

CITY OF ELBA, ALABAMA LIQUOR LICENSE APPLICATION

Complete and Mail/Fax/Email To:

CITY OF ELBA
ATTN: LICENSING DEPT.
200 BUFORD STREET
ELBA, AL 36323
elbacity@troycable.net
(334) 897-2333 (334) 897-3337



Applicant Complete This Box

FEIN _____

ST of ALA TAX # _____

FORM OF OWNERSHIP (Check One)

Sole Prop. _____ **Partnership** _____

Corp. _____ Prof Assoc _____

LLC _____ Other _____

Please Print or Type

SEE REVERSE SIDE FOR INSTRUCTIONS AND FURTHER INFORMATION

Application Type : New ____ Owner Change ____ Name Change ____ Location Change ____

Legal Business Name : _____

Trade Name: (If different from above) _____

Business Activities:(Brief description-_____

Physical Address: _____
 (Street) (City) (State) (Zip)

Mailing Address: _____
 (Street) (City) (State) (Zip)

Telephone: _____
 _____ (Business) _____ (Fax) _____ (Home Phone)

Name & Phone # for Contact Person _____ () _____

Email address for contact: _____

Date Business Activity Initiated or Proposed in Anywhere:_____ **# of Employees in Anywhere** _____

This application has been examined by me and is, to the best of my knowledge, a true and complete representation of the above named entity, and person(s) listed.

Date _____ Signature _____ Title _____

THIS AREA FOR MUNICIPAL USE ONLY

ACCOUNT ID # _____

REVIEWED BY: _____

PHYSICAL LOCATION: ☐ CITY ☐ POLICE JURISDICTION ☐ OUTSIDE CORP LIMITS & PJ

Business Type: ☐ Retail ☐ Wholesale