

**TOWN OF TRINITY
ALCOHOLIC BEVERAGE
LICENSE APPLICATION**

*** CONFIDENTIAL ***

Please type or print legibly.

Date of Application: _____

Application No. _____

New Transfer

CHECK THE FOLLOWING LICENSES FOR WHICH YOU ARE APPLYING

LICENSE	X	BASE LICENSE	FILING FEE
RETAIL LIQUOR LICENSE (PACKAGE)		2,000 + 15% Gross Liquor Sales	300.00
RETAIL BEER -(ON OR OFF PREMISES)		75.00	300.00
RETAIL BEER -(OFF PREMISES)		75.00	300.00
RETAIL TABLE WINE- (ON OR OFF PREMISES)		75.00	300.00
RETAIL TABLE WINE – (OFF PREMISES)		75.00	300.00
RESTAURANT RETAIL LIQUOR LICENSE		1,500 + 15% Gross Liquor Sales	300.00
WHOLESALE BEER ONLY		275.00	300.00
WHOLESALE TABLE WINE ONLY (14..9% OR LESS)		275.00	300.00
WHOLESALE TABEL WINE & BEER COMBINED		375.00	300.00
SPECIAL RETAIL LIQUOR LICENSE (Refer to Ordinance)			
SPECIAL EVENTS RETAIL LICENSE		200 + 15% Gross Liquor Sales	75.00
IMPORTERS LICENSE		350.00	300.00
WAREHOUSE LICENSE		500.00	300.00
WHOLESALE LIQUOR LICENSE		750.00	300.00
MANUFACTURER LICENSE		350.00	300.00

Town of Trinity Alcoholic Beverage License Application

To obtain an Alcohol Beverage License for the Town of Trinity, your business must be located inside the Trinity Town Limits and property zoned for business.

Application for a license to sell alcoholic beverages is different than the application for a general license for a retail, wholesale, or service related business. Due to the regulatory nature of this type of business, there are additional requirements for the issuance of a license to sell alcoholic beverages.

The typical amount of time required for the application process is a minimum of 45 days. Primarily this is due to the fact that there is a significant amount of documentation in order to provide the Town Council with an accurate insight into the financial, management, and personal background of the applicant and those involved with the business. There are also several inspections that must be scheduled and approved as a part of the process.

You will need to meet with the Town Clerk to review the application for completeness and/or to answer any questions you might have regarding the application. This is very important to the process so that there will be as little misunderstanding of expectations as possible. There are specific deadlines for several aspects of the application process and if these are not complied with, the result is delay in approval and, more importantly to you, the opening of your business!

The following steps, along with a brief description, are listed in the order of completion for a typical application, approval, and issuance of an alcoholic beverage license. There are only two (2) methods for making application; as a new licensee, or as a transfer of an existing license. If you are going to transfer an existing license by change of ownership, **DO NOT PURCHASE, BEGIN OPERATING, OR MANAGING THE BUSINESS UNTIL AFTER THE TOWN HAS BEEN CONTACTED!**

Step 1. Verification of Zoning – Applicant must schedule a meeting with the Building Department, (256) 353-2474, to review Verification of Zoning Form. This form is to be completed by applicant and returned to the Town of Trinity Building Department to confirm that current zoning ordinance supports the use. A copy of the legal description and most recent survey or plot plan for the address of the proposed business is required for this step.

Step 2. ABC Application – Prior to making application with the Town of Trinity, you must apply with the State Alcoholic Beverage Control (ABC) Board. You may call the Huntsville ABC Office at (256) 726-0401, to schedule an appointment with the local ABC Agent to begin their application process.

Step 3. City Application Overview & Release – Upon the verification of zoning, and ABC Application Process, an application package for Trinity Alcohol Beverage License is released for completion. Forms are available in the Town Clerk's office. However, a meeting must be scheduled with the Town Clerk, (256) 353-2474 ext 5, to go over the application and any specific requirements for your business.

Step 4. Departmental Approvals - It is the responsibility of the applicant to contact the Building Department and Health Department (if applicable) to schedule the necessary inspections. All approvals by the council are contingent upon satisfactory department approvals. (Form 2 and Form 3)

Step 5. Background Investigation – All persons with any financial, operational, or management interest in the proposed business will be listed on the application. As part of the application process, a criminal background search is performed by the Alabama Bureau of Investigation (ABI) with the history provided for review by the Trinity Police Department. Form ABI-46 is included in the application package, or is available on-line at: <http://dps.alabama.gov/ABI/forms/ABI-46.pdf>. The ABI review will generally require at least fourteen (14) days.

Step 6. Return Completed Application to Town Clerk – The completed application, including ABI Form 46, is returned and submitted for consideration. At this time, the applicant pays an application fee of \$300.00 and any costs associated with the public notice.

Step 7. Alcohol License Review Committee Consideration – Once the Town Clerk receives the completed application, and criminal history information from ABI, a meeting of the Alcohol License Review Committee will be scheduled.

Step 8. Public Hearing – After the Alcohol License Review Committee has met and reviewed the application, the Town Clerk will notify the applicant to schedule a time and date for the required Public Hearing.

Step 9. Notification to Surrounding Property Owners – **Form 5, Notice Provided to Surrounding Property Owners Concerning Application for Alcoholic Beverage License** must be provided to all residents, real property owners and businesses within two hundred fifty (250) feet of the property sought to be licensed. After this has been completed, **Verification of Notice Form 6** must be completed and submitted to the Town Clerk no later than Friday prior to the Town Council Meeting and Public Hearing. The Town Council will not consider any application without **Form 6**.

Step 10. Public Hearing and Town Council Consideration - The Council meets on the second and fourth Monday of each month. The Town Council will conduct the Public Hearing, as scheduled, and then consider the application for their vote. Any approval given is contingent upon satisfactory approvals by the Building Inspector, and Health Department (if applicable). There are several critical deadlines associated with this step, and these will be discussed with you at the time of releasing the application.

Step 11. Release of Approval – Upon receiving all approvals, the Town Clerk will review the file and authorize the release of the Town’s approval to the local representative of the State of Alabama Alcoholic Beverage Control (ABC) Board.

Step 12. Presentation of ABC License and Issuance of Town License – Upon releasing the Town’s approval of your business for sales of alcoholic beverages, the State ABC Board will issue their License. (The ABC Board has an entirely separate process that should be simultaneous with this application.) The ABC License must be presented to the Town Clerk’s Office, along with an Alcohol License Tax Bond OR a Letter of Credit from your bank. Upon final approval, a Town of Trinity License can be issued for your business. The Town will also issue separate licenses for other business activities dependent upon the exact nature of your business (e.g., restaurant, grocery, etc.).

IMPORTANT PHONE NUMBERS AND CONTACTS:

Town Clerk	(256) 353-2474 ext. 5	Barbara Jones
Building Department	(256) 353-2474	Gary Bayne
Police Department	(256) 353-2474 ext. 7	Chief McLemore
Fire Department	(256) 353-7060	Chief Bill Pettey
Morgan County Health Department	(256) 560-6591	

*******It is the applicant’s responsibility to contact the Health Department (if applicable) for the necessary inspections required for the alcohol license.**

SECTION I. APPLICANT INFORMATION

(Individual applications must be made by all entities listed in this section)

1. Name of Applicant: _____ Date of Birth: _____
Mailing Address: _____ Phone No.: _____
Social Security No.: _____ Driver's License No.: _____

2. Type of Ownership: _____ Individual _____ Partnership _____ LLC
 _____ Corporation _____ Association

3. Corporation or LLC Name: _____

4. Names and Addresses of Partners, Members, Officers, or Directors: (Attach a separate sheet if necessary.)

<u>NAME</u>	<u>TITLE</u>	<u>DATE OF BIRTH</u>	<u>ADDRESS</u>	<u>SSN</u>

Trinity Alcohol Beverage License – APPLICATION

Complete the following questions regarding the applicant(s).

- a. Do any of the APPLICANTS, whether individual, member of partnership or association, or officer and directors or corporation or the corporation itself, in ANY manner have a financial interest either directly or indirectly in any other class of business regulated under any alcoholic beverage law? Yes NO
If so, please describe completely. _____

- b. Does the APPLICANT own or control, either directly or indirectly, or hold any lien against any real or personal property which is rented, leased, or used in the operation of business by the holder of a permit or license issued under the authority of any alcoholic beverage law? Yes NO
If so, please describe completely. _____

- c. Is the APPLICANT receiving, either directly or indirectly, ANY loan, credit, cash or equivalent from any other alcoholic beverage licensee or from or through any subsidiary or affiliate of another alcoholic beverage licensee, or from any individual, firm, association, or corporation operating under or regulated by the authority of any alcoholic beverage law? Yes NO
If so, please describe completely. _____

- d. Has APPLICANT ever applied for and been refused a State or Town permit or license, or had a permit or license suspended or revoked by any State or City authority? Yes NO
If so, please describe completely. _____

- e. Has an alcoholic beverage license ever been suspended, revoked, or denied to anyone at the location for which this application is submitted? Yes NO
If so, please describe completely. _____

- f. Does the APPLICANT currently possess any other permit or license issued by the State of Alabama or the Town of Trinity for the sale of alcoholic beverages? Yes NO
If so, please describe completely. _____

Trinity Alcohol Beverage License – APPLICATION

SECTION II. LOCATION INFORMATION.

1. Physical Address of Business: (Copy of legal description and plat MUST be included.) _____

2. Mailing Address and phone number for the business: _____

3. Indicate the name under which the business is to be operated: _____

4. Are you currently operating a business at this location?Yes NO
If so, please indicate the name of the business, type of business, and the length of time you have been operating:

5. If you are purchasing an existing business, please indicate the name and Town of Trinity license number for that business: _____
6. Will any building renovations, remodeling, or repairs be completed prior to opening your business at this address?Yes NO
If so, please describe the nature and extent of this work. _____

7. Provide a description of the building interior (e.g., square feet, number of rooms, type rooms, etc.) _____

Attach a sketch of the building showing entrances, exits, rooms, etc., with approximate dimensions. (A free-hand sketch is acceptable if legible.)

8. List the complete name, residence address, and phone number for the owner(s) of the property for which this license is being requested: _____

9. List all leasees or sub-leasees of the property for which this license is being requested and attach a copy of the same as filed in the probate records of Morgan County, Alabama: _____

10. Attach a filed copy of the deed of the land where the business is to be located. _____

11. What are your planned hours of operation? _____
12. How many marked parking spaces, on premises, are available for customers? _____

13. How many restrooms are available? _____
How many are A.D.A. (American Disabilities Act) accessible? _____

14. Approximately what distance is the nearest residence from your business? _____

RESTAURANT (Complete this section only if applicable to your business)

***** Submit menu and floor plan of the restaurant with application*****

15. What is the total number of square feet of floor space in the dining room? _____

16. Indicate the maximum capacity of persons who can be seated at tables or booths at any one time in the dining room _____

17. Is the food preparation area separate but adjoining the dining room? _____

18. How frequently will meals be offered to the public? (e.g., daily, twice daily, continuously) _____

19. Does the premises have a fully equipped and operational kitchen and storage equipment necessary to prepare on premises all of the items listed on the submitted menu? _____

HOTEL/MOTEL

(Complete this section only if applicable to your business)

20. Indicate the total number of fully equipped rooms available for transient lodging _____

21. Does the applicant own, operate, or lease dining facilities within this location? If so, please describe _____

22. Indicate the square footage of the dining facilities _____

23. Indicate the maximum capacity of persons who can be accommodated at one time in the dining space _____

24. Is the food preparation area separate but adjoining the dining space? _____

LOUNGE/CLUB

(Complete this section only if applicable to your business)

25. List the following for each manager, person in charge, or anyone who will be in a daily supervisory position for this business (attach additional sheet in necessary)

Name/Title	DOB/Place	Present Address	SSN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Trinity Alcohol Beverage License – APPLICATION

SECTION III. GENERAL INFORMATION. (All applicants must complete this section.)

1. If application is for retail off-premise sales, indicate the total number of square feet of floor space in the retail sales area: _____
2. If application is for wholesale sales, indicate the total number of square feet of floor space in the warehouse area: _____
3. If the applicant is corporate entity, indicate the date and place of incorporation along with the book and page number where officially recorded. If a corporate entity not incorporated under the laws of the State of Alabama, provide a copy of the certificate of authority to engage in business within the State of Alabama.

Date of Incorporation: _____ Place: _____
Book: _____ Page: _____

SECTION IV. CRIMINAL HISTORY. (All applicants MUST complete this section.)

1. Include an Alabama Bureau of Investigation (ABI) Criminal History Information Release Form (Form ABI-46, available on-line at: <http://dps.alabama.gov/ABI/forms/ABI-46.pdf>) for the applicant, each partner, officer, or landlord. Each form must be completed entirely and must be legible. **Each Alabama Bureau of Investigation Criminal History Information Release Form shall designate the requesting agency as follows: "Town of Trinity, Alabama, Attention: Town Clerk, 35 Preston Drive, Trinity, Alabama 35673."** Each release form must be accompanied by a postal money order, cashier's check, or some type of certified funds made payable to Alabama Bureau of Investigation in the amount of \$25.00 for each individual. You can submit one combined payment for the total number of forms, if you choose.
2. The applicant and all other parties listed hereby authorize the Trinity Police Department, the Alabama Department of Public Safety and the Alabama Bureau of Investigation to furnish the governing body of the Town of Trinity with any and all information concerning them as relates to their criminal history and general reputation and character. Information of a confidential and privileged nature may be included in this investigation and report as determined through a search of Trinity, State, and Federal law enforcement records. This information will be used by the Town of Trinity to determine qualifications for obtaining an alcoholic beverage license by the applicant.

I/we understand our rights under Title 5, United States Code, Section 552A, as last amended, including the Privacy Act of 1974, and willingly waive those rights with the understanding that any information collected will be used by the Town of Trinity in conjunction with alcoholic beverage licensing procedures. I/we hereby release the Town of Trinity, its past, present, and future elected official in their official and individual capacities, agents, employees, attorneys, members of the Trinity Alcohol Review Committee, Town administrative officials(s), Town enforcement officer(s), and the governing body from any liability or damage which may result from the investigation into my/our criminal history. The applicant acknowledges that each party named has been informed of the contents of this application and has authorized the applicant to sign and execute such waiver on their behalf. The applicant agrees to hold the Town of Trinity, its agents, employees, and governing body harmless from any damages arising out of any disclosures of any information arising from investigation of criminal history or of any part of this application relating to the applicant or any other persons named herein.

Signed: _____ Date: _____

Title/Position: _____

(Must be signed by a principal applicant or authorized office, if corporate entity)

Trinity Alcohol Beverage License – APPLICATION

SECTION V. AFFIRMATION. (This section MUST be completed and notarized.)

THE FOLLOWING INFORMATION MUST BE TYPED OR PRINTED LEGIBLY TO BE ACCEPTED.

The **APPLICANT** for the license requested herein, hereby swears or affirms, that he/she and all parties interested in said application have read all questions, and answers thereto, all in connection with application of said **APPLICANT** for a Town of Trinity Alcoholic Beverage License as indicated in said application; that he/she and all parties interested in said application for license fully acknowledge that this attachment is part of said application and all statements and facts herein are true and correct to the best of my knowledge; that he/she and all parties interested in said application understand, acknowledge, and affirm that the applicant is the only person in any manner with a pecuniary interest in the business so asked to be licensed, except as stated, and that no other person shall be in any manner pecuniary interested therein during the continuance of the license, and that any finding or non-conformance with this affirmation can result in denial of license approval or revocation proceedings subsequent to license approval.

Signature of Applicant

Print Name and Title of Person Signing as Applicant

Sworn / Affirmed to and subscribed before me this the ____ day of _____, 20 ____.

Notary Public

Date Commission Expires

STATE OF ALABAMA
TOWN OF TRINITY

ALCOHOL ORDINANCE TAX OR FEE BOND

That _____ hereinafter called Principal and _____ as Surety are held and firmly bound unto the Town of Trinity, Alabama, a municipal corporation, in the sum of _____ for the payment of which well and truly to be made we hereby bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

The condition of the foregoing is such, however, that:

WHEREAS, as one of the conditions precedent to the consent and approval of the Town Council with respect to the issuance of an alcoholic beverage license, or to the granting, renewal maintenance, transfer, or allowance of a privilege license, the Principal is required to deliver to the Town of Trinity, Alabama, a bond conditioned to promptly pay to said Town all such amounts as are required to be paid to said Town under the terms of Ordinance No: 2016-02 or any amendment thereto, and any other amount which may become due to the Town of Trinity, Alabama for any license fee, privilege tax, or excise tax imposed by said ordinance and becoming due after the date of the bond.

NOW, THEREFORE, the condition of this obligation is such, that if the Principal shall faithfully comply with all the laws and ordinances of the Town of Trinity now in force, or that may hereafter be adopted, and will promptly pay to said Town of Trinity, Alabama, all such amounts as may become due as required under the terms of the above license, then this obligation is to become null and void; otherwise, to remain in full force and effect.

If the Surety shall so elect, this bond may be cancelled by providing notice through certified mail to the Town Clerk of the Town of Trinity, or the designated representative. This notice shall provide for 30 days notice to the Town of Trinity and this bond shall be deemed cancelled at the expiration of said 30 days; the Surety remaining liable, however, subject to all the terms, conditions, and provisions of this bond, for any acts covered by this bond which may have been committed by the Principal up to the date of such cancellation.

IN WITNESS WHEREOF, the said Principal and the said Surety have hereunto set their hands and seals on this the _____ day of _____, 20____.

Principle
By: _____
Its: _____

Surety
By: _____
Its: _____

(Seal)

(Seal)

TRINITY ALCOHOLIC BEVERAGES LICENSE APPLICATION APPLICANT CHECKLIST

THE FOLLOWING LISTED ITEMS ARE TO BE INCLUDED BY ALL APPLICANTS AS ATTACHMENTS TO THE ALCOHOLIC BEVERAGE LICENSE APPLICATION:

1. ZONING VERIFICATION FORM from Building Inspector with Alabama Licensed Surveyor's Certificate.
2. ACKNOWLEDGEMENT of receipt of Application and payment of application fees. (Form ____)
3. COPIES OF THE LEASE, RECORDED DEED OR SUBLEASE FOR THE BUSINESS LOCATION. This can be a proposed lease, with an executed lease to be submitted at a later date.
4. ARTICLES OF INCORPORATION/PARTNERSHIP AGREEMENT.
5. CERTIFICATION FORM BUILDING INSPECTOR (Form ____)
6. HEALTH DEPARTMENT CERTIFICATION, if applicable.
7. CRIMINAL BACKGROUND INVESTIGATION FORM(S) FOR ABI. (Must include separate cashier's check, money order, or business check made payable to ABI) (Form ABI-46, available at: <http://dps.alabama.gov/ABI/forms/ABI-46.pdf>)
8. ALCOHOL LICENSE TAX BOND from an Insurance Company OR a Letter of Credit from your bank. (Form ____)
9. NOTICE PROVIDED TO SURROUNDING PROPERTY OWNERS CONCERNING APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE. (Form ____)
10. CERTIFICATION OF NOTICE TO SURROUNDING PROPERTY OWNERS. (Form ____)
11. REQUEST FOR TRANSFER FOR ALCOHOLIC BEVERAGE LICESNE. – Applicable only for transfer of ownership. (Form ____)
12. CERTIFICATION FROM LICENSED SURVEYOR (Applicable for Package Stores Only) (Form ____)

TOWN OF TRINITY, ALCOHOL BEVERAGE LICENSING

ACKNOWLEDGEMENT

By signing below, I certify that I have had the requirements of Ordinance No. 2016-02, as amended, explained to me with reference to the \$300.00 filing fee.

I understand that if my application is denied, said application fees will not be refunded.

Proposed Licensee

Trade Name

City Clerk

Date: _____

TOWN OF TRINITY, ALCOHOL BEVERAGE LICENSING

Certification by Town of Trinity Building Inspector

NOTE: No inspections will be performed until classification of liquor sales type has been
Verified by the Alcohol Beverage Control (ABC) Board.

Date: _____

I hereby certify that _____ doing
business as _____ does meet all
requirements of the International Building Code, current adopted edition, as prescribed by the Town of
Trinity, to operate _____ in the Town of
Trinity.

Building Inspector

Notes: _____

TOWN OF TRINITY, ALCOHOL BEVERAGE LICENSING

Certification by Town of Trinity Building Inspector

NOTE: A copy of the legal description and most recent survey or plot plan for the address of the proposed business is required for this step.

Date: _____

I hereby certify that _____ doing
business as _____ does meet all
requirements of the current zoning ordinance, as prescribed by the Town of Trinity, to operate
_____ in the Town of Trinity.

Building Inspector

Notes: _____

ABI – 46 - Criminal History Release Form

INSTRUCTIONS FOR COMPLETING THE CRIMINAL HISTORY INFORMATION RELEASE FORM

Section 1 – APPLICANT INFORMATION

Enter last name, first name, middle name and any other names used (including maiden name, surname and any aliases).

Enter address, city, state and zip code, date of birth (MM/DD/YYYY), Social Security number, race and sex for whom the criminal history record is being conducted on.

The codes for race are as follows:

Asian	(A)	Indian	(I)
Black	(B)	White	(W)
Hispanic	(H)	Other	(O)

Section 2- AFFIDAVIT FOR RELEASE OF INFORMATION

Enter name, COMPLETE mailing address, Agency or person to receive results. (THIS INCLUDES THE PERSON REQUESTING THEIR OWN RECORD)

Affidavit MUST be signed by APPLICANT and be WITNESSED by two (2) individuals OR NOTARIZED.

A \$25.00 payment MUST be made by Money Order or Certified Check for each individual and must be included with ABI – 46. Please make payable to the Alabama Bureau of Investigation.

PERSONAL CHECKS WILL NOT BE ACCEPTED

For Immigration or Fingerprint based background checks, please contact the ABI – Identification Unit at (334)353-4340 for further information.

Incomplete information will result in form being returned

(* Indicates required information)

CRIMINAL HISTORY INFORMATION RELEASE FORM
ABI - 46 (Revised 11/02/11)

For ABI Use Only: _____

Mail Request To:

Alabama Bureau of Investigation
Identification Unit - Record Check Unit
PO Box 1511
Montgomery, AL 36102-1511



TYPE or PRINT LEGIBLY

Section 1 - Applicant Information

(* Required Information)

Last Name* _____ First Name* _____ Middle Name* _____

All Other Names Used* _____

Address _____ City _____ AL _____ Zip Code _____

DOB (mm/dd/yyyy)* _____ SS#* _____ Race* _____ Sex* _____ Telephone* _____

Section 2 - AFFIDAVIT FOR RELEASE OF INFORMATION

I am possessed of sound mind and legally competent to execute this release. I hereby authorize the Alabama Department of Public Safety/ABI to release any and all criminal history information to,

Barbara Jones, Town Clerk, 35 Preston Drive, Trinity, AL 35673
Name & Address of Requesting Agency or Authorized Agent*

I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Alabama Department of Public Safety/ABI and its officers and agents from any and all claims, actions, or causes of action, which may arise as a consequence of the release of the criminal history information.

I certify that I have read this release and that I understand the significance of the same and in witness thereof I have voluntarily signed my name on this _____ day of _____, 20__.

Signature of Applicant*

Name of Witness

Name of Witness

Address of Witness

Address of Witness

City, State and Zip

City, State and Zip

Sworn to and subscribed before me on this _____ day of _____, 20__.

Signature of Notary

My Commission Expires _____, 20__.

TRINITY POLICE DEPARTMENT

26 Lile Street

Trinity, AL 35673

Phone: (256) 353-2474 ext. 7

TOWN OF TRINITY, ALABAMA
AUTHORITY TO RELEASE INFORMATION

I/we, _____, hereby authorize any representative of the Trinity Police Department to collect information in reference to, but not limited to, my/our personal background, driving record and arrest record.

I/we further authorize the release of any and all information pertaining to me/us by any person to whom this authorization may be presented, in consideration of the fact that all such obtained information shall be pertinent information which would assist the Town of Trinity, Alabama, in evaluating my/our character and qualifications. Use of any information obtained pursuant to this release will be limited to evaluation and consideration of the undersigned's application for a privilege license to sell alcohol in the Town of Trinity. Information not subject to disclosure under the Alabama Open Records Act will be kept confidential and not disclosed by the Town of Trinity.

I/we hereby release from any and all liability anyone, including, but not limited to, the Town of Trinity, its past, present, and future elected officials in their official and individual capacities, agents, employees, attorneys, members of the Trinity Alcohol Review Committee a/k/a ARC, Town administrative official(s), Town enforcement officer(s), and the Town governing body, who collects such information or anyone that furnishes such information on my/our behalf.

I/we further agree that a photo static copy of this authorization shall have the same effect as the original.

Signature

Witness

Title/Position: _____

(Must be signed by the applicant or authorized officer if corporate entity)

Date: _____

Driver's License Number: _____

Social Security Number: _____

Date of Birth: _____

Sex: _____ Race: _____

Current Address: _____

Telephone Number: _____

TOWN OF TRINITY, ALCOHOL BEVERAGE LICENSING

Certification by licensed surveyor

250 Feet Requirement Between Package Stores

Property Owner: _____

Address: _____

Name of the Package Store in Question: _____

Address of the Package Store in Question: _____

250 Feet Requirement Between Package Store and Church, School, Nursing Home/Assisted Living, Or Child Development Facility.

Property Owner: _____

Address: _____

Name of Facility: _____

Address of Facility: _____

I, _____ a State of Alabama licensed land surveyor do hereby certify that the aforementioned properties meet the necessary requirements as prescribed by the Alcoholic Beverage License Ordinance of the Town of Trinity.

Date: _____

Surveyor

Address

State License Number

**Notice Provided to Surrounding Property Owners Concerning
Application for Alcoholic Beverage License**

Applicant: _____

Address: _____

License Type: _____

Date of City Council Consideration: _____

Time of Meeting: _____

The applicant named above has applied to the Town of Trinity for an alcoholic beverage license at the address indicated. This applicant is required to provide notice to the property owners, residents, and businesses located within 250 feet of this address of when this application will be considered by the Trinity Town Council. You have received this notice from the applicant in fulfillment of this requirement.

At the date and time above, this application will be considered by the Town of Trinity Council in the Trinity Town Hall located at 35 Preston Drive. This is a public hearing and you are free to attend this meeting to voice your support or opposition to this application as you determine appropriate.

The Town completes a comprehensive investigation of the application prior to submitting it to the Town Council to insure that the applicant meets the appropriate zoning and building code standards, as well as performing a thorough criminal background investigation.

CERTIFICATION OF NOTICE TO SURROUNDING RESIDENTS, PROPERTY OWNERS AND BUSINESSES WITHIN 250 FEET

I hereby certify that I have circulated, or caused to be circulated, a notice of this application and the date it is to be considered by the Trinity Town Council to all residents, real property owners and businesses within a two hundred fifty (250) foot radius of the property for which license is being requested by leaving a copy of said notice with each resident or business or with some person over eighteen (18) years of age at each location at least one week prior to the date said application is to be heard by the Trinity Town Council.

Signature: _____ Date: _____

Printed name of person signing: _____

Date of Meeting: _____ Time: _____

→

Do not complete this page until after the alcohol application is completed and returned to Trinity Town Clerk

**Town of Trinity
Request of Transfer
Alcoholic Beverage License**

Seller Information:

Town License #: _____
ABC License #: _____
Name of Business: _____
Address: _____

Buyer Information:

Name of Person/Entity: _____
Date of Sale/Assumption of Control: _____

As the current licensee for the above referenced business, I am requesting that the Town of Trinity grant their consent to the above named buyer to operate the business during the period while making application with the town. Further, I understand and accept the responsibility and the liability for the payment of any taxes that become due during the period should the above referenced buyer fail to file or report them to the Town of Trinity. I also understand that I will be required to maintain an alcohol license tax bond with the town until such time as the requested transfer is completed and the transferee has posted a similar bond with the town. Both parties listed above fully realize that a completed application must be filed with the town within thirty (30) days of the date of the sale or assumption of control of the business, whichever date is earlier. Both parties also understand that an application must be approved by the Town Council and by the Alcoholic Beverage Control (ABC) Board of the State of Alabama prior to the transfer process being complete; such approval is not in any manner guaranteed or assured by completion of this request or compliance with the terms listed herein.

Signature of Seller: _____

Title of Seller: _____

Date: _____

Signature of Buyer: _____

Title of Buyer: _____

Date: _____

Date Request Received: _____