

Baldwin County Commission
Location Verification Request
Baldwin County Planning and Zoning Department

Main Office Mailing Address
PO Box 220, Silverhill, AL 36576
Phone: (251) 580-1655 Fax: (251) 580-1656

Main Office Physical Address
22070 Hwy 59, Robertsdale, AL 36567
Phone: (251) 580-1655 Fax: (251) 580-1656

Foley Satellite Courthouse
201 East Section Street, Foley, AL 36535
Phone: (251) 972-8523 Fax: (251) 972-8520

Applicant Information

Name: _____ D/B/A: _____
Mailing Address: _____
City: _____ State: _____ Zip code: _____
Telephone: (____) ____ - ____ Fax: (____) ____ - ____ e-mail: _____

☐ *ABC License Application*

Site Information

Business Name: _____
E-911 Address of Site: _____
Parcel ID Number: 05-____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

****parcel information must be completed***

Proposed Use: _____

****Parcel ID number is listed on property tax receipts, or may be obtained from the Baldwin County Revenue Commission at its web site (www.revcomm.co.baldwin.al.us) or by calling (251)937-0245.***

Signature of Applicant

Date

☐ **City** _____

☐ **County** _____

Please be advised that this location verification is for informational purposes only. Specific uses for the zoning classification should be verified through the Baldwin County Zoning Ordinance and associated maps or through consultation with the Planning and Zoning staff at 580-1655.

Office Use Only

P&Z Verified By: _____ **Date:** _____

Case No. ZV - _____ ☐ **Unzoned** ☐ **Zoned** **Zoning Classification:** _____

☐ **City Limits:** _____ **Planning District** _____

☐ **Permitted Use** ☐ **Not Permitted Use** **Fire District:** _____

Comments: _____

Name of Applicant: _____
(List name of applicant as it appears on State ABC application)

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

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

Physical address (location) of business:

Mailing address (if different):

This alcohol license application is (check one):
☐ New License Request
☐ Transfer License Request*

*If a transfer, please fill out the following information:

Current Licensee name: _____ d/b/a _____
 Type of License(s) currently held: _____
 Physical address (location) of business: _____

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 liquor, wine, malt or brewed beverage 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 to Commission Administration Office)

PLEASE NOTE: The applicant is responsible for obtaining a county business license, a sales and use tax account, Health Department approval if applicable, and any and all permits, if necessary, PRIOR to the Administration Office setting a public hearing date for this license request.

The undersigned _____, applicant for the Alcoholic Beverage 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 Public, State at Large
My Commission expires: _____

NOTARY SEAL

BALDWIN COUNTY COMMISSION

CONSENT FOR INSPECTION

I, _____, the owner or authorized agent for the
owner of the premises located at _____

_____,
do hereby consent to the inspection of said premises and the posting of a public notice
sign, by an employee of the Baldwin County Planning Department, Baldwin County,
Alabama, in conjunction with application for an alcohol license, without further
notice. I understand that the public signs are the property of the Baldwin County
Commission and are only to be removed by an employee of the Baldwin County
Commission.

Dated this _____ day of _____, 20_____.

Signature of Owner or Authorized Agent

Telephone number