Foley

City of Foley, AL

407 E. Laurel Avenue Foley, AL 36535

Signature Copy

Resolution: 16-1342-RES

File Number: 16-0750 Enactment Number: 16-1342-RES

A resolution to approve or deny business license application

WHEREAS, during the regular scheduled Council meeting of December 5, 2016, Council adopted Resolution 16-1330 A Resolution to approve the revocation of a business license under Adam Bond for B&R Tires Automotive, and

WHEREAS, the revocation of the business license was the result of Adam Bond, Amanda Bond and other employees being arrested for drug trafficking out of the business, and

WHEREAS, on December 8, 2016, the City of Foley received a Business License Application for B&R Tires Automotive from Amanda Bond, who was also arrested for drug trafficking out of the business.

NOW THEREFORE BE IT RESOLVED that the City Council of the City of Foley, Alabama, as follows:

SECTION 1: Denies the Business License Application filed by Amanda Bond for B&R Tires Automotive.

SECTION 2: This Resolution shall become effective immediately upon its adoption as required by law.

PASSED, APPROVED AND ADOPTED this 19th day of December, 2016.

Phesident's Signature

Date

12-212016

Attest by City Clerk

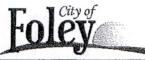
Date

2-21-2016

Mayor's Signature

Date

12/22/15



CITY OF FOLEY, ALABAMA BUSINESS APPLICATION (CONFIDENTIAL)

The City Does Impose the Business License Tax In its Police Jurisdiction

				- Th Gt. 140-71
Complete and Mail or Fax To:		,		plete This Box
CITY OF FOLEY			FED ID #_ ST of ALA TAX #	
PO BOX 1750			The state of the s	RSHIP (Check One)
FOLEY, AL 36536			Sole Prop.	
(251) 943-1545 Fax (251) 952-4014			Corp	Prof Assoc
Please Print or Type SEE REVERSE SIDE	FOR INSTRUCT	TIONS AND FUE		ION
Application Type: New Owner Change Name Change Location Change				
Legal Business Name: Barnol R	Tires A	itomotive		
- 1 N				
Business Activities: (Brief description - Retain New Tires Useal T	fires sales	Automot		
Physical Address: 1021 No Hi	cloyst	Foley	(STATE)	(ZIP CODE)
Mailing Address: (STREET)		(CITY)	(STATE)	(ZIP CODE)
Telephone: (Business)	(Fax)	(0)	(Home Phone)	
Name & Phone # for Contact Person:	monda 1	Par ron Boa	-1	
Email Address for Contact:	MI PULLE	Carrison		
List Following for Owner(s), Partners, or O	Hicere Wtach ear	arate cheet if nece	accand	
Name Rowson Bond			publicly traded co.)	Title Owner
7		_	*	
· · · · · · · · · · · · · · · · · · ·				
Date Business Activity Initiated or Pro	peoplis Folory	12-8-11.	# of Employ	2
Anticipated Gross Revenue in Foley th				700 00
his application has been examined by me a	nd is, to the best of	my knowledge, a tr	rue and complete repre	sentation of the above
named entity, and person(s) listed. I understa		may be revoked for	1/	
Date 12-8-16 Signature &	marders of	wor Lox	K Title OLY	NUL
THIS AREA FOR MUNICIPAL USE ONLY				
Account ID # Amount Pa	id\$	Received By		Date
PHYSICAL LOCATION: 🔲 CITY 📉 🗀 F				
Pre-approval Form Complete: YES				PONTE CONTRACTOR OF THE CONTRA
Tax Types:				
Business Type: ☐ Retail ☐ Wholesale ☐	Building Contract			
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