



STATE OF ALABAMA
ALCOHOLIC BEVERAGE CONTROL BOARD

ALCOHOL LICENSE APPLICATION

Confirmation Number: 20210311104102776



Type License: 011 - LOUNGE RETAIL LIQUOR - CLASS II (PACKAGE) **State:** \$300.00 **County:** \$440.00

Type License:

State: **County:**

Trade Name: FOLEY LIQUOR

Filing Fee: \$50.00

Applicant: SHREE HARI/21 INC

Transfer Fee:

Location Address: 3814 S MCKENZIE ST FOLEY, AL 36535

Mailing Address: 3810 S MCKENZIE ST FOLEY, AL 36535

County: BALDWIN **Tobacco sales:** YES

Tobacco Vending Machines: 0

Product Type: 03

Type Ownership: CORPORATION

Book, Page, or Document info: 834-246 D/C

Do you sell Draft Beer?:

Date Incorporated: 2/8/2021 **State incorporated:** AL

County Incorporated: BALDWIN

Date of Authority: 2/8/2021

Federal Tax ID: 86-1978315

Alabama State Sales Tax ID: R010898057

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

SUSHILABEN RAMESHCHANDRA PATEL	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: SUSHILABEN PATEL

Home Phone: 301-266-6217

Business Phone: 301-266-6217

Cell Phone:

Fax:

E-mail: FOLEYLIQUOR@GMAIL.COM

PREVIOUS LICENSE INFORMATION:

Previous License Number(s)

Trade Name:

License 1:

Applicant:

License 2:

Sushila R. Patel



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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: SHRIJI 2019 LLC 301-266-2865
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? NO
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? YES
Building Dimensions Square Footage: 600 Display Square Footage: 585
Building seating capacity: 0 Does Licensed premises include a patio area? NO
License Structure: SINGLE STRUCTURE License covers: ENTIRE STRUCTURE
Number of licenses in the vicinity: Nearest:
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:

Sushila R. P. P. P.



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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.

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): **SUSHILA BEN RAMESHCHANDRA PATEL**

Signature of Applicant: _____

Notary Name (print): **Lauren Norris**

Notary Signature: _____

Commission expires: **July 31, 2024**

Application Taken:

App. Inv. Completed:

Forwarded to District Office:

Submitted to Local Government:

Received from Local Government:

Received in District Office:

Reviewed by Supervisor:

Forwarded to Central Office:

Sushila R. Patel



Receipt Confirmation Page

Receipt Confirmation Number: **20210311104102776**

Application Payment Confirmation Number: **72461256**

Payment Summary	
Payment Item	Fee
Application Fee for License 011	\$50.00
Total Amount to be Charged	\$50.00

License Payment Confirmation Number:

Payment Summary			
Payment Item	County Fee	State Fee	Total Fee
011 - LOUNGE RETAIL LIQUOR - CLASS II (PACKAGE)	\$440.00	\$300.00	\$740.00
			\$0.00
Total Amount to be Charged	\$440.00	\$300.00	\$740.00

Application Type

Application Type: APPLICATION

Applicant Information

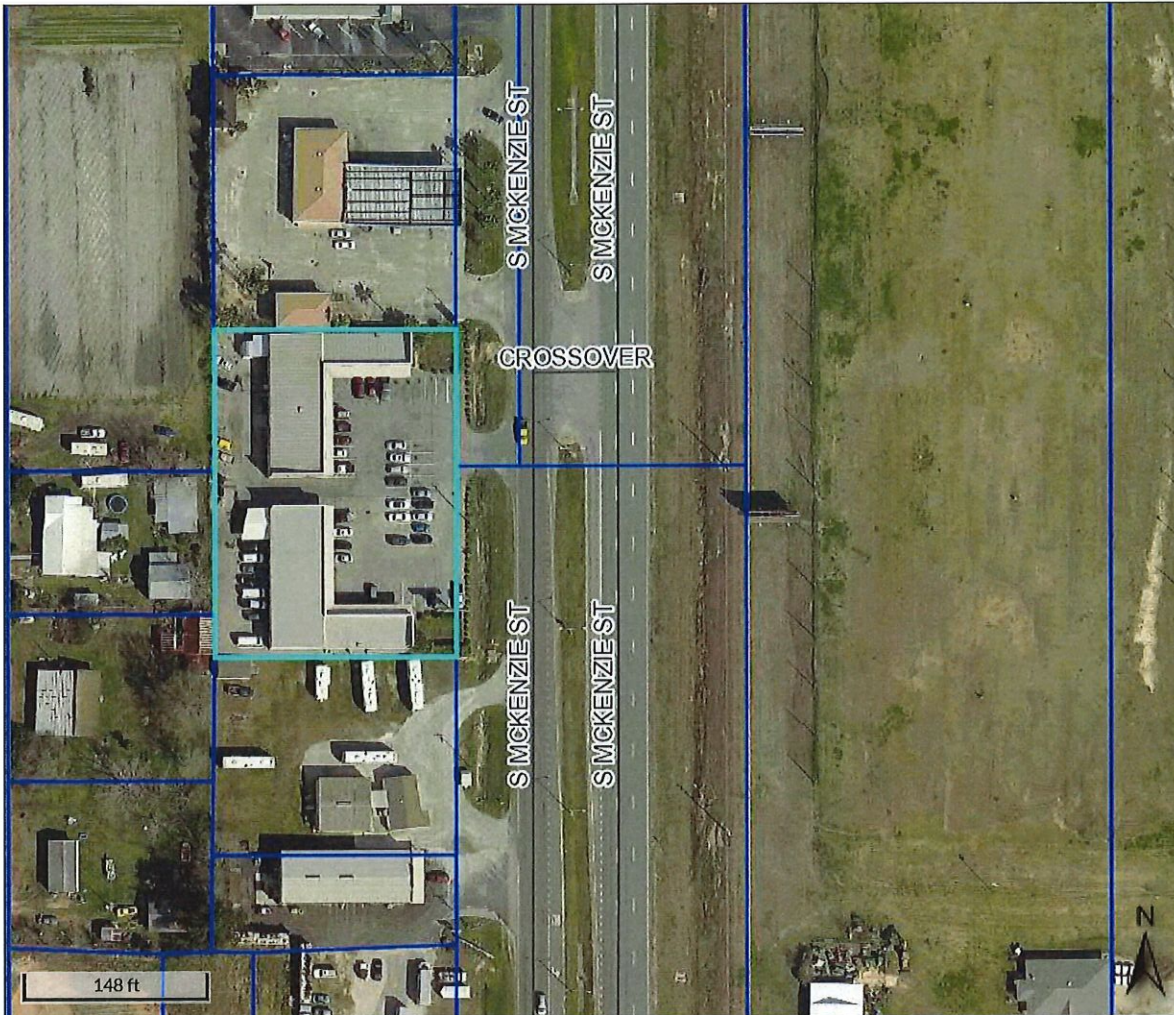
License Type 1: 011 - LOUNGE RETAIL LIQUOR - CLASS II (PACKAGE)
License Type 2:
License County: BALDWIN
Business Type: CORPORATION
Trade Name: **FOLEY LIQUOR**
Applicant Name: **SHREE HARI 21 INC**
Location Address: 3814 S MCKENZIE ST
FOLEY, AL 36535

Mailing Address: 3810 S MCKENZIE ST
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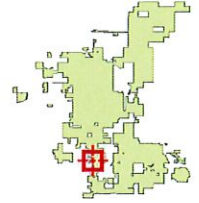
Contact Person: SUSHILABEN PATEL
Contact Home Phone: 301-266-6217
Contact Business Phone: 301-266-6217
Contact Fax:
Contact Cell Phone:
Contact Email Address:
Contact Web Address:

Sushila R. Patel

Foley Liquor



Overview



Legend

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

PIN - 66274
Par Num - 033.000
Acreage - 1.079
Subdivision -
Lot -
Street Name - ST HWY 59
Street Number - 3820
Improvement - INC

Name - GOINS, DANIEL W ETAL GOINS, DEBRA L
Address1 - 32355 RIVER RD
Address2 -
Address3 -
City - ORANGE BEACH
State - AL
Zip - 36561

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