



STATE OF ALABAMA
ALCOHOLIC BEVERAGE CONTROL BOARD
ALCOHOL LICENSE APPLICATION

Confirmation Number: 20140925135634744



Type License: 140 - SPECIAL EVENTS RETAIL

State: \$150.00 **County:** \$212.00

Type License:

State: **County:**

Trade Name: 2014 ALABAMA FESTIVAL OF FLAVOR

Filing Fee: \$50.00

Applicant: SOUTH BALDWIN CHAMBER OF COMMERCE

Transfer Fee:

Location Address: ORANGE AVENUE BETWEEN HWY 59 AND ALSTON STREET FOLEY, AL 36535

Mailing Address: PO BOX 1117 FOLEY, AL 36536

County: BALDWIN **Tobacco sales:** NO

Tobacco Vending Machines:

NO

Type Ownership: CORPORATION

Book, Page, or Document info: BOOK 11 PAGE 467-470

Date Incorporated: 01/08/2002 **State incorporated:** AL

County Incorporated: BALDWIN

Date of Authority: 01/08/2002

Alabama State Sales Tax ID: R007967026

Name:

Title:

Date and Place of Birth:

Residence Address:

DONNA HEAD WATTS 2827065 - AL	PRESIDENT	06/28/1951 BAY MINETTE, AL	10176 PINE VIEW DR FOLEY, AL 36535

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 cooperation 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: DONNA WATTS

Business Phone: 251-943-3291

Fax: 251-943-6810

Home Phone: 251-955-1988

Cell Phone: 251-607-1173

E-mail: DONNA@SOUTHBALDWINCHAMBER.COM

PREVIOUS LICENSE INFORMATION:

Trade Name:

Applicant:

Previous License Number(s)

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 251-943-1545**
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**

Will the business be operated primarily as a package store? **NO**
Building Dimensions Square Footage: **2400** Display Square Footage:
Building seating capacity: **400** Does Licensed premises include a patio area? **NO**
License Structure: **ONE STORY** License covers: **OTHER**
Number of licenses in the vicinity: **1** Nearest: **.1**
Nearest school: **5 blocks** Nearest church: **3 blocks** Nearest residence: **4 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)?

Name: Violation & Date: Arresting Agency: Disposition:



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Initial each

Signature page

AMU
AMU

In reference to law violations, I attest to the truthfulness of the responses given within the application.

AMU

In reference to the Lease/property ownership, I attest to the truthfulness of the responses given within the application.

AMU

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.

AMU

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.

AMU

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

AMU

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

AMU

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.

AMU

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.

AMU

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): *ASHLEY M. WATKINS, POA*

Signature of Applicant: *Ashley M. Watkins, POA*

Notary Name (print): Betty G. Dean

Notary Signature: *Betty G. Dean*

Commission expires: 01/10/2015

Application Taken: 9/25/2014 App. Inv. Completed:

Submitted to Local Government:

Forwarded to District Office:

Received from Local Government:

Received in District Office:

Reviewed by Supervisor:

Forwarded to Central Office:



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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: 10/18/2014 Ending Date: 10/18/2014

Special terms and conditions for special event/special retail:

EVENT DATE 10/18/2014, LICENSED AREA WILL BE BARRICADED TO CONTROL ENTRANCE/EXIT. BEER TO BE SOLD IN 12 OZ CANS & 16 OZ CUPS. WINE TO BE SOLD IN 7 OZ CUPS. NO ALCOHOLIC BEVERAGES ARE ALLOWED TO LEAVE THE LICENSED PREMISE. THIS LICENSE IS NON-RENEWABLE.

Other Explanations

License Covers: BARRICADED CITY OF FOLEY STREET

Receipt Confirmation Page

Receipt Confirmation Number: **20140925135634744**
Application Payment Confirmation Number: 11646742

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

License Payment Confirmation Number:

Payment Summary			
Payment Item	County Fee	State Fee	Total Fee
140 - SPECIAL EVENTS RETAIL	\$212.00	\$150.00	\$362.00
			\$0.00
Total Amount to be Charged	\$212.00	\$150.00	\$362.00

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: **2014 ALABAMA FESTIVAL OF FLAVOR**
Applicant Name: **SOUTH BALDWIN CHAMBER OF COMMERCE**
Location Address: ORANGE AVENUE BETWEEN HWY 59 AND ALSTON STREET
FOLEY, AL 36535
Mailing Address: PO BOX 1117
FOLEY, AL 36536
Contact Person: DONNA WATTS
Contact Home Phone: 251-955-1988
Contact Business Phone: 251-943-3291
Contact Fax: 251-943-6810
Contact Cell Phone: 251-607-1173
Contact Email Address:
Contact Web Address: