

Type License:

STATE OF ALABAMA ALCOHOLIC BEVERAGE CONTROL BOARD



Confirmation Number: 20250404100001304

Type License: 160 - SPECIAL RETAIL - MORE THAN 30 DAYS State: \$250.00 County: \$380.00

Trade Name: COBBLESTONE HOTEL AND SUITES FOLEY Filing Fee: \$50.00

State:

County:

Applicant: SELECT SITE VENTURES LLC Transfer Fee:

Location Address: 2970 KONIAR WAY FOLEY, AL 36535

Mailing Address: 980 AMERICAN DRIVE **NEENAH**, WI 54956

Tobacco Vending Machines: County: BALDWIN Tobacco sales: NO

Type Ownership: LLC **Product Type:**

Book, Page, or Document info: 001 050 265

Do you sell Draft Beer?:

Date Incorporated: 11/15/2022 State incorporated: Al County Incorporated: BALDWIN

Date of Authority: 11/15/2022

Alabama State Sales Tax ID: R012402616 Federal Tax ID: 921634163

Name:	Title:	Date and Place of Birth:	Residence Address:
EDWIN TOOFFILE	MEMBER	02/05/3000	DO 5

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: NICOLE BEHNKE

PREVIOUS LICENSE INFORMATION:

Business Phone: 920-237-0233 **Cell Phone:**

Fax:

E-mail: NBEHNKE@SLATEHG.COM

Home Phone: 920-237-0233

Previous License Number(s)

Trade Name: License 1: Applicant: License 2:



STATE OF ALABAMA ALCOHOLIC BEVERAGE CONTROL BOARD



ALCOHOL LICENSE APPLICATION

Confirmation Number: 20250404100001304

If applicant is leasing the property, is a copy of the lease agreement attached?

Name of Property owner/lessor and phone number: SELECT SITE VENTURES LLC 251-263-7810

What is lessors primary business? HOTEL

Is lessor involved in any way with the alcoholic beverage business? YES

Is there any further interest, or connection with, the licensee's business by the lessor? YES

Does the premise have a fully equipped kitchen? NO

Is the business used to habitually and principally provide food to the public? NO

partner been charged (whether convicted or not) of any law violation(s)? 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: 40847

Display Square Footage:

Building seating capacity: 33

Does Licensed premises include a patio area? YES

License Structure: SINGLE STRUCTURE

License covers: ENTIRE STRUCTURE

Number of licenses in the vicinity: 1

Location is within: CITY LIMITS

Nearest: 1

Nearest school:

Nearest church:
Police protection: CITY

Has any person(s) with any interest, including manager, whether as sole applicant, officer, member, or

Nearest residence: 1 blocks

Name:	Violation & Date:	Arresting Agency:	Disposition:
=			



STATE OF ALABAMA ALCOHOLIC BEVERAGE CONTROL BOARD



ALCOHOL LICENSE APPLICATION

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initial each	<u>n</u> Signature pag	ge
	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 tru	uthfulness of the responses given within
	the application.	
	In reference to ACT No. 80-529, I understand that if my applic	ation 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,	Wine Festival and Wine Festival Participant Licenses,
	and Food or Beverage Truck Licenses, I agree to comply with	all applicable laws and regulations concerning this
	class of license, and to observe the special terms and condition	ons 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 tr	uthfulness of the information listed on the attached
	transfer agreement.	
	In accordance with Alabama Rules & Regulations 20-X-501(4), any social security number disclosed
	under this regulation shall be used for the purpose of investigation	ation 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	d for, to comply at all times with and to fully observe al
	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 alcohol	olic beverages.
	The undersigned, if issued a license as herein requested, furth	ner agrees to obey all rules and regulations
	promulgated by the board relative to all alcoholic beverages re	eceived in this State. The undersigned,
	if issued a license as herein requested, also agrees to allow a	nd hereby invites duly authorized agents of
	the Alabama Alcoholic Beverage Control Board and any duly	
	the State, County or Municipality in which the license premises	s are located to enter and search without
	a warrant the licensed premises or any building owned or occu	
	said licensed premises. The undersigned hereby understands	s that he or she violate any provisions of the
	aforementioned laws his or her license shall be subject to revo	• •
	to said licensee for a period of one year. The undersigned fur	
	manner of operation and no deletion or discontinuance of any	
	will be allowed without written approval of the proper governin	
	Alcoholic Beverage Control Board.	g y
	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	
	is required.	
Applicant N	Name (print):	
Applicant N	varie (print).	
Signature o	of Applicant:	
e.g.ratare e	or ipproduct	
Notary Nan	me (print):	
,		
Notary Sigr	nature:	Commission expires:
Application	n Taken: App. Inv. Completed:	Forwarded to District Office:
	to Local Government:	Received from Local Government:
	District Office: Reviewed by Supervisor:	Forwarded to Central Office:



STATE OF ALABAMA ALCOHOLIC BEVERAGE CONTROL BOARD



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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?

For what purpose is the club organized?

Agent's Initials:

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? NO More than 30 days? YES

Franchisee or Concessionaire of above? NO Other valid responsible organization: YES Explanation:

HOTEL

Special Events / Special Retail (7 days or less)

Starting Date:

Ending Date:

Special terms and conditions for special event/special retail:

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

Does anyone involved with this license application have any monetary interest in any other ABC licensed/permitted establishment?: NEENAH HOSPITALITY GROUP LLC IS ALSO INVESTED IN OPPORTUNITY CULLMAN LLC

Is the lessor involved in any way with the alcohol beverage business?: APPLICANT AND THE PROPERTY OWNER ARE THE SAME

Is ther any further interest in, or connection with, the licensee's business by the lessor?: APPLICANT AND PROPERTY OWNER ARE THE SAME

Receipt Confirmation Page

Receipt Confirmation Number: 20250404100001304

Application Payment Confirmation Number: 108288344

Payment Summary			
Payment Item		Fee	
application Fee for License 160		\$50.00	
	Total Amount to be Charged	\$50.00	

License Payment Confirmation Number:

Payment Summary					
Payment Item	County Fee	State Fee	Total Fee		
160 - SPECIAL RETAIL - MORE THAN 30 DAYS	\$380.00	\$250.00	\$630.00		
			\$0.00		
Total Amount to be Charged	\$380.00	\$250.00	\$630.00		

Application Type

Application Type: APPLICATION

Applicant Information

License Type 1: 160 - SPECIAL RETAIL - MORE THAN 30 DAYS

License Type 2:

License County: BALDWIN

Business Type: LLC

Trade Name: COBBLESTONE HOTEL AND SUITES FOLEY

Applicant Name: SELECT SITE VENTURES LLC

Location Address: 2970 KONIAR WAY

FOLEY, AL 36535

Mailing Address: 980 AMERICAN DRIVE

NEENAH, WI 54956

Contact Person:NICOLE BEHNKE

Contact Home Phone:920-237-0233

Contact Business Phone:920-237-0233

Contact Fax:

Contact Cell Phone:

Contact Email Address:

Contact Web Address:

Contact Relationship to Applicant: ADMIN

Viewer Map



