

**BALDWIN COUNTY, ALABAMA  
CONSUMABLE HEMP PRODUCTS  
LICENSE APPLICATION**

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Name of Applicant: \_\_\_\_\_  
(Name of applicant as it appears on State ABC Board application)

D/B/A: \_\_\_\_\_  
(Trade name as it appears on State ABC Board application)

Name and address of individual, partners, members, association, corporate officers, etc. (Use back of page if necessary)

Name and Title	Driver License Number and issuing State	Date of Birth Place of Birth	Present Residence Address	Length of Residence

Physical address (location) of business: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Has any person(s) with interest, including manager or applicant ever had any permit or license application suspended, revoked or declined by Baldwin County?     No     Yes\*

\*If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Has a consumable hemp products license application for these premises ever been denied, suspended or revoked?     No     Yes\*

\*If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Are the applicants named above, the only person(s) in any manner, interested in the business sought to be licensed?  
 Yes     No\*

\*If no, list other individuals and addresses who are interested:  
\_\_\_\_\_  
\_\_\_\_\_

Has any person(s) with any interest, including manager, whether sole applicant, officer, member, or partner been charged (whether convicted or not) of ANY law violation(s)?  Yes\*  No

\*If yes, please list person(s) and charge/violation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list three (3) reputable references with mailing addresses (non-resident applicants or residents of less than one year must provide references from former place of residence):

Name	Address	Telephone Number	Relationship

Has a County business license pertaining to this business been obtained?  Yes  No\*

\*If no, please explain \_\_\_\_\_  
(Applicant must provide proof of current County business license)

**PLEASE NOTE: The applicant is responsible for obtaining a county business license, establishing a sales and use tax account, and providing any other documents as required by County Policy 2.27 before a public hearing is set for this license request.**

The undersigned \_\_\_\_\_, applicant for the Consumable Hemp Products License Application requested hereby, acting as the \_\_\_\_\_ (title) of the business/entity subject hereto, swears and affirms that he/she has read all statements therein and the facts set forth are true and correct and understands that any incorrect information may lead to either denial of the license request or the rescinding of any approvals gained hereby.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of **Applicant** / Date

\_\_\_\_\_  
Signature of **Notary**

NOTARY SEAL

Notary Public, State at Large  
My Commission expires: \_\_\_\_\_