



Date of Application \_\_\_\_\_ State License Application # \_\_\_\_\_

Date of Event: \_\_\_\_\_ Council Meeting: \_\_\_\_\_

**TYPE OF EVENT:**

**ANY EVENT WITH ALCOHOL REQUIRES SECURITY AT THE FOLLOWING EVENTS IN BOLD:**

**BANQUET WITH DANCE (Security Req.)**       **WEDDING RECEPTION WITH DANCE (Security Req.)**  
 BANQUET WITHOUT DANCE       WEDDING RECEPTION WITHOUT DANCE  
 **FAMILY REUNION WITH DANCE (Security Req.)**       **DANCE WITH ADMISSION CHARGED (Security Req.)**  
 FAMILY REUNION WITHOUT DANCE       **DANCE WITHOUT ADMISSION CHARGED (Security Req.)**  
 OTHER: SPECIFY: \_\_\_\_\_

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**MONROEVILLE ALCOHOLIC BEVERAGE LICENSE  
SPECIAL EVENTS APPLICATION**

Confidential  
(Please Type or Print Legibly)

Submit application to: City of Monroeville  
Attn: Joseph Ogleby  
P. O. Box 147, Monroeville, AL 36461-0147

**1. Applicant Information**

Name of applicant: \_\_\_\_\_

Doing Business as: \_\_\_\_\_

Corporate name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Residential Address: \_\_\_\_\_  
\_\_\_\_\_

Social Security # \_\_\_\_\_ Date of birth: \_\_\_\_\_ Telephone # \_\_\_\_\_

Drivers License # \_\_\_\_\_ Federal ID # \_\_\_\_\_ US Citizen      Yes      No

2. Name and address of individual applicant or if a partnership, association, incorporated enterprise or corporation, the names and residence of the partners, members, officers, and directors. (*Attach separate sheet if necessary*).

Name \_\_\_\_\_

Present mailing address \_\_\_\_\_

Present residential address \_\_\_\_\_

Length of time at present address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Title \_\_\_\_\_

Name \_\_\_\_\_

Present mailing address \_\_\_\_\_

Present residential address \_\_\_\_\_

Length of time at present address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Title \_\_\_\_\_

Name \_\_\_\_\_

Present mailing address \_\_\_\_\_

Present residential address \_\_\_\_\_

Length of time at present address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Title \_\_\_\_\_

3. Has the applicant ever had an ABC license suspended, revoked, or declined? Please explain:

4. Has an application been submitted before for a similar, or other, alcoholic beverage license?      Yes      No

If so, state disposition of such application: \_\_\_\_\_

Date of previous application: \_\_\_\_\_

5. Has applicant, or in the case of a partnership, association or unincorporated enterprise, any partner or member thereof, or in a case of corporation, any officer, director, or stockholder thereof, had during the three years immediate preceding the date of this application, a license for the sale of spirituous or vinous liquors, fortified wine or table wine, or malt or brewed beverages revoked or suspended by any governmental authority?

6. List below, the court records for violations, if any, of each applicant, partner, or member officer, member of the board of directors, landlord and manager. (Do not include traffic violations, except DUI and reckless driving). If no record exists, state NONE. Attach an extra sheet, if necessary.

Name	Violation charged	Court Date	Disposition
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NOTE: This form is to be signed by the owner OR responsible party of the event. The person responsible for the event must be 21 years of age or older.

I understand that false or misleading information given in this application is grounds for denial.

Signed \_\_\_\_\_ Title \_\_\_\_\_

The undersigned agrees, if issued a license as hereinbefore requested,

(1) to comply with all the provisions of the laws of Alabama and particularly Title 28, Code of Alabama, as now and hereafter amended,

(2) and to obey all rules and regulations promulgated by the Alabama Alcoholic Beverage Control Board (the "Board"), relative to the handling of the alcoholic beverages, and

(3) to obey all building, fire, zoning, and alcoholic beverage ordinances for the City of Monroeville, and

(4) to allow any duly authorized agent of the Board and any duly commissioned law enforcement officer of the State of Alabama, Monroe County, or the City of Monroeville, to enter and search without a warrant the licensed premises or any other building owned or occupied by the licensee in connection with, adjoining or adjacent thereto, whether connected or not, and whether used by the licensee as his private dwelling or not, at any time.

The undersigned understands that a violation of the state or city laws or rules and regulations of the Board may result in a suspension or revocation of his license.

**Person Responsible for the Event:**

Printed Name \_\_\_\_\_

Applicant for the alcoholic beverage license as requested hereby swears or affirms that he or she has read said application and all statements therein and that the facts set forth therein are true and correct.

Printed Name \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

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**STATE OF ALABAMA**

**COUNTY OF MONROE**

Personally, \_\_\_\_\_, appeared before me, the undersigned Notary Public in and for the State of Alabama, the aforesigned applicant, who is known to me and has acknowledged the signing and attesting of the foregoing application to be his/her free act and deed.

Witness my hand and official seal on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notary Public \_\_\_\_\_

Commission Expires: