



**STATE OF ALABAMA  
ALCOHOLIC BEVERAGE CONTROL BOARD  
ALCOHOL LICENSE APPLICATION**



**Confirmation Number: 20240429141306382**

Type License: 050 - RETAIL BEER (OFF PREMISES ONLY) State: \$150.00 County: \$75.00

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

Trade Name: **CEFCO 439**

Filing Fee: \$100.00

Applicant: **CEFCO A PARTNERSHIP**

Transfer Fee:

Location Address: 1216 N MCKENZIE ST FOLEY, AL 36535

Mailing Address: PO BOX 1287 TEMPLE, TX 76503

County: BALDWIN Tobacco sales: YES

Tobacco Vending Machines: 0

Product Type: 03

Type Ownership: PARTNERSHIP

Book, Page, or Document info:

Do you sell Draft Beer?:

Date Incorporated:

State incorporated:

County Incorporated:

Date of Authority:

Federal Tax ID: 74-2228792

Alabama State Sales Tax ID: R006162867

Name:

Title:

Date and Place of Birth:

Residence Address:

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

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: JANDIANNE CHAMBERLIN

Home Phone: 813-273-5029

Business Phone: 813-273-5029

Cell Phone:

Fax: 813-273-5145

E-mail: JANDIANNE.CHAMBERLIN@GRAY-ROBINSON.COM

PREVIOUS LICENSE INFORMATION:

Previous License Number(s)

Trade Name:

License 1:

Applicant:

License 2:



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**ALCOHOLIC BEVERAGE CONTROL BOARD**  
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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: **FIKES WHOLESale INC 800-650-6679**  
 What is lessors primary business? **MULTI-BRANDED PETROLEUM PRODUCTS MARKETER**  
 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? **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: **5974** Display Square Footage:  
 Building seating capacity: **16** 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)? **NO**

Name:	Violation & Date:	Arresting Agency:	Disposition:



# STATE OF ALABAMA

## ALCOHOLIC BEVERAGE CONTROL BOARD

### ALCOHOL LICENSE APPLICATION



**Confirmation Number: 20240429141306382**

**Initial each**

**Signature page**

RWS  
 RWS

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.

RWS

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.

NA

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.

NA

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

NA

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

RWS

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.

RWS

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.

RWS

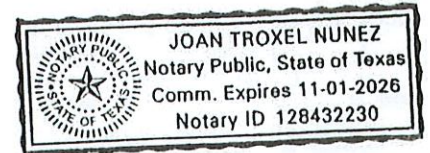
I hereby swear and affirm that I have read the application and all statements therein and facts set forth are true and correct, and that the applicant is the only person interested in the business for which the license is required.

Applicant Name (print): CEFCO A PARTNERSHIP

Signature of Applicant: *Raymond W. Smith*  
RAYMOND W. SMITH, PRESIDENT

Notary Name (print): JOAN TROXEL NUNEZ

Notary Signature: *Joan Troxel Nunez*



Commission expires: 11-01-2026

Application Taken: \_\_\_\_\_ App. Inv. Completed: \_\_\_\_\_  
Submitted to Local Government: \_\_\_\_\_  
Received in District Office: \_\_\_\_\_ Reviewed by Supervisor: \_\_\_\_\_

Forwarded to District Office: \_\_\_\_\_  
Received from Local Government: \_\_\_\_\_  
Forwarded to Central Office: \_\_\_\_\_



**STATE OF ALABAMA  
ALCOHOLIC BEVERAGE CONTROL BOARD  
ALCOHOL LICENSE APPLICATION**



**Confirmation Number: 20240429141306382**

**Private Clubs / Special Retail / Special Events / Wine Festival or Wine Festival  
Participants 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?

Agent's Initials:

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:

**Wine Festival / Wine Festival Participant licenses (5 Days or Less)**

Starting Date:                      Ending Date:

Special terms and conditions for special event/special retail:

**Other Explanations**

Is the lessor involved in any way with the alcohol beverage business?: MR RAYMOND SMITH SIGNED FOR LESSOR AND LESSEE

Is ther any further interest in, or connection with, the licensee's business by the lessor?: MR RAYMOND SMITH SIGNED FOR LESSOR AND LESSEE

Receipt Confirmation Page

Receipt Confirmation Number: **20240429141306382**  
Application Payment Confirmation Number: **99690270**

Payment Summary	
Payment Item	Fee
Application Fee for License 050 and License 070	\$100.00
Total Amount to be Charged	\$100.00

License Payment Confirmation Number:

Payment Summary			
Payment Item	County Fee	State Fee	Total Fee
050 - RETAIL BEER (OFF PREMISES ONLY)	\$75.00	\$150.00	\$225.00
070 - RETAIL TABLE WINE (OFF PREMISES ONLY)	\$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: 050 - RETAIL BEER (OFF PREMISES ONLY)  
License Type 2: 070 - RETAIL TABLE WINE (OFF PREMISES ONLY)  
License County: BALDWIN  
Business Type: PARTNERSHIP  
Trade Name: **CEFCO 439**  
Applicant Name: **CEFCO A PARTNERSHIP**  
Location Address: 1216 N MCKENZIE ST  
FOLEY, AL 36535  
  
Mailing Address: PO BOX 1287  
TEMPLE, TX 76503  
  
Contact Person: JANDIANNE CHAMBERLIN  
Contact Home Phone: 813-273-5029  
Contact Business Phone: 813-273-5029  
Contact Fax: 813-273-5145  
Contact Cell Phone:  
Contact Email Address:  
Contact Web Address:  
Contact Relationship to Applicant: POA

# LEASE AGREEMENT

## ARTICLE I: BASIC TERMS

**Effective Date:** April 1, 2024

**Landlord:** FIKES WHOLESALE, INC., a Texas corporation

**Landlord's Mailing Address:** P.O. Box 1287  
Temple, Texas 76503

**Tenant:** CEFECO, a Texas general partnership CEFECO A PARTNERSHIP

**Tenant's Mailing Address:** 6261 Central Pointe Parkway  
Temple, Texas 76504

**Premises:** The Premises are that certain real property at 1216 N. McKenzie Street Foley, Baldwin County, Alabama 36535. More particularly Described in EXHIBIT A attached hereto and made a part hereof, and include all improvements located or to be constructed on such real property and all appurtenances thereto.

**Base Rent:** None.

**Term:** Ten years beginning on the Commencement Date, subject to being extended pursuant to the three, ten-year renewal options set forth in this Lease.

**Commencement Date:** The date upon which the improvements have been substantially completed and the Certificate of Occupancy for the Premises has been issued by the appropriate authorities.

**Termination Date:** The last day of the month ten years following the Commencement Date, unless extended as provided in this Lease.

**Security Deposit:** None.

## ARTICLE II: LEASING, RENT, TERM, USE, PROPERTY CONDITION

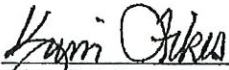
**2.01. LEASING OF PREMISES.** Landlord hereby leases the Premises to Tenant and Tenant hereby leases the Premises from Landlord under the terms and provisions of this Lease Agreement (the "Lease"). Landlord shall deliver possession of the Premises to Tenant on or before the Commencement Date.

**2.02. RENT PAYMENTS.** Tenant shall pay to Landlord the additional rent described in Section 2.03 below, commencing on the Commencement Date and payable at Landlord's Mailing Address set forth above. Partial months shall be prorated. The additional rent described in this Lease and any reimbursements to be paid by Tenant under this Lease are collectively referred to in this Lease as the "rent". If any rent payment or other sum due by Tenant to Landlord is received by Landlord later than the tenth (10th) day of each calendar month, Tenant shall also promptly pay to Landlord a late charge equal to the lesser of (a) 5% of such rent payment or other sum, or (b) the maximum late charge allowed by applicable law. Late charges shall be considered liquidated damages for Landlord's time, inconvenience, and administrative and overhead costs (except for attorneys' fees

**EXECUTED** to be effective as of, although not necessarily on, the Effective Date set forth above.

**LANDLORD**

**FIKES WHOLESALE, INC., a Texas corporation**

By:   
Kim C. Fikes, CAO


**TENANT**

**CEFCO, a Texas general partnership**    **CEFCO A PARTNERSHIP**


By: Fikes Investors, Inc., a Texas corporation, a  
General Partner

By:   
Raymond W. Smith, President

By: Fikes Investors, Inc. No. 2, a Texas corporation, a  
General Partner

By:   
Raymond W. Smith, President

By: Fikes Investors Inc. No. 3, a Texas corporation, a  
General Partner

By:   
Raymond W. Smith, President

21. Does the applicant own the property? Yes  No

22. Name of Property Owner/Lessor: Fikes Wholesale, Inc.

23. Property Owner/Lessor Phone Number: 254-791-0009

24. What is lessor's primary business? Multi-Tier Branded Petroleum Products

25. Is lessor involved in any way with the alcoholic beverage business? Yes  No   
If yes, please explain in detail: MR. RAYMOND SMITH SIGNED FOR LESSOR AND LESSEE

26. Is there any further interest, or connection with the licensee's business by the lessor? Yes  No   
If yes, please explain in detail: MR RAYMOND SIGNED FOR LESSOR AND LESSEE LESSEE

27. Will you be: Selling Retail  Manufacturing/Importing  Selling Wholesale

28. Which of the following do you plan to sell? Wine  Beer  Spirits  Tobacco Products and/or Alternative Nicotine Products/Electronic Nicotine Delivery Systems

29. If you selected "Tobacco Products and/or Alternative Nicotine Products/Electronic Nicotine Delivery Systems" above, which product type(s) do you plan to sell:

(1) Tobacco Products  (2) Alternative Nicotine Products and/or Electronic Nicotine Delivery Systems  or (3) All of the above

30. If you plan to sell Alternative Nicotine Products and/or Electronic Nicotine Delivery Systems, is your location **more than 1,000 ft from the following**: A public or private K-12 school; A licensed child-care facility or preschool; A church; A public library; A public playground; A public park; A youth center or other space used primarily for youth-oriented activities? Yes  No   
If no, please explain in detail: \_\_\_\_\_

31. Will you sell: On-Premises  Off-Premises  On and Off-Premises

32. Will the business be operated primarily as a package store? Yes  No

33. Display square footage: 3415 35. Building dimensions square footage: 5974

36. License Structure: Single Structure  Shopping Center  Single Level  Multiple Levels

37. License Covers: Entire Structure  Top Floor  Bottom Floor  or Other:  
If other, please explain in detail: \_\_\_\_\_

38. Is the physical structure of your business completed (pertaining to remodeling, new structures, etc.)? Yes  No   
If no, please explain in detail: \_\_\_\_\_

39. Has applicant complied with Financial Responsibility ABC Rules and Regulations 20-X-5-.14 regarding Liquor Liability? Yes  No  Liquor Liability Expiration Date: \_\_\_\_\_

40. How will you be funding the business? (i.e. loan, individual, business, other?): Funding is derived from the proceeds of other locations

41. Does ABC have any pending actions against you or any member of the applying entity? Yes  No   
If yes, please explain in detail: \_\_\_\_\_

42. If a transfer, does ABC have any pending violations against the current licensee? Yes  No   
If yes, please explain in detail: \_\_\_\_\_