



STATE OF ALABAMA
ALCOHOLIC BEVERAGE CONTROL BOARD
ALCOHOL LICENSE APPLICATION



Confirmation Number: 20230706141606170

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

Type License:

State: County:

Trade Name: M AND R CARIBBEAN SPICE

Filing Fee: \$50.00

Applicant: M AND R CARIBBEAN SPICE LLC

Transfer Fee:

Location Address: 1000 N MCKENZIE ST FOLEY, AL 36535

Mailing Address: 1000 N MCKENZIE ST FOLEY, AL 36535

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

Product Type: 03

Type Ownership: LLC

Book, Page, or Document info: 001-036-533 DLL

Do you sell Draft Beer?:

Date Incorporated: 8/24/2022 State incorporated: AL County Incorporated:

Date of Authority:

Federal Tax ID: 88-3875331

Alabama State Sales Tax ID: R011540804

Name:	Title:	Date and Place of Birth:	Residence Address:
MARLON EUGENE MARTELL	OWNER		

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: MARLON MARTELL

Home Phone: 850-901-1968

Business Phone: 850-901-1968

Cell Phone:

Fax:

E-mail: KMARLON5555@GMAIL.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: SCOTT CRIMMINS 251-233-1149

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: 1000

Display Square Footage:

Building seating capacity: 1800

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:

Nearest church:

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

cm

In reference to law violations, I attest to the truthfulness of the responses given within the application.

ck

In reference to the Lease/property ownership, I attest to the truthfulness of the responses given within the application.

cm

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.

X

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.

X

In reference to the Club Application information, I attest to the truthfulness of the responses given within the application.

X

In reference to the transfer of license/location, I attest to the truthfulness of the information listed on the attached transfer agreement.

mm

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.

mm

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.

mm

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): MARLOW MARTELL

Signature of Applicant: *cm*

Notary Name (print): April W. Jones

Notary Signature: *April W. Jones*

Commission expires: 4/12/2026

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:

Receipt Confirmation Page

Receipt Confirmation Number: **20230706141606170**
 Application Payment Confirmation Number: 93004960

Payment Summary	
Payment Item	Fee
Application Fee for License 070	\$50.00
Total Amount to be Charged	\$50.00

License Payment Confirmation Number:

Payment Summary			
Payment Item	County Fee	State Fee	Total Fee
070 - RETAIL TABLE WINE (OFF PREMISES ONLY)	\$75.00	\$150.00	\$225.00
			\$0.00
Total Amount to be Charged	\$75.00	\$150.00	\$225.00

Application Type

Application Type: APPLICATION

Applicant Information

License Type 1: 070 - RETAIL TABLE WINE (OFF PREMISES ONLY)

License Type 2:

License County: BALDWIN

Business Type: LLC

Trade Name: **M AND R CARIBBEAN SPICE**

Applicant Name: **M AND R CARIBBEAN SPICE LLC**

Location Address: 1000 N MCKENZIE ST
 GULF SHORES, AL 36535

Mailing Address: 1000 N MCKENZIE ST
 GULF SHORES, AL 36535

Contact Person: MARLON MARTELL

Contact Home Phone: 850-901-1968

Contact Business Phone: 850-901-1968

Contact Fax:

Contact Cell Phone:

Contact Email Address:

Contact Web Address:



Baldwin County Parcel Viewer

1000 N McKenzie St, Foley, AL X



Navigation Tools



Zoom In



Zoom Out



Pan

Layers

- ☒ Baldwin County Data
- ☐ Baldwin County Contours
- ☐ Baldwin County Imagery 2023

Legend

Find Address

Search

By Attribute

By Shape

Select A Layer:

Parcels

Owner Name: (at least 3 chars)

Enter the name Smith, John

Parcel Number: (at least 3 chars)

05-23-02-09-4-401-004.000

PIN (Parcel Identification Number): (at least 1 chars)

1234

Search

Street View

