



STATE OF ALABAMA
ALCOHOLIC BEVERAGE CONTROL BOARD
ALCOHOL LICENSE APPLICATION



Confirmation Number: 20200821101309485

Type License: 020 - RESTAURANT RETAIL LIQUOR State: \$0.00 County: \$0.00
Type License: State: County:
Trade Name: BUFFALO WILD WINGS Filing Fee: \$50.00
Applicant: POTTERS WINGS FOLEY LLC Transfer Fee:
Location Address: 2600 SOUTH MCKENZIE STREET FOLEY, AL 36535
Mailing Address: 1024 OLD HWY 471 ; SUITE C BRANDON, MS 39042
County: BALDWIN Tobacco sales: NO Tobacco Vending Machines:
Product Type: Type Ownership: LLC
Book, Page, or Document info: INST 1181418
Do you sell Draft Beer?:
Date Incorporated: 06/20/2019 State incorporated: MS County Incorporated:
Date of Authority: 09/15/2020
Federal Tax ID: 84-2162772 Alabama State Sales Tax ID: R010788763

Name:	Title:	Date and Place of Birth:	Residence Address:
BRIAN DAVID JORDAN	MEMBER		
JASON RYAN HALL	MEMBER		
WILLIAM EUGENE HALL	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: BRIAN JORDAN
Business Phone: 251-200-5000
Fax:

Home Phone: ()
Cell Phone:
E-mail: LISA@POTTERSWINGSLLC.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: **POTTERS WINGS REALTY FOLEY LLC 601-825-0380**

What is lessors primary business? **RENTAL**

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? **YES**

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: **8459**

Display Square Footage:

Building seating capacity: **338**

Does Licensed premises include a patio area? **YES**

License Structure: **ONE STORY**

License covers: **ENTIRE STRUCTURE**

Number of licenses in the vicinity:

Nearest:

Nearest school: **1 blocks**

Nearest church: **1 blocks**

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)?

Name:

Violation & Date:

Arresting Agency:

Disposition:

BRIAN JORDAN			PAID FINE



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Initial each

☐

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 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): Brian Jordan

Signature of Applicant:

Notary Name (print): Lisa B. Smith

Notary Signature:



Commission Expires: Sept 27, 2021

Application Taken:

App. Inv. Completed:

Submitted to Local Government:

Forwarded to District Office:

Received in District Office:

Reviewed by Supervisor:

Received from Local Government:

Forwarded to Central Office:

Receipt Confirmation Page

Receipt Confirmation Number: **20200821101309485**
Application Payment Confirmation Number: 64091030

Payment Summary	
Payment Item	Fee
Application Fee for License 020	\$50.00
Total Amount to be Charged	\$50.00

License Payment Confirmation Number:

Payment Summary			
Payment Item	County Fee	State Fee	Total Fee
020 - RESTAURANT RETAIL LIQUOR	\$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

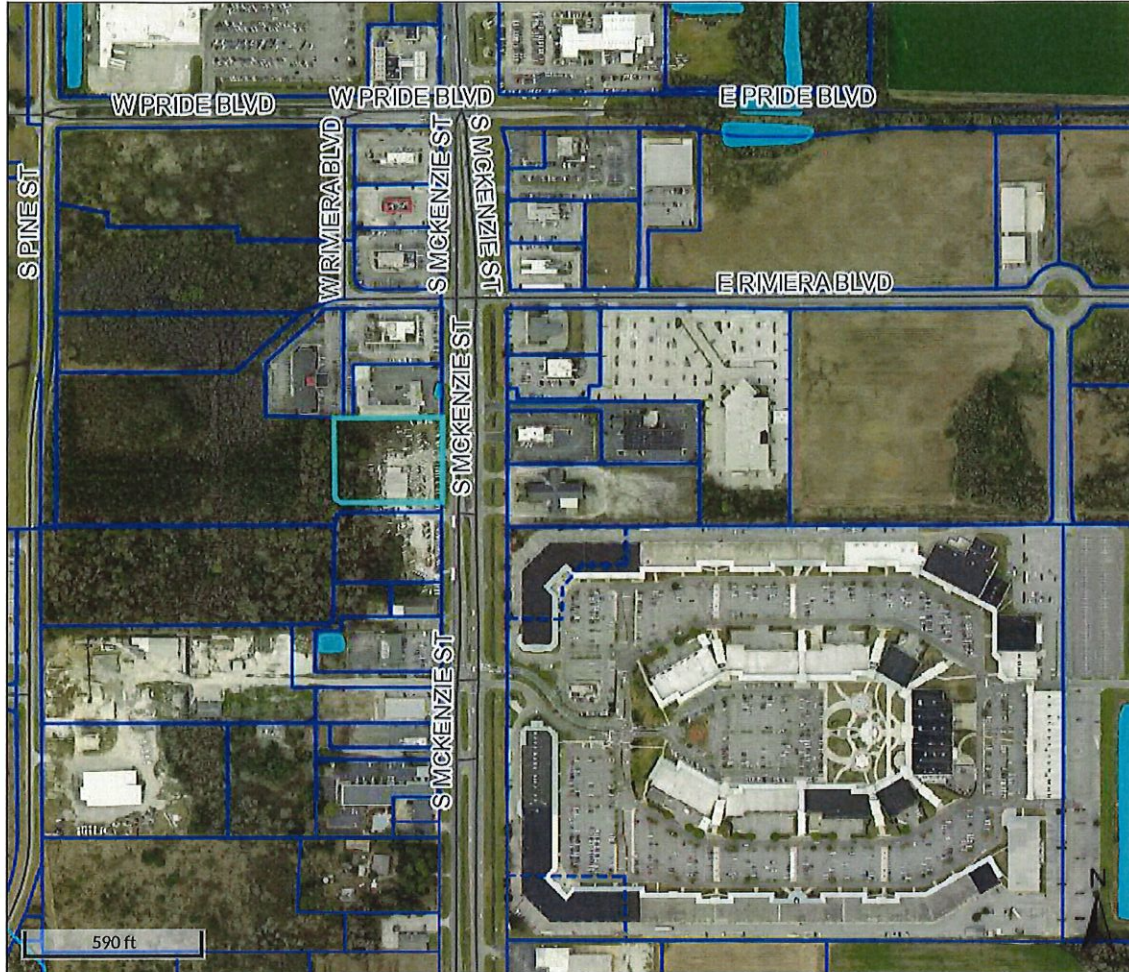
License Type 1: 020 - RESTAURANT RETAIL LIQUOR
License Type 2:
License County: BALDWIN
Business Type: LLC
Trade Name: **BUFFALO WILD WINGS**
Applicant Name: **POTTERS WINGS FOLEY LLC**
Location Address: 2600 SOUTH MCKENZIE STREET
FOLEY, AL 36535

Mailing Address: 1024 OLD HWY 471 ; SUITE C
BRANDON, MS 39042

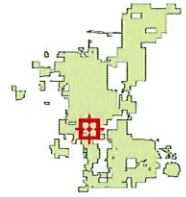
Contact Person: BRIAN JORDAN
Contact Home Phone:
Contact Business Phone:
Contact Fax:
Contact Cell Phone:
Contact Email Address:
Contact Web Address:

Buffalo Wild Wings

Approximate Location



Overview



Legend

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

PIN - 228686
Par Num - 016.000
Acreage - 2.152
Subdivision - RIVSQ
Lot - 2
Street Name -
Street Number - 0
Improvement - PAVI,PAVI,FENC,BARN

Name - HAWKEYE ALABAMA L L C
Address1 - 30765 S WIXOM RD
Address2 -
Address3 -
City - WIXOM
State - MI
Zip - 48393

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