STATE OF ALABAMA
ALCOHOLIC BEVERAGE CONTROL BOARD
ALCOHOL LICENSE APPLICATION
Confirmation Number: 20160307140723858

Type License: 240 - NON-PROFIT TAX EXEMPT **State:** $0.00 **County:** $0.00

Type License: **State:** **County:**

Trade Name: COMMUNITY HOSPICE HARVEST OF HOPE **Filing Fee:** $0.00

Applicant: COMMUNITY SENIOR LIFE INC **Transfer Fee:**

Location Address: 119 N MCKENZIE STREET FOLEY, AL 36535

Mailing Address: 1450 N MCKENZIE ST FOLEY, AL 36535

County: BALDWIN **Tobacco sales:** NO **Tobacco Vending Machines:**

Type Ownership: CORPORATION

Book, Page, or Document info: BOOK 41 PAGE 516

Date Incorporated: 05/22/1989 **State incorporated:** AL **County Incorporated:**

Date of Authority: 05/22/1989 **Alabama State Sales Tax ID:** TAX EXEMPT

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:
Business Phone:
Fax:

Home Phone:
Cell Phone:
E-mail:

PREVIOUS LICENSE INFORMATION:
Trade Name:
Applicant:

Previous License Number(s)
License 1:
License 2:

STATE OF ALABAMA
ALCOHOLIC BEVERAGE CONTROL BOARD
ALCOHOL LICENSE APPLICATION
Confirmation Number: 20160307140723858

If applicant is leasing the property, is a copy of the lease agreement attached? YES
Name of Property owner/lessor and phone number: THE HOTEL MAGNOLIA 251-952-5005
What is lessors primary business? LODGING
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? 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: 1200 Display Square Footage:
Building seating capacity: 375 Does Licensed premises include a patio area? NO
License Structure: TWO STORY License covers: TOP FLOOR
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:

STATE OF ALABAMA
ALCOHOLIC BEVERAGE CONTROL BOARD
ALCOHOL LICENSE APPLICATION
Confirmation Number: 20160307140723858

Signature page

Initial each	
LKS	In reference to law violations, I attest to the truthfulness of the responses given within the application.
LKS	In reference to the Lease/property ownership, I attest to the truthfulness of the responses given within the application.
LKS	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.
LKS	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.
LKS	In reference to the Club Application information, I attest to the truthfulness of the responses given within the application.
LKS	In reference to the transfer of license/location, I attest to the truthfulness of the information listed on the attached transfer agreement.
LKS	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.
LKS	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.
LKS	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):

Signature of Applicant:

Notary Name (print): Betty G. Dean

Notary Signature: Betty G. Dean Commission expires: 01/13/2019

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:**

STATE OF ALABAMA
ALCOHOLIC BEVERAGE CONTROL BOARD
ALCOHOL LICENSE APPLICATION
Confirmation Number: 20160307140723858

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? 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:

Other Explanations
What is the applicant(s) primary source of funding?: DONATIONS
Are there any special restrictions, instructions, and/or conditions for this license?: EVENT DATE APRIL 23, 2016. LICENSED AREA WILL BE BARRICADED TO CONTROL ENTRANCE/EXIT. BEER TO BE SERVED IN 12 OZ CANS AND WINE TO BE SERVED IN 8 OZ GLASSES. NO ALCOHOLIC BEVERAGES ARE ALLOWED TO LEAVE THE LICENSED PREMISE. THIS LICENSE IS NON-RENEWABLE.

Receipt Confirmation Page

Receipt Confirmation Number: **20160307140723858**

Application Payment Confirmation Number: 99999

Payment Summary	
Payment Item	**Fee**
Application Fee for License 240	$0.00
Total Amount to be Charged	$0.00

License Payment Confirmation Number: 99999

Payment Summary			
Payment Item	**County Fee**	**State Fee**	**Total Fee**
240 - NON-PROFIT TAX EXEMPT	$0.00	$0.00	$0.00
			$0.00
Total Amount to be Charged	$0.00	$0.00	$0.00

Application Type

Application Type: APPLICATION

Applicant Information

License Type 1: 240 - NON-PROFIT TAX EXEMPT
License Type 2:
License County: BALDWIN
Business Type: CORPORATION
Trade Name: **COMMUNITY HOSPICE HARVEST OF HOPE**
Applicant Name: **COMMUNITY SENIOR LIFE INC**
Location Address: 119 N MCKENZIE STREET
FOLEY, AL 36535

Mailing Address:

Contact Person:
Contact Home Phone:
Contact Business Phone:
Contact Fax:
Contact Cell Phone:
Contact Email Address:
Contact Web Address: