Contact Email Address:

Contact Web Address: