INFORMATION SHEET FOR
CITY OF TRUSSVILLE
ALCOHOL APPLICATION

1. The application for a City of Trussville alcohol license shall be made upon an appropriate form supplied by the City Clerk or taken from the City of Trussville website at www.trussville.org, forms, Alcohol Application. This original application, along with all supporting paperwork shall be filed with the City Clerk along with an application processing fee. All spaces and items must have a response. A response of not applicable or N/A is acceptable when a particular question does not relate to the entity making application.

2. There shall be an application fee of **$250.00**. The City Clerk shall not accept the application until all fees are paid by the applicant to cover the expense of advertising, investigation, and processing. This fee is not refundable.

3. The applicant agrees to produce for oral interview any person(s) requested by the City Council, when deemed necessary to ascertain facts relative to the license application.

4. Copies of the application shall be distributed by the City Clerk to the Chief of Police, the City Building inspector, and the City Treasurer or designated revenue officer to aid in their investigation.

5. City departments must conduct their investigation and furnish the complete report to the City Council within forty-five (45) days of receipt of the license application. The City Council may shorten or extend the timeframe of the investigation as deemed appropriate under the circumstances. The City Council shall act on the application within thirty (30) days of receiving the results of the completed investigation.

6. Upon receipt of an application, the City Clerk shall cause notice to be published two times in a newspaper of general circulation published in the county, stating that the application will be considered at the next regular meeting of the City Council. This notice must be published as aforesaid two times at least six (6) days in advance of the next regular meeting of the City Council, and shall further state the time and place that same is to be considered and that at such time and place all interested persons shall have an opportunity of being heard in favor of or in opposition to the application.

7. No license shall be approved by the City Council when the distance between the premises to be licensed and a school, church, or library is less than seven hundred fifty (750) feet. Provided, however, that the aforesaid distance restrictions shall not apply in the following enumerated cases:

(a) Where the licensed premises are separated from the school, church, or library by a street or highway having four (4) or more traffic lanes; or

(b) Where the licensed premise is a grocery store as defined herein; or

(c) Where the licensed premise is a restaurant as defined herein; or

(d) Where the school, church, or library was established after the licensed premises began operation and said operation has not been abandoned or discontinued for a period of six (6) months.

(e). An applicant seeking a special events license shall be a valid, responsible organization of good reputation. A special events license shall not exceed seven (7) calendar days. An applicant seeking a special events license shall obtain written authorization from the property owner, or the property owner's designee, approving of the issuance of the special event license. All other aspects of this Ordinance and state law shall be applicable to a special events license.

A full copy of City of Trussville Ordinance No. 2019-009-ADM may be obtained at Trussville City Hall or form the City website. This ordinance details prohibited acts, prohibited persons, duties of the management, and other pertinent information. It is strongly suggested that you familiarize yourself with this ordinance.

CITY OF TRUSSVILLE

ALCOHOL APPLICATION

Note: All questions must be answered. If the question is not applicable to your business, state Not Applicable or N/A.

BUSINESS INFORMATION					
Business Trade Name					
Corporate Name					
Location Address					
City, State, Zip					
Telephone		Fax			
E-mail Address					
Mailing Address					
City, State, Zip					
Telephone		Fax			
E-mail Address					
Federal Tax Identification Number					
State Sales Tax Number					
Circle One:	Sole Proprietorship	Partnership	Association	Corporation	Other
Explain if "Other"					
Expected Opening Date					
Type of Business	Restaurant	C-Store	Grocery	Retail	Other
Explain if "Other"					

Type of License	Beer	Wine	Liquor
Type of Sale	On-Premise	Off-Premise	Both

APPLICANT INFORMATON				
Full Name				
Address				
City, State, Zip				
How long at this Address?				
Telephone	Day		Night	
Date of Birth		Last four digits of Social Security No.		
Place of Birth				
If Naturalized Citizen	Date		Place	
Drivers' License No.	Number		State	

PARTNER, MEMBER, OFFICER, DIRECTOR, AND MANAGER INFORMATION					
Full Name					
Address					
City, State, Zip					
How long at this address?					
Telephone	Day		Night		
Date of Birth		Last four digits of Social Security No.			
Place of Birth					
If Naturalized Citizen	Date		Place		
Drivers' License No.	Number		State		
Affiliation with Company	Partner	Member	Officer	Director	Manager
If other than listed please explain					

PARTNER, MEMBER, OFFICER, DIRECTOR, AND MANAGER INFORMATION					
Full Name					
Address					
City, State, Zip					
How long at this address?					
Telephone	Day		Night		
Date of Birth		Last four digits of Social Security No.			
Place of Birth					
If Naturalized Citizen	Date		Place		
Drivers' License No.	Number		State		
Affiliation with Company	Partner	Member	Officer	Director	Manager
If other than listed please explain					

PARTNER, MEMBER, OFFICER, DIRECTOR, AND MANAGER INFORMATION					
Full Name					
Address					
City, State, Zip					
How long at this address?					
Telephone	Day		Night		
Date of Birth		Last four digits of Social Security No.			
Place of Birth					
If Naturalized Citizen	Date		Place		
Drivers' License No.	Number		State		
Affiliation with Company	Partner	Member	Officer	Director	Manager
If other than listed please explain					

Form may be duplicated if additional space required

PARTNER, MEMBER, OFFICER, DIRECTOR, AND MANAGER INFORMATION					
Full Name					
Address					
City, State, Zip					
How long at this address?					
Telephone	Day		Night		
Date of Birth		Last four digits of Social Security No.			
Place of Birth					
If Naturalized Citizen	Date		Place		
Drivers' License No.	Number		State		
Affiliation with Company	Partner	Member	Officer	Director	Manager
If other than listed please explain					

PARTNER, MEMBER, OFFICER, DIRECTOR, AND MANAGER INFORMATION					
Full Name					
Address					
City, State, Zip					
How long at this address?					
Telephone	Day		Night		
Date of Birth		Last four digits of Social Security No.			
Place of Birth					
If Naturalized Citizen	Date		Place		
Drivers' License No.	Number		State		
Affiliation with Company	Partner	Member	Officer	Director	Manager
If other than listed please explain					

Form may be duplicated if additional space required

SITE LOCATION INFORMATION	
Name of Leased Property Owner(s)	
Leased Property Owner(s) Address	
Owner(s) Telephone	
NOTE: If property is leased, a copy of the lease agreement under which the applicant has the right of possession must be attached. However the amount of monthly rental or other compensation paid to the lessee under said lease may be struck out on the attached copy.	

MISCELLANEOUS

NOTE: All applications seeking the consent and approval of the City Council for a license, shall contain the following information and statements. Responses shall be enumerated to coincide with the item numbers below if a second sheet is used.

1. Do the applicant; partners or members of a partnership or association or unincorporated enterprise; or officers or directors of a corporation, in any manner have a pecuniary (financial) interest either directly or indirectly in the profits of any class of business regulated under this article and/or the Alcoholic Beverage Licensing Code of the State of Alabama? If so, state the extent of said interest, including the name and location address of such other business entity or the location of a branch business of the same name.

2. Is the applicant the only person in any manner pecuniarily (financially) interested in the business to be licensed, except as stated, and will any other person be in any manner pecuniarily (financially) interested therein during the continuance of the license?

3. Has the applicant made application heretofore for a similar or other liquor license? If so, the disposition of such application.

4. Provide a statement and an actual copy of your criminal background check paid by applicant and the same copy provided to the ABC board showing criminal records if any of the applicant, each partner, member, officer, member of the board of directors, landlord, or manager to include every violation charged, irrespective of the disposition of each charge. Minor traffic offenses may be omitted; however, driving while intoxicated and reckless driving cases must be shown.

5. Provide plans and renderings of the proposed premises to include a description or plan of that part of the lounge, club, hotel, restaurant, civic center or dinner theater where it is proposed to keep and sell alcoholic beverages.

6. When the minimum seven hundred fifty (750) foot distance from the front door of the establishment to the main front door of any school, church, o r library is not easily determined, a scale drawing shall be prepared by a registered surveyor showing the distance(s) between the doors of the two entities. This survey shall be made a part of the application.

7. Each applicant for a club liquor license shall also file with, and as part of the application, the following:

(1) A certified copy of the certificate of incorporation, and of the constitution and by-laws of such club.

(2) A verified list of the paid-up members of such club at the time of application, together with the resident address of each such paid-up member.

(3) The name and residence address of the manager of the club. If the person shown as manager of the club ceases to be such manager, then the club shall notify the city clerk within five (5) days of such change, together with the name and resident add1·ess of any new manager.

(4) A copy of any certificate from the Internal Revenue Service or Treasury Department concerning any exemption of the club from taxation.

ANSWER SHEET, IF NEEDED

Form may be duplicated

Question Number	Answer

APPLICANT CERTIFICATION

I, _____, do hereby certify that the attached application is true and correct to the best of my knowledge and belief. I further certify that all attachments have been supplied.

_____
Applicant

_____
Date

Subscribed and sworn before me this _____ day of _____, 20_____.

_____
Notary Public

_____
Commission Expiration Date