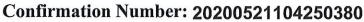


## **ALCOHOL LICENSE APPLICATION**





County: \$75.00
(

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

Trade Name: DOLLAR GENERAL STORE 20734 Filing Fee: \$100.00

Applicant: DOLGENCORP LLC **Transfer Fee:** 

Location Address: 12552 SPRINGSTEEN LANE FOLEY, AL 36535

Mailing Address: 100 MISSION RIDGE GOODLETTSVILLE, TN 37072

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

Type Ownership: LLC

Book, Page, or Document info: A 73 PG 173

Date Incorporated: 10/09/2008 State incorporated: KY County Incorporated: FRANKLIN

Date of Authority: 10/21/2008 Alabama State Sales Tax ID: R006106389

Federal Tax ID: 61-0852764

Name:	Title:	Date and Place of Birth:	Residence Address:	
STEVEN RAY DECKARD	MEMBER	7 - CIT -	•	
JASON SCOTT REISER	MEMBER			

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: REGINA Th	HOMAS
---------------------------	-------

**Business Phone:** 

Fax:

Home Phone:

**Cell Phone:** 

E-mail:

PREVIOUS LICENSE INFORMATION:

Trade Name: Applicant:

Previous License Number(s)

License 1: License 2:





ALCOHOL LICENSE APPLICATION
Confirmation Number: 20200521104250380

If applicant is leasing the property, is a copy of the lease agreement attached? YES Name of Property owner/lessor and phone number: THE BROADWAY GROUP LLC What is lessors primary business? PROPERTY MANAGEMENT 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: 9002

Display Square Footage:

Building seating capacity: 0

Does Licensed premises include a patio area? NO

License Structure: SINGLE STRUCTURE License covers: ENTIRE STRUCTURE

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:





## ALCOHOL LICENSE APPLICATION

Confirmation Number: 20200521104250380

### Initial each

## Signature page

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.

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.

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.

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

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



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.



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.

I hereby swear and affirm that I have read the application and all statements the religious 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):

Notary Signature:

Commission expires:

OF

TENNESSEE

**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:

### **Receipt Confirmation Page**

Receipt Confirmation Number: 20200521104250380
Application Payment Confirmation Number: 59387854

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: LLC

Trade Name: DOLLAR GENERAL STORE 20734

Applicant Name: DOLGENCORP LLC

Location Address: 12552 SPRINGSTEEN LANE

FOLEY, AL 36535

Mailing Address: 100 MISSION RIDGE

GOODLETTSVILLE, TN 37072

Contact Person: REGINA THOMAS

Contact Home Phone:

Contact Business Phone:

Contact Fax:

Contact Cell Phone:

Contact Email Address:

Contact Web Address:





TOBACCO AND ALTERNATIVE NICOTINE PRODUCTS PERMIT APPLICATION

Confirmation Number: 20200521100329398

Гуре License: 990 - TOBACCO ONLY	State: \$0.00 County: \$0.00
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Type License: State: County:

Trade Name: DOLLAR GENERAL STORE 20734 Filing Fee: \$0.00

Applicant: DOLGENCORP LLC Transfer Fee:

Location Address: 12552 SPRINGSTEEN LANE FOLEY, AL 36535

Mailing Address: 100 MISSION RIDGE GOODLETTSVILLE, TN 37072

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

Type Ownership: LLC

Book, Page, or Document info: A 73 PG 173

Date Incorporated: 10/09/2008 State incorporated: KY

County Incorporated: FRANKLIN

Date of Authority: 10/21/2008 Alabama State Sales Tax ID: R006106389

Federal Tax ID: 61-0852764

Name:	Title:	Date and Place of Birth:	Residence Address:
JASON SCOTT REISER	MEMBER		, , , , , , , , , , , , , , , , , , ,
STEVEN RAY DECKARD	MEMBER	)	

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: REGINA THOMAS	Home Phone:

Business Phone: Cell Phone: Fax: E-mail:

PREVIOUS LICENSE INFORMATION: Previous License Number(s)

PREVIOUS LICENSE INFORMATION: Previous License Number(s Trade Name: License 1: Applicant: License 2:





TOBACCO AND ALTERNATIVE NICOTINE PRODUCTS PERMIT APPLICATION

Confirmation Number: 20200521100329398

If applicant is leasing the property, is a copy of the lease agreement attached? YES Name of Property owner/lessor and phone number: THE BROADWAY GROUP LLC What is lessors primary business? PROPERTY MANAGEMENT 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: 9002

Display Square Footage:

Diamonition

Building seating capacity: 0

Does Licensed premises include a patio area? NO

License Structure: SINGLE STRUCTURE License covers: ENTIRE STRUCTURE

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:	Dishosinon:
	9		
14			
2		,	
,			
	,		



Initial each

## STATE OF ALABAMA

## ALCOHOLIC BEVERAGE CONTROL BOARD

## TOBACCO AND ALTERNATIVE NICOTINE

## PRODUCTS PERMIT APPLICATION

## **CONFIRMATION NUMBER:**

## Signature Page

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.

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

In accordance with Alabama Rules & Regulations 20-X-23-.01(a), 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.

The undersigned agree, if a permit 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 it appears in Code of Alabama, Title 28, and all laws of the State of Alabama relative to the handling of tobacco. The undersigned, if issued a permit as herein requested, further agrees to obey all rules and regulations promulgated by the board relative to all tobacco received in this State. The undersigned, if issued a permit as herein requested, also agrees to allow and hereby invites duly authorized agents of the State, County or Municipality in which the permitted premises are located to enter and search without a warrant the permitted premises or any building owned or occupied by him or her in connection with said permitted premises. The undersigned hereby understands that if he or she violates any provisions of the aforementioned laws his or her permit shall be subject to revocation and no permit can be again issued to said permittee for a period of one year. The undersigned further understands and agree(s) 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.

A

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 permit is required.

STATE

OF TENNESSEE

PUBLIC SON COUNT

Applicant Name (print):

Signature of Applicant:

Notary Name (print): /

Notary Signature:

Solon Expires Commission Expires:

**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: 20200521100329398

Application Payment Confirmation Number: 99999

Pay	ment Summary	
Payment Item		Fee
Application Fee for License 990		\$0.00
	Total Amount to be Charged	\$0.00

License Payment Confirmation Number: 99999

Payment Summary						
Payment Item County Fee State Fee						
990 - TOBACCO ONLY	\$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: 990 - TOBACCO ONLY

License Type 2:

License County: BALDWIN

Business Type: LLC

Trade Name: DOLLAR GENERAL STORE 20734

Applicant Name: DOLGENCORP LLC

Location Address: 12552 SPRINGSTEEN LANE

FOLEY, AL 36535

Mailing Address: 100 MISSION RIDGE

GOODLETTSVILLE, TN 37072

Contact Person: REGINA THOMAS

Contact Home Phone:

Contact Business Phone:

Contact Fax:

Contact Cell Phone:

Contact Email Address:

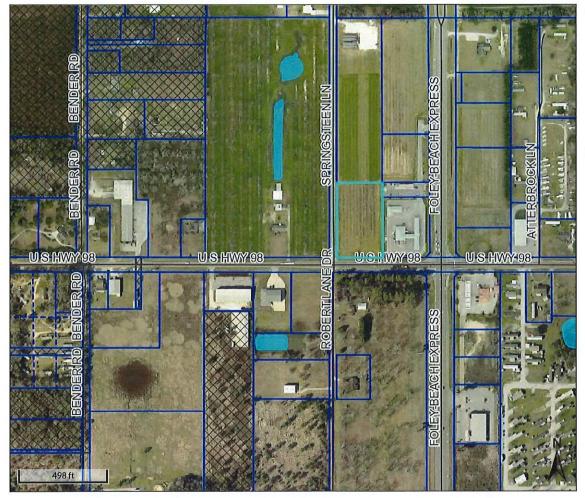
Contact Web Address:



## **ABC License**

ABC License

## Dollar General Store 12552 Springsteen Lane



Overview



Created by: Katy Taylor

## Legend

- Centerlines
- ☐ Foley City Limits
- County Mask
- Parcels
- -- Lot Lines
- Streams and Creel
- Lakes and Bays

PIN - 343608 Par Num - 003.005 Acreage - 2.292 Subdivision - SPRCOM

Lot-5

Street Name - SPRINGSTEEN LN

Street Number - 12767

Improvement -

Name - SPRINGSTEEN, HENRY C

Address 1 - 12767 SPRINGSTEEN AVE

Address2 -Address3 -

City - FOLEY State - AL

Zip - 36535

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