

## STATE OF ALABAMA ALCOHOLIC BEVERAGE CONTROL BOARD

### **ALCOHOL LICENSE APPLICATION**

Confirmation Number: 20240306160631830

Type License: 140 - SPECIAL EVENTS RETAIL

State: \$150.00 County: \$233.00

Type License:

State: County:

Trade Name: MUDBUGS AND MARGARITAS FESTIVAL

Filing Fee: \$50.00

Applicant: BLOOMS 4 YOU INC

Transfer Fee:

Location Address: 200 N MCKENZIE ST

FOLEY, AL 36535

Mailing Address: 14171 DRAGOON COURT

SUMMERDALE, AL 36580 **Tobacco Vending Machines:** 

County: BALDWIN Tobacco sales: NO

**Product Type:** 

Type Ownership: CORPORATION

Book, Page, or Document info: 645-372 F C

Do vou sell Draft Beer?:

Date Incorporated: 8/27/2020 State incorporated: Al

County Incorporated:

Date of Authority:

Federal Tax ID: 26-1247505

Alabama State Sales Tax ID: R010850696

Name:	Title:	Date and Place of Birth:	Residence Address:	
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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: LISA YEATER Business Phone: 352-875-6499

**Cell Phone:** 

Fax:

E-mail: LISAYEATER@HOTMAIL.COM

PREVIOUS LICENSE INFORMATION:

Previous License Number(s)

Home Phone: 352-875-6499

Trade Name: Applicant:

License 1: License 2:



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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: CITY OF FOLEY 251-970-5020 What is lessors primary business? CITY GOVERNMENT 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? YES

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Will th	e business	be operated	primarily	as a pac	kage store? NO	J

Building Dimensions Square Footage: 19000

Display Square Footage:

Building seating capacity: 1500

Does Licensed premises include a patio area? NO

License Structure: ONE STORY

License covers: OTHER

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:
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**Received in District Office:** 

## **STATE OF ALABAMA ALCOHOLIC BEVERAGE CONTROL BOARD**



### **ALCOHOL LICENSE APPLICATION**

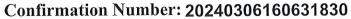
**Confirmation Number: 20240306160631830** 

Initial each	Signature pa	age
	In reference to law violations, I attest to the truthfulness of the	
	In reference to the Lease/property ownership, I attest to the	truthfulness of the responses given within
	the application.	
7	In reference to ACT No. 80-529, I understand that if my appl	ication 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	e, Wine Festival and Wine Festival Participant Licenses,
	and Food or Beverage Truck Licenses, I agree to comply wi	th all applicable laws and regulations concerning this
	class of license, and to observe the special terms and condi	
n/a	In reference to the Club Application information, I attest to the	
11/4	within the application.	
- In In	In reference to the transfer of license/location, I attest to the	truthfulness of the information listed on the attached
n/a	transfer agreement.	
	In accordance with Alabama Rules & Regulations 20-X-50	1(4), any social security number disclosed
	under this regulation shall be used for the purpose of investi	
	and shall not be a matter of public record.	
	The undersigned agree, if a license is issued as herein appl	ied for, to comply at all times with and to fully observe all
	the provisions of the Alabama Alcoholic Beverage Control A	
	laws of the State of Alabama relative to the handling of alco	
	The undersigned, if issued a license as herein requested, fu	
	promulgated by the board relative to all alcoholic beverages	
	if issued a license as herein requested, also agrees to allow	
	the Alabama Alcoholic Beverage Control Board and any dul	
	the State, County or Municipality in which the license premis	
	a warrant the licensed premises or any building owned or o	
	said licensed premises. The undersigned hereby understar	
	aforementioned laws his or her license shall be subject to re	
	to said licensee for a period of one year. The undersigned	
	manner of operation and no deletion or discontinuance of a	
	will be allowed without written approval of the proper govern	
	Alcoholic Beverage Control Board.	
	I hereby swear and affirm that I have read the application a	nd all statements therein and facts set forth are true and
	correct, and that the applicant is the only person interested	
	is required.	
Applicant N	Name (print):	
Applicant	varie (print).	
Signature o	of Applicant:	
Oignataro (	от привани	
Notary Nar	me (print):	
Notary Sig	nature:	Commission expires:
Annliastics	n Taken: App. Inv. Completed:	Forwarded to District Office:
Application	to Local Government:	Received from Local Government:
	n District Office: Reviewed by Superviso	
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# STATE OF ALABAMA ALCOHOLIC BEVERAGE CONTROL BOARD







## 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: 04/06/2024 Ending Date: 04/06/2024

Special terms and conditions for special event/special retail:

CITY PARK

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

License Covers: CITY PARK

### **Receipt Confirmation Page**

Receipt Confirmation Number: 20240306160631830

### Application Payment Confirmation Number: 98415480

Payment Summary			
Payment Item	Fee		
Application Fee for License 140			
	otal Amount to be Charged \$50.00		

#### License Payment Confirmation Number:

Payment Summary					
Payment Item	County Fee	State Fee	Total Fee		
140 - SPECIAL EVENTS RETAIL	\$233.00	\$150.00	\$383.00		
			\$0.00		
Total Amount to be Charged	\$233.00	\$150.00	\$383.00		

**Application Type** 

Application Type: APPLICATION

**Applicant Information** 

License Type 1: 140 - SPECIAL EVENTS RETAIL

License Type 2:

License County: BALDWIN

Business Type: CORPORATION

Trade Name: MUDBUGS AND MARGARITAS FESTIVAL

Applicant Name: **BLOOMS 4 YOU INC** Location Address: 200 N MCKENZIE ST FOLEY, AL 36535

Mailing Address: 14171 DRAGOON COURT SUMMERDALE, AL 36580

Contact Person:LISA YEATER
Contact Home Phone:352-875-6499
Contact Business Phone:352-875-6499

Contact Fax:

Contact Cell Phone:

Contact Email Address:

Contact Web Address:

Contact Relationship to Applicant: SELF/OWNER