

Verification of Zoning & Location

ALCOHOLIC BEVERAGE LICENSE APPLICATION

Alcoholic beverage licensing and sale locations/uses are regulated by the Hartselle Code of Ordinances.

Information

Applicant Name(s): _____

Phone Number: _____ Email: _____

Business Name: _____

Property Address: _____

Property Owner: _____

Phone Number: _____ Email: _____

Has this location been previously licensed for alcohol sales? _____

If so, has the licensed use been discontinued for more than 12 months? _____

Requested Alcohol License

___ On Premise Alcoholic Beverages (Beer/Wine/Liquor as Permitted)

___ Restaurant, Class I

___ Specialty Beverage Store

___ Restaurant, Class II

___ Specialty Wine and Beer Establishment

___ Civic Club, Class I

___ Merchandise Store (with Incidental Table Wine Sales)

___ Civic Club, Class II

___ Special Event

___ Off Premise Alcoholic Beverages (Beer/Wine as Permitted)

___ Convenience Store

___ Specialty Wine and Beer Establishment

___ Grocery Store

___ Merchandise Store (with Incidental Table Wine Sales)

___ Specialty Beverage Store

___ On-Premise Liquor (Other)

___ Off-Premise Liquor (Package)

Description of Business:

Building's Total Area in Square Feet: _____ Dining Area in Square Feet (if applicable): _____

Is an Outdoor Patio Planned? _____ If so, Patio Area in Square Feet: _____

I have read this form and understand that this information will be used to confirm the suitability of the proposed license type and address based on current zoning criteria and alcohol provisions of the Hartselle Code. Further, I understand that the final determination of alcoholic beverage licensing is based upon a decision of the City Council and the State of Alabama Alcoholic Beverage Control Board, and that this verification of zoning is a preliminary step in the license application process for alcoholic beverages. The submission of this form or zoning official approval shall in no manner signify an express or implied assurance of the eventual license issuance for the proposed location or use.

Applicant Signature: X _____ Date: _____

Property Owner Signature(s): X _____ Date: _____
(If different from applicant)

X _____ Date: _____

Submit Application to:

City of Hartselle
Planning Department
200 Sparkman Street, NW
Hartselle, AL 35640
jgriffith@hartselle.org
Phone: 256-751-4937 Fax: 256-773-2257

NOTE: Forms may be faxed or emailed in order to expedite review. However, formal approval of zoning and location will not be granted until the original document is received by the zoning official. In addition to this form, submittal of a property deed and/or survey will be required when deemed necessary by the zoning official.

PORTION BELOW FOR CITY STAFF USE ONLY

Zoning District: _____

Minimum Distance Required from Church/School: _____ Distance from Church/School: _____

Notes:

Meets Requirements: (Official Signature) X _____ Date: _____

Does NOT Meet Requirements: (Official Signature) X _____ Date: _____

Reason(s) Location Does NOT Meet Requirements:

