APPLICATION, NEW

ALCOHOLIC BEVERAGE RETAILER'S PERMIT

return to

Alcoholic Beverage Control Division
Permit Department
P.O. Box 540
Madison, Mississippi 39130-0540

APPLICATION INSTRUCTIONS

This application may be typed or neatly printed in ink.

Please read these instructions prior to completing this application

Each applicant, regardless of the type of ABC permit sought, must meet the statutory qualifications set by the Local Option Alcoholic Beverage Control Laws, codified at Title 67 of the Mississippi Code. The Department, under authority of these laws, has established policies requiring applicants to file certain documents concerning the applicant's place of business. This application asks for particular information concerning each applicant to allow the Department to determine the eligibility of the applicant for licensing as well as the suitability of the business premises to offer alcoholic beverages for sale.

The application immediately follows these instructions. Indicate with an (x) the type of license sought under this application and include the appropriate license fee.

It is important that you complete the appropriate SUPPLEMENTAL INFORMATION portion of the application that corresponds to the type of license that you are seeking. (I.e. package store, on-premises, or on-premises private club) **(NOTE: An on-premises private club is a chartered organization formed for purposes other than profiting from the sale of alcoholic beverages. Some examples of private clubs are veteran's groups, lodges, and golf clubs).**

Be thorough in your completion of the STATEMENT OF OWNERSHIP section. Locate on this form the ownership classification of the applicant, whether a sole owner, partnership, corporation, limited liability company, trust or other. This form contains instructions on who must file qualifying documents (PERSONAL RECORD, Form 1001, SUMMARY FINANCIAL STATEMENT, Form 2007; and fingerprint cards) with this application. Note that partnerships, limited liability companies and corporations and trusts must also file a separate SUMMARY FINANCIAL STATEMENT disclosing the financial status of the business. Financial Statements must be within sixty (60) days. Standard Bank Confirmation Forms are also enclosed and must be completed if you have a banking institution outside of the State of Mississippi. Some in-state banks might also require this form to be completed, therefore please check with your bank.

ABC collects a pass-a-long $32.00 fee for fingerprint card processing by the Federal Bureau of Investigation. This fee is due and payable with the application submission. **This fee is in the form of a Cashier's Check or Personal Money Order**, payable to "ABC-FF". Each applicant must submit two (2) fingerprint cards. Fingerprints must be completed by a law enforcement agency on ABC "Applicant" fingerprint cards. The cards must be complete, legible, and capable of being classified by the Federal Bureau of Investigation. Some law enforcement agencies have ABC fingerprint cards on hand. If you need fingerprint cards, contact the Permit Dept. or visit your local MS Department of Revenue office.

You will notice that there are two separate waivers that must be submitted. These waivers serve different purposes. The first waiver accompanies your personal record form and authorizes ABC to conduct a thorough background investigation to determine your qualifications for an ABC license. The second waiver accompanies the SUMMARY FINANCIAL STATEMENT. The purpose of this waiver is to verify the financial solvency that you disclose on the form with banking institutions. **It is required that you have your signature witnessed by two people on both waivers and authorizations to release information.** Signatures on each PERSONAL RECORD form must be notarized.

You must submit with this application a copy of your lease, if leasing the business premises, or your deed, if you own the business premises. If a lease, the lessee must be the applicant for the alcoholic beverage permit (sole owner, partnership, Limited Liability Company, trust or corporation) and the lease may not expire for at least twelve (12) months. You must also include a FLOOR PLAN of the business premises that details your proposed areas of customer service, storage, kitchen facilities, restrooms, etc. The floor plan that you submit must receive approval from ABC prior to the issuance of an ABC license. Sales and consumption of alcoholic beverages are limited to the approved floor plan. Additionally, **you must submit a menu if you are applying for a license as an on-premise retailer or caterer**.

New applicants are required to give public notice of their intent to make application by publication for two (2) consecutive issues in a newspaper of general circulation published in the city or town in which applicant's place of business is located. However, in such instances where no newspaper is published in the city or town, then the same shall be published in a newspaper of general circulation published in the county where the applicant's business is located. If no newspaper is published in the county, the notice shall be published in a qualified newspaper which is published in the closest neighboring county and circulated in the county of applicant's residence. Such notice shall be printed in ten-point black face type and shall set forth the type of permit to be applied for, the exact location of the place of business, the name of the owner or owners thereof, and if operating under an assumed name, the trade name together with the names of all owners, and if a corporation, the names and titles of all officers. The cost of such notice shall be borne by the applicant. An acceptable legal notice format is included in this packet. Submit with this application a PUBLISHER'S AFFIDAVIT (obtained from the newspaper) as proof of publication.

You must apply to the Dept. of The Treasury and furnish with this application a completed copy of TTB Form 5630.5d (7/2008). To obtain a form, go to www.ttb.gov. If you have questions or need assistance, you may call the Alcohol and Tobacco Tax and Trade Bureau at 1-800-937-8864.

You must register with the Department of Revenue and obtain a sales tax number. You can download a registration form at the MSTC website at www.dor.ms.gov. You may return this form with your application or provide a copy of the registration you filed at your local DOR District Service Office.

<u>Applicants can't be indebted to the state for any taxes, fees, or penalties.</u> Your MISSISSIPPI INCOME TAX filing status, if applicable, will be verified for the past three (3) years. If our records indicate that you are delinquent in filing these returns (or you are indebted to the State of Mississippi for any other taxes, fees or penalties) you will be notified and must obtain clearance from your local DOR District Office before we can continue processing your application.

<u>As of September 1, 2012, the following regulation regarding restaurant qualification is in effect:</u>

201 To qualify as a "restaurant" under Miss. Code Ann. Section 67-1-5(m), the premises must have and maintain the following minimum kitchen requirements:

1. A menu that contains at least five (5) separate entrees. Food items must be prepared in whole or in part on the premises. Food items that are merely heated and served or "ready-to-eat" without further preparation do not meet this requirement. Specialty or theme restaurants that specialize in one entrée line may be exempted from this requirement so long as the entree line contains an acceptable number of theme or specialty entrée variations.
2. At a minimum, a Risk Category 2 Permit issued by the Mississippi State Department of Health. Proof of the Permit is required for the initial application and all subsequent renewals.

3. Employ at least one (1) employee with management or supervisory responsibility certified as a "food manager", or an equivalent position, by an educational program recognized by the Mississippi Department of Health.
4. A kitchen that contains the following functional equipment:
   a. Oven and stove top (can be one complete unit);
   b. Cold storage areas (i.e., a refrigerator and freezer, either separate or combined);
   c. Ventilation hood that meets applicable requirements under Mississippi State Department of Health regulations and city and/or local ordinances;
   d. Adequate food preparation areas and countertop space;
   e. Mop sink;
   f. Three-compartment sink; and
   g. Separate hand-washing facilities for employees.

   All equipment must meet applicable standards as required by the Mississippi State Department of Health and as listed in the FDA Food Code. Menus must be readily available and visible to customers along with the dining hours of operation. Dining hours must be adequate to meet the requirements based on the business's individual food service plan.
5. A minimum of twenty-five percent (25%) of gross annual sales derived from the preparation and serving of food.
6. Otherwise meet the requirements set forth in Miss. Code Ann. Section 67-1-5(m).

202 The term "restaurant" includes a buffet if the buffet line is operational for at least three (3) hours per day. The buffet must contain at least two (2) meat items and three (3) side items. Items commonly known as "finger goods" or "snack foods" do not meet this requirement.

203 In addition to all other application requirements, an applicant must submit a copy of its menu and the certifications listed in subsections (2) and (3) above with its initial application and any subsequent renewal.

Applicants for a common carrier license must submit a copy of the title and tag registration for each vehicle/carrier in service.

Be sure to review the application check list located in the back of the application and include proper payment for the type of license applied for and send the completed forms to:

Permit Department
P.O. Box 540
Madison, Mississippi 39130-0540

NEW BUSINESSES UNDER CONSTRUCTION: Applications will not be accepted for locations where no structure exists. Until your new building is completed or very near completion, we can't make a final decision as to whether a permit can be granted pursuant to state law and regulation. Even with the completion of a new site, we can in no way guarantee that you will be granted an ABC permit. In addition to site requirements in state law, all applicants must pass a background investigation. Also, there is the possibility of public opposition to the issuance of the permit which will result in a hearing at the Board of Tax Appeals. Because of this, do not send applications until your new building is complete or near completion. If you would like a proposed site inspected prior to construction to check applicable distance requirements, call the ABC Permit Department at 601-856-1330. This inspection is a courtesy and in no way should be construed as "approval" for construction as variables may change in the surrounding area during the construction process.

ABCD 1000
(08/2013)

PERMIT DEPT. USE ONLY
AMT. OF CHECK _____
CHECK NUMBER_____
PERMIT NUMBER_____

APPLICATION, NEW
ALCOHOLIC BEVERAGE RETAILER"S PERMIT

I. APPLICANT _____

(Name of sole owner, partnership, corporation, limited liability company or trust)

Trade Name _____

Mailing Address _____

(Street / P.O. Box) *(City)* *(State)* *(Zip)*

Location of business _____

(Street) *(City)* *(Zip)*

This location is _____ inside _____ outside the corporate city limits.

Is this location is new construction (____) or existing structure (____)? *(check one)*

Include a copy of the lease or deed to the business premises and a floor plan of the premises (see instructions).

Telephone Number (business)_____ (home)_____

(Cellular) _____ (fax) _____

(Primary e-mail address)_____

II. **PERMIT TYPE** *(check one)*

		FEE AMOUNT
[ ]	Manufacturer Class I, Distiller &/or Rectifier	$9,025.00
[ ]	Manufacturer Class II, Wine	3,625.00
[ ]	Manufacturer Class III, Native Wine	45.00
[ ]	Package Retailer	1,825.00
[ ]	Military Package Retailer	00.00
[ ]	On-Premise Retailer	925.00
[ ]	On-Premise Retailer Private Club	475.00

PERMIT TYPE *(check one)*	**FEE AMOUNT**
[ ] On-Premise Retailer, Wine Only	$475.00
[ ] Common Carrier	145.00, $120.00
[ ] Native Wine Retailer	125.00
[ ] Caterer's Permit, for On-Premise Retailer	325.00
[ ] Caterer's Permit	1,225.00
[ ] Solicitor's Permit	125.00
[ ] Research Permit	225.00
[ ] Special Service Permit)	475.00
[ ] Merchant Permit*	475.00

*(*Wine Only-Spas, Art Studios, Cooking Schools)*

A Merchant Permit must purchase inventory from a licensed wholesaler. Purchases directly from the ABC Liquor Distribution Center are not allowed.

III. **TYPE OF ORGANIZATION** [ ] Sole Owner [ ] Partnership
[ ] Corporation [ ] LLC
[ ] Trust [ ] Other_____

IV. Does the applicant have or has the applicant ever had an interest in any other alcoholic beverage retailer's permit?
[ ]Yes [ ] No If "yes," explain fully:

_____

_____

_____

V. Is the applicant indebted to the State of Mississippi for any taxes, fees, or payment of penalties imposed by law or by any rule or regulation of the Commission? [ ]Yes [ ]No If "yes," explain fully:

_____

_____

_____

VI. List your Mississippi sales tax number:_____

List your Federal Tax Identification number (EIN) _____

VII. Have you submitted your application to the TTB on form 5630.5d? [ ] Yes [ ]No
You must submit a copy of this registration with your application.

SUPPLEMENTAL INFORMATION

CATERER'S PERMIT APPLICANTS ONLY

*Complete this section in addition to the STATEMENT OF OWNERSHIP (Attach Menu**)*

I. Include a copy of the health certificate issued by the State Department of Health.
List the certificate number._____

II. Does the applicant understand that ten (10) days prior to each catered event, written notice of such event must be supplied to the Alcoholic Beverage Control? ( ) Yes ( ) No *(Contact ABC for forms used for this notification)*

** ***You must attach a copy of your menu with this application.***

SUPPLEMENTAL INFORMATION

PACKAGE RETAILER APPLICANTS ONLY

Complete this section in addition to the STATEMENT OF OWNERSHIP

I. Whether the applicant is an individual, partnership, or limited liability company, is the individual or *each* partner or *each* member of LLC, a legal resident of the State of Mississippi? ( )Yes ( )No

II. Is the applicant a corporation? ( )Yes ( ) No
If "yes", is the designated manager a legal resident of Mississippi? ( )Yes ( )No

Managers require Commission approval. Contact the ABC Permit Department for an application or download an application from the DOR website, www.dor.ms.gov.

SUPPLEMENTAL INFORMATION

ON-PREMISE PERMIT APPLICANTS ONLY

Hotel, Motel, Bed-and-Breakfast inns, restaurants, and common carriers and similar applicants must complete Section I, On-Premise Retailer Club applicants must complete Section II, in addition to the STATEMENT OF OWNESHIP.

SECTION I

A. Name of business _____

B. Type of business ( ) Hotel/Motel ( ) Bed & Breakfast
( ) Restaurant ( ) Common Carrier
( ) Other _____

If hotel, motel, or bed & breakfast, number of rooms _____
Population of city _____

C. General manager _____

Home address _____
(Street / P.O. Box) (City) (State) (Zip)

D. Restaurant manager _____

Home address _____
(Street / P.O. Box) (City) (State) (Zip)

E. Beverage sales manager _____

Home address _____
(Street / P.O. Box) (City) (State) (Zip)

***On-Premise applicants for restaurants must attach a copy of your menu with this application.**

SECTION II—ON PREMISE RETAILER PRIVATE CLUB

Complete in addition to the STATEMENT OF OWNERSHIP.

A. Name of club _____

B. Date of organization's found _____

C. If an association, list name and address of national organization.

_____

_____

D. Number of members as of date of this application: _____

Attach two (2) copies of a membership listing to this application including names and addresses of each member.

E. Does the club, as organized or incorporated, meet the statutory definition of a club as found in Section 67-1-5 (n) of the Mississippi Code? ( )Yes ( ) No ***Please review this statute prior to answering.***

If "no," explain fully: _____

_____

F. Will any club member, officer, agent or employee receive a salary or other compensation or any profit from the distribution or sale of alcoholic beverages to the club, its members or guests beyond any salary or compensation as decided by the directors or other governing body paid from the general revenue of the club? ( )Yes ( )No

If "yes," explain fully: _____

_____

G. The following items concerning the club must be filed with this application.

- ☐ Articles of Association
- ☐ Charter of Incorporation
- ☐ Copy of Bylaws
- ☐ Two (2) copies of a List of Members

STATEMENT OF OWNERSHIP

I. Name of business _____

II. Will this business be operated as a **sole proprietorship** by the person applying for this Permit? ( ) Yes ( ) No

If "yes," submit with this application:

- ☐ Personal Record (form 1001
- ☐ Summary Financial Statement (form 2007)
- ☐ Two properly executed fingerprint cards
- ☐ Certified check for $32.00 made payable to the ABC-FF

III. Will this business be operated as a **partnership**? ( )Yes ( )No

If "yes," list each partner's name and extent of his interest in the partnership.

NAME	HOME ADDRESS	% OF INTEREST OWNED

NOTE: <u>Each partner</u> must submit with this application

- ☐ Personal Record (form 1001)
- ☐ Summary Financial Statement (form 2007)
- ☐ Two properly executed fingerprint cards
- ☐ Certified check for $32.00 made payable to the ABC-FF

A separate SUMMARY FINANCIAL STATEMENT (Form 2007) must be completed for the partnership. <u>Include a copy of your partnership agreement.</u>

IV. Will this business be operated as a **corporation**? ( )Yes ( )No

If "yes," list:

Total amount of stock _____

Common Stock _____

Preferred Stock _____

List each principal officer, director, and all 10% or greater stockholders. In addition to completing the information requested include a list of all other stockholders including their age, address, and number of shares owned as well as a copy of the corporate charter.

NAME	CORPORATE TITLE	ADDRESS	SHARES OWNED

NOTE: Each officer*, director, and 10% or greater stockowner must submit with this application:

- ☐ Personal Record (form 1001
- ☐ Summary Financial Statement (form 2007)
- ☐ Two properly executed fingerprint cards
- ☐ Certified check for $32.00 made payable to the ABC-FF

A separate SUMMARY FINANCIAL STATEMENT (Form 2007) must be completed for the corporation. *Officers owning less than 10% of the stock of the corporation do <u>not</u> file a Summary Financial Statement.

V. Will this business be operated as a **trust**? ( )Yes ( )No

If "yes," list the trustee and each beneficiary below. Submit a copy of the trust instrument with this application.

NAME	TYPE	STATE OF RESIDENCY

NOTE: The trustee and each beneficiary must submit with this application:

- ☐ Personal Record (form 1001
- ☐ Summary Financial Statement (form 2007)
- ☐ Two properly executed fingerprint cards
- ☐ Certified check for $32.00 made payable to the ABC-FF

A separate SUMMARY FINANCIAL STATEMENT (Form 2007) must be completed and submitted on the trust itself. Please note that no trustee or beneficiary of a trust applying for a license can be under the age of twenty-one (21).

VI. Will this business be operated as a **limited liability company?** ( ) Yes ( ) No

If yes, list each member's name, address and their percentage of ownership. Identify the managing members below. You must submit a copy of your limited liability company agreement with this application.

NAME	TITLE	ADDRESS	% OWNED

NOTE: Each member must submit with this application:

- ☐ Personal Record (form 1001
- ☐ Summary Financial Statement (form 2007)
- ☐ Two properly executed fingerprint cards
- ☐ Certified check for $32.00 made payable to the ABC-FF

A separate SUMMARY FINANCIAL STATEMENT (Form 2007) must be completed for the limited liability company and for each member who owns 10% or more interest in the company. Please note that no member of a liability company applying for a license can be under the age of twenty-one (21).

VII. Will this business be operated as an **on-premise retailer club** as defined by Section 67-1-5 (n) of the 1972 MCA?

( ) Yes ( ) No *If "yes," list the officers and directors of the club below.*

NAME	TITLE

NOTE: Each member must submit with this application:

- ☐ Personal Record (form 1001
- ☐ Summary Financial Statement (form 2007)
- ☐ Two properly executed fingerprint cards
- ☐ Certified check for $32.00 made payable to the ABC-FF

PERMITTEE CERTIFICATION AND OATH

I,_____, certify under penalty of perjury that the organization applying for this Alcoholic Beverage Retailer's Permit does meet the qualifications of a permittee as described in Sections 67-1-5, 67-1-51, 67-1-55 and 67-1-69 of the Mississippi Code of 1972, Annotated. I affirm that this organization will comply fully with the provisions of the Local Option Alcoholic Beverage Control Laws, Rules and Regulations in the purchase, sale, and handling of alcoholic beverages and will keep all records and make all reports and remittances as required thereby. I certify that the information presented on this application to be true and correct, to the best of my knowledge and belief. I also agree that making a material misrepresentation on this application (or personal record form attached hereto) shall be evidence of a lack of trustworthiness as contemplated by MS Code Ann. Section 67-1-57 and provide a basis for denial on this application.

_____

Signature

_____ _____

Date *Title*

SWORN TO AND SUBSCRIBED before me, this the _____ day of _____, ___-___.

_____

NOTARY PUBLIC

My commission expires:_____

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I authorize you to furnish the Alcoholic Beverage Control Division, Department of Revenue with any and all information that you may have concerning me, my work record, my reputation, and my military service records. You may allow inspection or records by, and copies of these records may be provided to, an authorized representative of the Alcoholic Beverage Control Division. Information of a confidential or privileged nature may be included. Your reply will be used by the Department in determining my fitness and eligibility to be granted an Alcoholic Beverage Control Permit.

A reproduction of this request by Xerox or similar process shall be for all intents and purposes as valid as the original.

I hereby release you, your organization and others from liability or damages which may result from furnishing the information requested.

_____ _____

Applicant's Signature *Date*

_____

Applicant's Trade Name

WITNESS SIGNATURES

_____

_____

FORM 1001 (08/2013)

ALCOHOLIC BEVERAGE CONTROL
PERMIT DEPARTMENT
P.O. BOX 540, MADISON, MS. 39130-0540

PERSONAL RECORD

1. Name_____
   (Last) *(First)* *(Middle)*

Sole Owner	[ ]	Partner	[ ]	Officer	[ ]
Stockholder	[ ]	Director	[ ]	Manager	[ ]
Member	[ ]	Trustee	[ ]	Trust Beneficiary	[ ]

2. Name of business _____

3. Date of birth_____ Social Security Number*_____
   Driver's License Number_____Age_____ Sex_____Height _____
   Weight _____Hair color_____Eye color _____ Race _____

**This information will be used for identification and in the administration of state tax laws. The Department is authorized to collect the information pursuant to 42 U.S.C. § 405(c)(2)(C)(i). Additionally, Mississippi law requires all applicants under Miss. Code Ann. §67-1-1 et seq. to provide social security numbers. Miss. Code Ann. §67-1-53. states that any applicant who refuses to provide the required information will be denied the permit.*

4. Telephone (home) _____ (work) _____

5. List your residences for the past five years starting with current address.

From *Month/Year*	**To** *Month/Year*	**Address**	**City, State, Zip Code**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. List your employment or occupational history for the past five (5) years.

From *Month/Year*	**To** *Month/Year*	**Address**	**City, State, Zip Code**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Have you filed and paid your Mississippi State Income Taxes? [ ] Yes [ ] No
If "no," explain fully:_____
_____

8. Have you ever been convicted of any of the following? Answer each question:
   A. A felony in any state, federal or military court? [ ] Yes [ ] No
   B. A violation of the Local Option ABC Laws, Rules and Regulations, or the Prohibition Laws in any state or local jurisdiction? [ ] Yes [ ] No
   C. A violation of any law relating to alcoholic beverages or beer? *(For example: DUI, Sales of Alcohol to a Minor, Public Intoxication, or Sale of Alcohol to a Visibly Intoxicated Person, etc.)* [ ] Yes [ ] No
   D. A violation of any controlled substance related law? [ ] Yes [ ] No

If "yes" to 8A, 8B, 8C or 8D, explain fully on PERSONAL RECORD SUPPLEMENT

PERSONAL RECORD SUPPLEMENT

If “yes”, to question 8A, 8B, 8C, or 8D on Personal Record, Form 1001, explain fully:

List convictions (specific charges) _____

_____

_____

_____

Date and jurisdiction of same _____

_____

_____

Applicant’s Signature *Date*

NOTARY

STATE OF _____

COUNTY OF_____

THIS DAY personally came and appeared before me, the undersigned authority in and for the aforesaid jurisdiction, the within named_____ Who, after being by me first duly sworn, states on oath that the matters contained and set forth in the foregoing application are true and correct as stated therein.

SWORN TO AND SUBSCRIBED before me, this the ____day of_____,_____.

_____

NOTARY PUBLIC

My Commission expires:_____

ABCD 2007 (06/10)

ALCOHOLIC BEVERAGE CONTROL
PERMIT DEPARTMENT
P.O. BOX 540, MADISON, MS. 39130-0540

SUMMARY FINANCIAL STATEMENT

I. Name_____
(Last *(First)* *(Middle / Maiden)*

II. Name of business _____

III. Financial statement is: [ ] Personal [ ] Partnership [ ] Corporation [ ] Trust [ ] LLC

IV. List checking, savings, and/or loan institution references. Continue on separate page if needed:

Checking:_____
(Institution Name) *(Account Number)*

Savings: _____
(Institution Name) *(Account Number)*

Loan: _____
(Institution Name) *(Account Number)*

V. List each asset, tangible or intangible, below. These amounts are accurate as of _____, _____.

Current Assets

Cash on hand $_____

Cash on deposit $_____

Accounts & Notes Receivable $_____

Investments

Stocks and Bonds $_____

Business Investment $_____

Fixed Assets

Real Estate $_____

Other $_____

Total Assets $_____

VI. List each liability below. These amounts are accurate as of _____, _____.

Current Liabilities (debts due within one year)

Accounts Payable (ex. credit cards) $_____

Taxes Payable $_____

Other $_____

Long Term Liabilities (debts due in more than one year)

Notes Payable. $_____

Mortgages Payable $_____

Other $_____

Total Liabilities $_____

WAIVER AND AUTHORIZATION TO RELEASE FINANCIAL INFORMATION

TO WHOM IT MAY CONCERN:

I hereby request and authorize you to furnish the Alcoholic Beverage Control Division, Department of Revenue, with any and all information you may have concerning me or my financial records and copy such records, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege. I agree to indemnify and hold harmless the person to whom this request is presented from all manner of actions arising out of or by reason of complying with this request.

A reproduction of this request by Xerox or similar process shall be for all intents and purposes as valid as the original.

This request shall expire twelve (12) months from the date of signing.

_____ _____

Applicant's Signature *Date*

_____

Applicant Trade Name

WITNESS SIGNATURES ***(two witnesses)***

_____ _____

ABCD 2007A

STANDARD BANK CONFIRMATION FORM

Dear Sirs:

Your completion of the following report is sincerely appreciated. If the answer to any item is "none," please so state. Kindly mail direct to the accountant named below.

REPORT FROM BANK:

_____

_____

_____

Yours truly,

_____

[ ] Bank customer should check here if confirmation of bank balance only (item 1) is desired.

Bank should check whichever is applicable: This report covers all

[ ] with this office.

[ ] with this office and all other domestic offices.

NAME OF ACCOUNTANT:

Alcoholic Beverage Control Division

P O Box 540

Madison, Ms. 39130

Dear Sir:

1. We hereby report that at the close of business on _____, _____ our records showed the following balance(s) to the credit of _____.

Amount	*Designation of Account*	*Is Balance Subject to Withdrawal by check?*	*Does Account Bear Interest?*	*Give Rate*
$				
$				
$				

2. We further report that the above mentioned depositor was directly liable to us in the respect of loans, acceptances, etc., at the close of business on that date in the total amount of $_____as follows:

Amount	*Date of Loan or Discount*	*Due Date*	*Interest Rate*	*Paid To*	*Description of Liability, Collateral, Liens, Endorsers, etc.*
$					
$					
$					

3. Said Depositor was contingently liable as endorser of notes discounted and/or as guarantor at the close of business on that date in the total amount of $_____ as follows:

Amount	***Name of Maker***	***Date of Note***	***Due Date***	***Remarks***
$				
$				
$				

4. Who is authorized to sign on account(s):_____

_____

_____

Other direct or contingent liabilities, open letters of credit, and relative collateral, were

_____

_____

Date _____, _____.

Yours truly,

(Bank)_____

By _____

Authorized Signature

LEGAL NOTICE

FORMAT FOR PUBLICATION OF ORIGINAL PERMIT APPLICATION

Check Applicable Phrases

[ ] I, _____

(Sole Owner's Name)

[ ] We, the partners of _____

(Partnership Name)

[ ] We, the officers of _____

(Corporation Name)

[ ] I/We, the member(s) of _____

(*Limited Liability Company Name)*

[ ] I, the trustee of _____

(Name of Trust)

Intend to make application for:

( ) a Manufacturer Class I, Distiller &or/ Rectifier permit

( ) a Manufacturer Class II, Wine permit

( ) a Manufacturer Class III, Native Wine permit

( ) a Package Retailer permit

( ) an On-Premise Retailer permit

( ) an On-Premise Retailer, Club permit

( ) an On-Premise Retailer, Wine only permit

( ) a Common Carrier permit

( ) a Native Wine Retailer permit

( ) a Caterer's permit, for on-premise retailer permit holders

( ) a Caterer's permit

( ) a Solicitor's permit

( ) a Research permit

( ) a Merchant permit

( ) a Special Service permit

As provided for by the Local Option Alcoholic Beverage Control Laws, Section 67-1-1, et seq., of the Mississippi Code of 1972, Annotated. If granted such permit, I or We propose to operate as a

( ) sole owner

( ) partnership

( ) corporation

( ) limited liability company

( ) trust

Under the trade name of _____

Located at _____

(Street) *(City)* *(County)*

The name(s), title(s) and address(es) of the owner(s)/partners/corporate officer(s) and/or majority stockholder(s)/ member(s)/ trustee of the above named business are:

_____

_____

_____

If any person wishes to request a hearing to object to the issuance of this permit a request for a hearing must be made in writing and received by the Department of Revenue within (15) fifteen days from the first date this notice was published.

Requests shall be sent to:

Chief Counsel, Legal Division
Department of Revenue
P. O. Box 22828
Jackson, MS 39225

Date of First Publication: _____

This the_____day of_____, _____.

NOTICE

Your permit and packet will be sent to you when your permit is approved. Please allow 4-6 weeks to process this application. If you would like to pick your permit and packet up at the Liquor Distribution Center, you must make prior arrangement with the ABC Permit Department.

You may not place your initial order for alcoholic beverages with the ABC until the day after your permit has been approved by the Department. We must create your account and establish a delivery route for your business before your order may be processed.

APPLICATION CHECK LIST

Have you:

- ☐ Applied for the proper retailer permit?
- ☐ Included the correct fee payment for the permit?
- ☐ Completed the supplemental information?
- ☐ Compiled a summary financial statement for the business?
- ☐ Included a diagram of your floorplanned area?
- ☐ Included a copy of your lease or deed?
- ☐ Included a personal record statement, summary financial statement, two fingerprint cards, and executed a release of information for each person
- ☐ Identified on the "statement of ownership"?
- ☐ Included fee payable to the "ABC-FF" Fund for fingerprint cards?
- ☐ Included Proof of Publication of your legal notice?
- ☐ Signed the application where notice and had the signatures notarized & witnessed?
- ☐ Submitted the partnership agreement, trust instrument or limited liability company agreement (if applicable)?
- ☐ Registered with the TTB on form 5630.5d and submitted a **copy** with your application?
- ☐ If applicable, attached a copy of your Risk Class II Food Service Permit and Food Manager Certification?

ABC Telephone Numbers

Administration	601-856-1301	Processing (ordering)	601-856-1360
Accounting	601-856-1310	Purchasing (& special orders)	601-856-1340
Enforcement	601-856-1320	Warehouse	601-856-1380
Permit	601-856-1330		