



ALCOHOL LICENSE APPLICATION Confirmation Number: 20170831093122455

Type License: 020	RESTAURANT RETAIL LIQUOR	
T VDC LICCHSC, UZU ~	RESTAURANT RETAIL TRUUR	

State: \$300.00 County: \$400.00

Type License:

State:

County:

Trade Name: SASSY BASS CRAZY DONUTS

Filing Fee: \$50.00

Applicant: C D DEVELOPMENT GROUP LLC

Transfer Fee:

Location Address: 101 J SOUTH BOULEVARD

FOLEY, AL 36535

Mailing Address:

County: BALDWIN Tobacco sales: NO

Tobacco Vending Machines:

Type Ownership: LLC

Book, Page, or Document info: INST 1641006

Date Incorporated: 06/27/2017 State incorporated: AL

County Incorporated: BALDWIN

Date of Authority: 06/27/2017

Alabama State Sales Tax ID: 0000000

Federal Tax ID: 82-2071512

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

Has applicant complied with financial responsibility ABC RR 20-X-5-.14? NO

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:

Home Phone: Cell Phone:

Business Phone:

E-mail:

Fax:

PREVIOUS LICENSE INFORMATION:

License 1:

Previous License Number(s)

Trade Name: Applicant:

License 2:





ALCOHOL LICENSE APPLICATION
Confirmation Number: 20170831093122455

If applicant is leasing the property, is a copy of the lease agreement attached? YES Name of Property owner/lessor and phone number: FOLEY HOLDINGS LLC 251-923-2111 What is lessors primary business? RETAIL DEVELOPMENT 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? YES
Is the business used to habitually and principally provide food to the public? YES
Does the establishment have restroom facilities? YES
Is the premise equipped with services and facilities for on premises consumption of alcoholic beverages? YES

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

Building Dimensions Square Footage: 1784

Display Square Footage:

Building seating capacity: 40

Does Licensed premises include a patio area? YES

License Structure: TWO STORY Location is within: CITY LIMITS

License covers: OTHER 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:
	-		
	·		
		,	
		·	·
		1	•





Agent's Initials:

ALCOHOL LICENSE APPLICATION Confirmation Number: 20170831093122455

Private Clubs / Special Retail / or Special Events 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?

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:

Other Explanations

License Covers: SPACE 101 - J





ALCOHOL LICENSE APPLICATION Confirmation Number: 20170831093122455

Initial each	L	Signature	page
MS	In reference to law viol	ations, I attest to the truthfulness o	of the responses given within the application.
MI	In reference to the Lea	se/property ownership, I attest to	he truthfulness of the responses given within
	the application.		1
mt	In reference to ACT No	o. 80-529, I understand that if my a	pplication is denied or discontinued, I will not be
	refunded the filing fee	equired by this application.	
11	In reference to Special	Retail or Special Events retail lice	nse, I agree to comply with all applicable laws and
		this class of license, and to obser	ve the special terms and conditions as indicated
	within the application.		
	- 7	o Application information, I attest t	o the truthfulness of the responses given
mach	within the application.		
			the truthfulness of the information listed on the
	attached transfer agree		
m /		· •	01(4), any social security number disclosed
	_		estigation or verification by the ABC Board
	_and shall not be a mati	•	N 45 4 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			pplied for, to comply at all times with and to fully
	•		rage Control Act, as appears in Code of Alabama,
	*		he handling of alcoholic beverages.
	. ,	•	, further agrees to obey all rules and regulations
	, , ,		pes received in this State. The undersigned, ow and hereby invites duly authorized agents of
		• • •	duly commissioned law enforcement officer of
		- ·	mises are located to enter and search without
	· · · · · · · · · · · · · · · · · · ·		occupied by him or her in connection with
		•	tands that he or she violate any provisions of the
	•	-	revocation and no license can be again issued
			d further understands and agrees that no changes
	•	· · · · · · · · · · · · · · · · · · ·	ince of any services or facilities as described in this
	application will be allow	ed without written approval of the	proper governing body and the Alabama
	Alcoholic Beverage Co	ntrol Board.	•
M	I hereby swear and affi	rm that I have read the application	and all statements therein and facts set forth are true
	and correct, and that th	e applicant is the only person inte	rested in the business for which the license
	is required.	-	
Applicant N	ame (print):	1	·
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 Supervis	

Receipt Confirmation Page

Receipt Confirmation Number: 20170831093122455

Application Payment Confirmation Number: 31317390

Payment Summary	
Payment Item	Fee
Application Fee for License 020	\$50,00
Total Amount to be Charged	CONTRACTOR SERVICE CONTRACTOR OF THE CONTRACTOR

License Payment Confirmation Number:

Payment Summary				
Payment Item	County Fee	State Fee	Total Fee	
020 - RESTAURANT RETAIL LIQUOR	\$400.00	\$300.00	\$700,00	
			\$0,00	
/Total Amount to be Charged	\$400.00	\$300.00	\$700.00	

Application Type

Application Type: APPLICATION

Applicant Information

License Type 1: 020 - RESTAURANT RETAIL LIQUOR

License Type 2:

License County: BALDWIN Business Type: LLC

Trade Name: SASSY BASS CRAZY DONUTS
Applicant Name: C D DEVELOPMENT GROUP LLC

Location Address: 101.J SOUTH BOULEVARD

FOLEY, AL 36535

Mailing Address:

Contact Person:

Contact Home Phone:

Contact Business Phone:

Contact Fax:

Contact Cell Phone:

Contact Email Address:

Contact Web Address: