



# BIRMINGHAM CITY COUNCIL

**PUBLIC SAFETY COMMITTEE MEETING  
TUESDAY, OCTOBER 11, 2022  
1 P.M. – CITY COUNCIL CHAMBERS  
COUNCILOR LATONYA A. TATE CHAIRMAN**

## **AGENDA**

A. CALL TO ORDER

B. APPROVAL OF MINUTES – September 27, 2022

C. LIQUOR LICENSES

1. Ampersand Cocktails and Cuisine – **NEW APPLICATION**
2. Baja California Cantina – **NEW APPLICATION**
3. G-Store - **TRANSFER**
4. The Late Rollers Convenience Store – **NEW APPLICATION**
5. The Late Rollers Package Store – **NEW APPLICATION**
6. Pita Stop - **TRANSFER**
7. Uproot – **NEW APPLICATION**
8. Carter’s Grill – **NEW APPLICATION**

D. SPECIAL EVENTS LICENSES

E. ORDINANCE

9. One Year Agreement between Alabama Law Enforcement Agency (ALEA)  
and City of Birmingham/Birmingham Police Department

F. ADJOURNMENT

# LIQUOR LICENSES

<p><b>1. Ampersand Cocktails and Cuisine</b> 101 20<sup>th</sup> Street South</p> <p>Mollie Brunson</p>	<p>Restaurant Retail Liquor</p> <p><b>NEW APPLICATION</b></p>	<p><input type="checkbox"/> Approved Consent Agenda  <input type="checkbox"/> Approved pending            NA _____ ZONING _____  <input type="checkbox"/> No Recommendation  <input type="checkbox"/> DO NOT RECOMMEND  <input type="checkbox"/> Date: _____  <input type="checkbox"/> Delayed: _____</p>
<p><b>2. Baja California Cantina</b> 7701 Crestwood Blvd</p> <p>Crystal Royster</p>	<p>Restaurant Retail Liquor</p> <p><b>NEW APPLICATION</b></p>	<p><input type="checkbox"/> Approved Consent Agenda  <input type="checkbox"/> Approved pending            NA _____ ZONING _____  <input type="checkbox"/> No Recommendation  <input type="checkbox"/> DO NOT RECOMMEND  <input type="checkbox"/> Date: _____  <input type="checkbox"/> Delayed: _____</p>
<p><b>3. G – Store</b> 5616 Court I</p> <p>Rahim Karim</p>	<p>Beer Off Premise Wine Off Premise</p> <p><b>TRANSFER</b></p>	<p><input type="checkbox"/> Approved Consent Agenda  <input type="checkbox"/> Approved pending            NA _____ ZONING _____  <input type="checkbox"/> No Recommendation  <input type="checkbox"/> DO NOT RECOMMEND  <input type="checkbox"/> Date: _____  <input type="checkbox"/> Delayed: _____</p>
<p><b>4. The Late Rollers Convenience Store</b> 1101 3<sup>rd</sup> Ave West, Suite B</p> <p>Cache Steelwell</p>	<p>Beer Off Premise Wine Off Premise</p> <p><b>NEW APPLICATION</b></p>	<p><input type="checkbox"/> Approved Consent Agenda  <input type="checkbox"/> Approved pending            NA _____ ZONING _____  <input type="checkbox"/> No Recommendation  <input type="checkbox"/> DO NOT RECOMMEND  <input type="checkbox"/> Date: _____  <input type="checkbox"/> Delayed: _____</p>
<p><b>5. The Late Rollers Package Store</b> 1101 3<sup>rd</sup> Ave West, Suite C</p> <p>Cache Steelwell</p>	<p>Lounge Retail Liquor Class II (Package Store)</p> <p><b>NEW APPLICATION</b></p>	<p><input type="checkbox"/> Approved Consent Agenda  <input type="checkbox"/> Approved pending            NA _____ ZONING _____  <input type="checkbox"/> No Recommendation  <input type="checkbox"/> DO NOT RECOMMEND  <input type="checkbox"/> Date: _____  <input type="checkbox"/> Delayed: _____</p>
<p><b>6. Pita Stop</b> 1106 12<sup>th</sup> Street South</p> <p>Daniel Machua</p>	<p>Restaurant Retail Liquor</p> <p><b>TRANSFER</b></p>	<p><input type="checkbox"/> Approved Consent Agenda  <input type="checkbox"/> Approved pending            NA _____ ZONING _____  <input type="checkbox"/> No Recommendation  <input type="checkbox"/> DO NOT RECOMMEND  <input type="checkbox"/> Date: _____  <input type="checkbox"/> Delayed: _____</p>
<p><b>7. Uproot</b> 2616 3<sup>rd</sup> Ave South</p> <p>Nathan Darnell</p>	<p>Manufacturer - Alcohol</p> <p><b>NEW APPLICATION</b></p>	<p><input type="checkbox"/> Approved Consent Agenda  <input type="checkbox"/> Approved pending            NA _____ ZONING _____  <input type="checkbox"/> No Recommendation  <input type="checkbox"/> DO NOT RECOMMEND  <input type="checkbox"/> Date: _____  <input type="checkbox"/> Delayed: _____</p>

<p><b>8. Carter's Grill</b> 512 Reverend Abraham Woods Jr Blvd North</p> <p>Kordelle Carter</p>	<p>Restaurant Retail Liquor</p> <p><b>NEW APPLICATION</b></p>	<p><input type="checkbox"/> Approved Consent Agenda  <input type="checkbox"/> Approved pending  NA _____ ZONING _____  <input type="checkbox"/> No Recommendation  <input type="checkbox"/> DO NOT RECOMMEND  <input type="checkbox"/> Date: _____  <input type="checkbox"/> Delayed: _____</p>
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## ORDINANCE

<p><b>9. An Ordinance authorizing the Birmingham Chief of Police to execute a one year Agreement, beginning October 1, 2022 and ending September 30, 2023, between the Alabama Law Enforcement Agency (ALEA) for the State Bureau of Investigation and the City of Birmingham for the Birmingham Police Department, for the City's participation in the Alabama Drug Enforcement Task Force (ADETF) and for distribution and receipt of funds and property forfeited as a result of investigations by ADETF.</b></p> <p><b>Law Department</b></p>	<p><input type="checkbox"/> Approved Consent Agenda  <input type="checkbox"/> Approved pending  NA _____ ZONING _____  <input type="checkbox"/> No Recommendation  <input type="checkbox"/> DO NOT RECOMMEND  <input type="checkbox"/> Date: _____  <input type="checkbox"/> Delayed: _____</p>
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JOINT PUBLIC SAFETY AND SPECIAL CALLED COMMITTEE OF THE WHOLE MEETING  
TUESDAY, SEPTEMBER 27, 2022 | 1:00 P.M.  
COUNCIL CHAMBERS

MINUTES

COUNCILOR LATONYA A. TATE, COMMITTEE CHAIR  
COUNCILORS CRYSTAL N. SMITHERMAN & HUNTER WILLIAMS, COMMITTEE MEMBERS

**Councilor(s) Present:** Tate, Smitherman,

**A. CALL TO ORDER**

The Meeting was called to order by the Committee Chair, Councilor Tate.

**B. APPROVAL OF MINUTES – August 9, 2022**

**Action Taken:**

**Councilor Smitherman Motioned to Approve.**

**Councilor Tate Seconded the Motion.**

**The August 9, 2022 Joint Public Safety and Special Called Committee of the Whole Meeting Minutes were approved as recorded.**

**C. LIQUOR LICENSES**

Alibi Bar and Tapas

5514 1<sup>st</sup> Ave North

**Contact:** Tierra Washington

**Lounge Retail Liquor Class I/NEW APPLICATION**

There were no incidents reported for this location.

The location meets zoning requirements.

There are no outstanding tax delinquencies.

**Action Taken:**

**Councilor Smitherman Motioned to Approve.**

**Councilor Tate Seconded the Motion.**

**Item Recommended to the City Council Consent Agenda.**

**The Golden Cookie**

1011 20<sup>th</sup> Street South

**Contact:** Lynda Sanford

**Restaurant Retail Liquor/NEW APPLICATION**

There were no incidents reported for this location.

The location meets zoning requirements.

There are no outstanding tax delinquencies.

**Action Taken:**

**Councilor Smitherman Motioned to Approve.**

**Councilor Tate Seconded the Motion.**

**Item Recommended to the City Council Consent Agenda.**

**The Heights**

4016 Avenue I Ensley

**Contact:** Vanessa ID Deen

**Special Retail Liquor (over 30 days)/NEW APPLICATION**

There were no incidents reported for this location.

The location meets zoning requirements.



MINUTES

There are no outstanding tax delinquencies.

**Action Taken:**

**Councilor Tate Motioned to Approve.**

**Councilor Smitherman Seconded the Motion.**

**Item Recommended to the City Council Consent Agenda.**

**Iron City Bar and Lounge**

4120 3<sup>rd</sup> Ave South

**Contact:** Comelia Williams

**Lounge Retail Liquor Class /NEW APPLICATION**

There were no incidents reported for this location.

The location meets zoning requirements.

There are no outstanding tax delinquencies.

**Action Taken:**

**Councilor Smitherman Motioned to Approve.**

**Councilor Tate Seconded the Motion.**

**Item Recommended to the City Council Consent Agenda.**

**Roscoes**

3300 Jefferson Ave SW

**Contact:** Tonya Patrick

**Lounge Retail Liquor Class /NEW APPLICATION**

There were no incidents reported for this location.

The location meets zoning requirements.

There are no outstanding tax delinquencies.

**Action Taken:**

**Councilor Smitherman Motioned to Approve.**

**Councilor Tate Seconded the Motion.**

**Item Recommended to the City Council Consent Agenda.**

**Murphy USA #7818**

121 Roebuck Plaza Drive

**Contact:** Tiffany Farris

**Beer Off Premise/Wine Off Premise/NEW APPLICATION**

There were no incidents reported for this location.

The location meets zoning requirements.

There are no outstanding tax delinquencies.

**Action Taken:**

**Councilor Smitherman Motioned to Approve.**

**Councilor Tate Seconded the Motion.**

**Item Recommended to the City Council Consent Agenda.**

**D. SPECIAL EVENTS LICENSES**

**Breakin Bread 2022**

Ferguson Parking Lot located at 29<sup>th</sup> St and 2<sup>nd</sup> Ave South

**Contact:** Denise Koch

**Event Date:** 10/16/22

**Special Retail Liquor (7 days or Less)/NEW APPLICATION**

**Action Taken:**

**Councilor Smitherman Motioned to Approve.**

**Councilor Tate Seconded the Motion.**

**Item Recommended to the City Council Consent Agenda.**





MINUTES

**Classic Cocktails**

2100 Park Place – 1<sup>st</sup> Floor

**Contact:** Catherine Frey

**Event Date:** 10/24/22

**Special Retail Liquor (7 days or Less)/NEW APPLICATION**

**Action Taken:**

**Councilor Smitherman Motioned to Approve.**

**Councilor Tate Seconded the Motion.**

**Item Recommended to the City Council Consent Agenda.**

**Magic City Classic President's Reception**

~~17<sup>th</sup> St N to 18<sup>th</sup> St N on~~ 1725 3<sup>rd</sup> Ave N

**Contact:** Patrice Blankenship

**Event Date:** 10/26/22

**Special Retail Liquor (7 days or Less)/NEW APPLICATION**

**Action Taken:**

**Councilor Smitherman Motioned to Approve.**

**Councilor Tate Seconded the Motion.**

**Item Recommended to the City Council Consent Agenda.**

**Marty's Halloween Party**

500 28<sup>th</sup> Street South – Event Space

**Contact:** Phillip Mims

**Event Date:** 10/22/22

**Special Retail Liquor (7 days or Less)/NEW APPLICATION**

**Action Taken:**

**Councilor Smitherman Motioned to Approve.**

**Councilor Tate Seconded the Motion.**

**Item Recommended to the City Council Consent Agenda.**

**Legion Field Stadium**

400 Graymont Ave West

**Contact:** Johnathan Meador

**Event Date:** 10/1-10/30/22

**Special Retail Liquor (under 30 days)/NEW APPLICATION**

**Action Taken:**

**Councilor Smitherman Motioned to Approve.**

**Councilor Tate Seconded the Motion.**

**Item Recommended to the City Council Consent Agenda.**

**E. ORDINANCE/RESOLUTION**

A Resolution approving and authorizing the Mayor to execute an Agreement for goods and services between the City of Birmingham, Alabama, a municipal corporation (CITY), and Johnson Controls Security Solutions, LLC (Johnson Controls), to provide installation and/or electronic monitoring/access control for City of Birmingham facilities, namely the City of Birmingham Pension and Benefits Office located at Birmingham City Hall, 719 North 20th Street, Birmingham, Alabama, for an amount not to exceed Nine Thousand Nine Hundred Ninety Six and 48 /100 Dollars (\$9,996.48) for a one time installation of equipment and Three Hundred Ninety Seven and 00/100 Dollars (\$397.00) per year for a term of three (3) years. The funding source is for this agreement is 016\_042\_02340.600-010.

**Office of the City Attorney**

An Ordinance to authorize the operation of medical cannabis dispensaries within the corporate limits of the City of Birmingham, pursuant to ALA. CODE, 1975, § 20-2A-51(c).



MINUTES

**Department of Innovation and Economic Opportunity**

**Action Taken:**

**Councilor Smitherman Motioned to Approve.**

**Councilor Tate Seconded the Motion.**

**Item Recommended to the City Council Consent Agenda.**

**Action Taken:**

**Councilor Smitherman Motioned to Approve.**

**Councilor Tate Seconded the Motion.**

**Item Recommended to the City Council Consent Agenda.**

**F. ADJOURNMENT**

**Councilor Smitherman Motioned to Adjourn.**

**Councilor Tate Seconded the Motion.**

**The Meeting was adjourned.**



# Neighborhood Voting Form: Liquor Applications

Date:

7/27/22

Application Type: New Application – Restaurant Retail Liquor

Subject: Applicant's Entity Name RMJ Development LLC

Business Name Ampersand Cocktails and Cuisine

Business Address 101 20<sup>th</sup> St S

### Type of License/Permit Applying For:

- |   |  |
|---|--|
| <input type="checkbox"/> Lounge Retail Liquor Class I           | <input type="checkbox"/> Lounge Retail Liquor Class II (Package Store) |
| <input type="checkbox"/> Club Liquor Class I                    | <input type="checkbox"/> Club Liquor Class II (Private)                |
| <input type="checkbox"/> Beer Off Premise                       | <input type="checkbox"/> Beer On & Off Premise                         |
| <input type="checkbox"/> Wine Off Premise                       | <input type="checkbox"/> Wine On & Off Premise                         |
| <input checked="" type="checkbox"/> Restaurant Retail Liquor    | <input type="checkbox"/> Special Retail License (over 30 days)         |
| <input type="checkbox"/> Special Retail License (under 30 days) | <input type="checkbox"/> Pool Table Permit                             |
| <input type="checkbox"/> Division I Dance Permit (customers)    | <input type="checkbox"/> Division II Dance Permit                      |

The Five Points South Neighborhood Association met on \_\_\_\_\_ and voted about the above-named license application. The concerns of the Neighborhood regarding the granting of this license are indicated as follows: (Please check one)

\_\_\_\_\_ Attendance \_\_\_\_\_ Oppose \_\_\_\_\_ Support \_\_\_\_\_ No Recommendation

Reason for Opposition

Form Forthcoming

Applicant: \_\_\_\_\_ attended NA meeting \_\_\_\_\_ did not attend NA meeting

\_\_\_\_\_  
President/Officer

**Neighborhood Officers: (Please return this form to the of attention Latonya Tate /Public Safety; City of Birmingham; 710 North 20<sup>th</sup> Street, Birmingham, AL 35203; City Council Chambers; 3<sup>rd</sup> Floor)**  
**Failure to attend the neighborhood meeting may result in a delay in the liquor process.**



**New Application: Restaurant Retail Liquor – Type 020**

The following applicant has applied to the City of Birmingham for an alcohol, dance or pool table license:

Name of Applicant: RMJ Development LLC

Mailing Address: 101 20<sup>th</sup> St S  
Birmingham, AL 35233

Trade Name: Ampersand Cocktails and Cuisine

Location Address: 101 20<sup>th</sup> St S

Contact Number: (205)563-2773

Contact Person:  
Mollie Brunson

New Application

Transfer

**Type of License**

- |   |  |
|---|--|
| <input type="checkbox"/> Lounge Retail Liquor Class I                 | <input type="checkbox"/> Lounge Retail Liquor Class II (Package Store) |
| <input type="checkbox"/> Club Liquor Class I (Fraternal)              | <input type="checkbox"/> Club Liquor Class II (Private)                |
| <input type="checkbox"/> Beer Off Premise                             | <input type="checkbox"/> Beer On & Off Premise                         |
| <input type="checkbox"/> Wine Off Premise                             | <input type="checkbox"/> Wine On & Off Premise                         |
| <input checked="" type="checkbox"/> Restaurant Retail Liquor          | <input type="checkbox"/> Special Retail Liquor (7 days or less)        |
| <input type="checkbox"/> Special Retail Liquor (over 30 days)         | <input type="checkbox"/> Special Retail Liquor (under 30 days)         |
| <input type="checkbox"/> Division I Dance Permit (customer)           | <input type="checkbox"/> Division II Dance Permit (entertainers)       |
| <input type="checkbox"/> Pool Table Permit (send copy of application) |  |

Kitchen equipped: yes  no

Number of table and chairs 20TBS/80CHS

Date Applied: 7/27/22

Revenue Examiner: GS

Copy: Fire Prevention  
Health Department  
Community Development  
Operation New Birmingham  
Melanie Genkin (pool tables)  
Katrina Thomas (PEP)

**City of Birmingham  
Application for  
Alcoholic Beverage License**

**New Application**   
**Transfer**

**RESTAURANT RETAIL LIQUOR-TYPE 020**

**By: GS**

(Enter Type of License Applied For)

(Revenue Official)

1. Name of Applicant (s) RMJ Development LLC  
(Indicate whether Individual, Partnership, Corporation, LLC, LLP, etc)
2. Name and address of individual applicant or all partners and members if partnership or assoc., or all officers and directors, if corporation  
(Attach separate sheet if necessary)

Social Security Number Drivers License Number Name of Owner, Officer or Partner	Title	Date of Birth Place of Birth	Present Residence Address	Length of Residence at Place Named
ALDL: [REDACTED] Richard Gregory Walker	Member	[REDACTED] Birmingham, AL	1844 20 <sup>th</sup> St Ens Birmingham, AL 35218	

Note: If a corporation, LLC or LLP, give place and date of incorporation or issuance of certificate of authority to do business in Alabama:

Book 001-000 Page: 1 of 3 Date: 02/01/2022 County: Jefferson  
087

Foreign Corporation: certificate of Authority Date:  (get copy of original papers)

3. Trade Name Ampersand Cocktails and Cuisine

4(a) Location 101 20<sup>th</sup> St S  
Exact Street Number, or if on Highway, give details as to Location  
Birmingham, Alabama Zip Code 35233 County  Jefferson  Shelby

(b) Length of time at this location

(c) Mailing Address: 2000 2<sup>nd</sup> Ave S Birmingham, AL 35233

(d) Business Phone \_\_\_\_\_ Fax: \_\_\_\_\_ Other Contact: (205)563-2773

5. Name, trade name and License number of last or previous licensee:  
Trade name \_\_\_\_\_ Year  Type \_\_\_\_\_ Taxpayer ID \_\_\_\_\_

6 (a) Owner of real estate for which license is desired Advenir@Station 121 LLC  
17501 Biscayne Blvd, Ste 300 Aventura, FL 33160

Address

(b) Give a full description of the premises for which a license is desired: New Construction  Existing Structure   
Description  Multi-Story Bldg

(c) Is establishment equipped with tables and chairs? Yes  No  If "Yes", how many? 20TBS/80CHS

7. Has a liquor, malt or brewed beverage license for premises ever been denied, suspended or revoked?  Yes  No  
If "Yes", explain fully \_\_\_\_\_

8 (a) Pool Tables? Yes  No  Coin Operated? Yes  No  Standard Provider:

(b) Video Games? Yes  No  Juke Box or Slot Musical Equipment? Yes  No

(c) Vending Machines (Snacks/Sodas)? Yes  No  Cigarettes or Tobacco Products? Yes  No  Other?

9 (a) Will you allow dancing? Yes  No  If "Yes": Customer/Patron?  Div I Exhibition/Performance?  Div II



- (b) Independent Contract Employees (Disc Jockey, Band, Bartenders, Servers)? Yes  No
- 10 (a) Are these premises kitchen equipped? Yes  No  Not Applicable
- (b) Is kitchen apart from but convenient to the dining room? Yes  No
- (c) Is place of business habitually and principally used for providing food to the public? Yes  No
- (d) If not kitchen equipped, is any type of food served? Yes  No  If "Yes", explain. \_\_\_\_\_
- (e) Are these premises equipped for on premises consumption of liquor? Yes  No
- (f) Will this business be operating primarily as a package store? Yes  No
- (g) Seating Capacity: \_\_\_\_\_
- (h) For a SPECIAL RETAIL LICENSE, less than thirty (30) days: Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_
- (i) For a SPECIAL RETAIL LICENSE, more than thirty (30) days: Starting Date \_\_\_\_\_ Ending Dec. 31, \_\_\_\_\_
- (j) For a SPECIAL EVENTS RETAIL LICENSE, not to exceed seven (7) days: Starting \_\_\_\_\_ Ending \_\_\_\_\_  
**(Note: Application must be filed 120 days in advance of event for which license is applied for)**
- (k) Event Sponsor \_\_\_\_\_ Phone Number \_\_\_\_\_
- (1) Sponsor Letter of Designation? Yes  No
- (2) Multi-Vendor Sponsorship? Yes  No
- (3) Street Closing Required? Yes  No
- (4) Park Board Permission? Yes  No


- 11 (a) Does the club charge and collect dues from elected members? Yes  No
- (b) How many paid-up members are there in the club? \_\_\_\_\_
- (c) Are regular meetings held? Yes  No  If so, when? \_\_\_\_\_
- (d) Is business conducted through officers regularly elected? Yes  No
- (e) Are members admitted by written application, investigation, and ballot? Yes  No
- (f) For what purpose is the club organized and operated? Social  Patriotic  Political  Athletic  Other

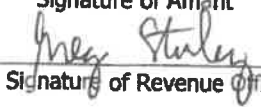
12. List below the court records for law violations in the last ten (10) years, if any, of each person interested in this application, including the manager, whether as sole applicant, partner, officer, member, or landlord. (Do not include traffic violations, except D.U.I. and reckless driving. If no record, state "None".)

Name	Violation Charged	Name of Court	Date	Disposition of Case
NO-Applicant				

Applicant for the Alcoholic Beverage license requested by the aforementioned applicant hereby swears or affirms that he or she has read said application and that all the statements therein and the facts set forth therein are true and correct, and that the applicant is the only person interested in the business for which said license is requested.

Sworn and subscribed before me this 27<sup>th</sup> day of July, 2007

  
 Signature of Affiant

  
 Signature of Revenue Official

**This application will not be processed until all fees due at the time of application are paid and receipts are on file.**

For Zoning Purposes Only:  
Restaurant Retail Liquor  
NO SP4

TAXPAYER IDENTIFICATION NUMBER  
(City Office Use Only)

CITY OF BIRMINGHAM  
APPLICATION FOR TAX CERTIFICATE

The information that you provide in this application is protected by the confidentiality provisions outlined in Ordinance No. 97-183, "The Business License Code of the City of Birmingham", Article II, Section 14. Please type or print. This application should be completed fully to avoid delays in processing.

Section 1 - WHAT WOULD YOU LIKE TO DO?

- Register a new business (Please complete all sections)
- Add a New Location or Tax Type to your current registration (Please complete Sections 2, 3, 5-10, 12, 13, and 14)
- Change Business Ownership of your current registration (Please complete all sections)
- Change the Mailing Address only for your current registration (Please complete Sections 2, 8-10, 12, 13 and 14)
- Change the Location Address of your current registration (Please complete Sections 2, 3, 5-13, and 14)
- Change in Corporate Officers, Members, or Partners (Please complete Sections 2, 5, 7-9,, 11-13, and 14)
- Provide a general "update" of your current registration information (Please complete all sections)

Section 2 - LEGAL NAME AND MAILING ADDRESS to which tax forms are to be sent:

(Note: If mailing address is a post office box, the street address of the business must also be indicated.)

Full Legal Name: RMJ Development LLC  
Attention: \_\_\_\_\_  
Address: 2000 2nd Ave S  
City: Birmingham State: AL Zip Code: 35233  
Area Code and Phone Number: (205)563-2773  
Area Code and Fax Number: \_\_\_\_\_  
Name of Contact Person: Amber Brunson  
E-Mail: \_\_\_\_\_ Website Address: \_\_\_\_\_

Section 3 - TRADE NAME AND LOCATION ADDRESS of office in Birmingham. If you are registering more than one location, please see reverse side of this form. (Important Note: All business locations are subject to zoning approval.)

Please select:  Commercial Establishment  Private Residence  No Physical Birmingham Location

Trade Name (d/b/a): Ampersand Cocktails and Cuisine  
Attention: \_\_\_\_\_  
Address: 101 20th St S  
City: Birmingham State: AL Zip: 35233  
Area Code and Phone Number of Business Location: \_\_\_\_\_  
Area Code and Fax Number of Business Location: \_\_\_\_\_  
Name of Contact Person at Business Location: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Website Address: \_\_\_\_\_

Section 4 - CHANGE OF OWNERSHIP resulting from merger, purchase or acquisition of an existing business. If applicable, this section MUST be completed.

Former Owner: \_\_\_\_\_  
Trade Name (d/b/a) \_\_\_\_\_  
Mailing Address of Former Owner \_\_\_\_\_  
Address (es) of Former Location(s) \_\_\_\_\_  
Area Code and Phone Number of Former Owner: \_\_\_\_\_

**Section 5 - TYPE OF OWNERSHIP**

Please indicate the form of organization. NOTE: Please refer to the accompanying "General Information for Preparing an Application for Tax Certificate Form" instruction sheet for a listing of supplemental documentation to be included with this application.

- 1. Alabama Corporation (Incorporated in Alabama)
- 2. Partnership (two or more owners)
- 3. Sole Proprietor (one owner)
- 4. Unincorporated Association (i.e., PA)
- 5. Other \_\_\_\_\_
- 6. Limited Liability Partnership (LLP)
- 7. Limited Liability Company (LLC)
- 1. Foreign Corporation (Incorporated in another state)

**Section 6 - TYPE OF BUSINESS**

Please indicate the principal business activity category.

- 1. Manufacturer
- 2. Contractor (Please Specify)
- 3. Wholesaler
- 4. Retailer
- 5. Other (Please Specify)
- 6. Food/Eating Establishment
- 7. Day Care Center
- 8. Home Occupation/Home Office  
(Please Specify the type of occupation or office)
- 9. State Certified, State Regulated, or State Licensed Occupations, (Please Specify)
- 10. Transient Vendors/Special Events:  
Date(s) of the Event \_\_\_\_\_  
Event Location \_\_\_\_\_

**Section 7 - PRINCIPAL BUSINESS ACTIVITY AND PRODUCT**

You should indicate the one business activity that accounts for the largest percentage of gross income. State the broad field of business activity as well as the product or service. For example-Activity: Wholesale Sales / Product: Pharmaceuticals OR Activity: Manufacturing / Product: Automobiles. Note: This information should be the same information as required by the Internal Revenue Service on Schedule c of Form 1040 for Sole Proprietorships.

Activity: Restaurant

Product: Alcohol/Food

**Section 8 - FEDERAL TAX ID NUMBER / NUMBER OF EMPLOYEES**

Enter Federal Identification Number (REQUIRED) and the number of employees that will be working in Birmingham.

Federal ID Tax Number 87-4798078 Number of Employees in Birmingham (Required) \_\_\_\_\_

**Section 9 - COMMENCEMENT OF BUSINESS ACTIVITY**

Enter Date Business Activity Will Begin in Birmingham: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Enter Date City of Birmingham Taxpayer ID Applied For: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Section 10 - Tax Liabilities** Check the taxes for which you are liable.

- Sales Tax
  - Sellers Use Tax
  - Consumers Use Tax
  - Lease Tax
  - Occupational Tax- Employers
  - Lodgings Tax
- TAX IDENTIFICATION NUMBERS NOW ASSIGNED TO YOU:** (Write "None" if no number assigned)
- State of Alabama Sales Tax Number \_\_\_\_\_
  - State of Alabama Sellers Use Tax Number \_\_\_\_\_
  - State of Alabama Consumers Use Tax Number \_\_\_\_\_
  - State of Alabama Lease Tax Number \_\_\_\_\_
  - State of Alabama Lodgings Tax Number \_\_\_\_\_

If you have more than one business location, it is assumed that you will file consolidated returns for each of the taxes for which you may be liable, including sales, use, lease, occupational, and lodgings taxes. Each separate business location requires a separate business license.

Business License Tax

State of Alabama Unemployment Tax Number \_\_\_\_\_

If you have more than one business location, it is assumed that you will file consolidated returns for each of the taxes for which you may be liable, including sales, use, ~~license~~, occupational, and lodgings taxes. Each separate business location requires a separate business license.

**APPLICATION FOR TAX CERTIFICATE (CITY OF BIRMINGHAM, ALABAMA)**

**Section 11 - OWNER, PARTNERS, MEMBERS, OR CORPORATE OFFICERS**  
**This information REQUIRED. (Attach additional sheets if necessary.)**

NAME	TITLE	SOCIAL SECURITY NUMBER
Walker, Richard	Member	[REDACTED]

**Section 12 - CORPORATE RESIDENT AGENT OR LOCAL MANAGER**

Name: \_\_\_\_\_  
 Address of Residence: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Area Code and Phone Number of Residence: \_\_\_\_\_

**Section 13- STATEMENT OF ACKNOWLEDGEMENT AND ACCEPTANCE OF CONDITIONS** -Please read carefully, then sign.

I declare, under the penalty of making a false declaration, that I am authorized to complete this form and to the best of my knowledge and belief all questions answered are true, correct, and complete statements, made in good faith. I understand and agree that the granting of this license requires my compliance with all applicable City of Birmingham Tax Code provisions, and state laws, as well as with all conditions set forth in any and all applicable City of Birmingham Laws, Ordinances, Rules and Regulations, and that any failure or refusal to comply with said laws, ordinances, rules and regulations may result in the revocation of any license issued pursuant to this application. I also understand that disclosure of any false or misleading information will result in automatic denial of any license issued pursuant to this application, or in the revocation of the license if such has already been issued. I understand that it is unlawful for any person to commence or engage in any business, vocation, occupation or profession, who is not otherwise exempt therefrom under the provisions of the City of Birmingham Business License Tax Code (Ordinance No. 97-183), without first having procured a license therefore, and that it is unlawful for any person to continue in any business, vocation, occupation, or profession after the expiration of a license previously issued without obtaining a new license. I further understand that it is unlawful for any person to engage in or continue in any business, vocation, occupation, or profession at any location within the corporate limits of the City of Birmingham without approval from the City of Birmingham Department of Planning, Engineering, and Permits (Zoning Division).

**Signed:**

*[Signature]*      7/27/22  
 Signature of Person Completing This Application      Date

Amber Brunson Gruene      205-563-2773  
 Print the Name of the Person Completing This Application      Phone Number of Person Completing Application

**CITY OFFICE USE ONLY - Location**

**ZONING APPROVAL AND COMMENTS:**  
OK-D4-AOS-7-27-2022  
must be approved by City Council LST

HOME OCCUPATION CERTIFICATE EXECUTED  
 YES    NO    NOT APPLICABLE

SIC OR NAICS	_____
BLIC	_____
TERRITORY	_____
ANNEX	_____
HEALTH DEPT PERMIT	_____
OTHER REQUIRED PERMIT	_____
ARTICLES OF INCORPORATION	_____
CERTIFICATE OF AUTHORITY	_____
TAX FORMS ORDERED	<input type="checkbox"/>
NBL ORDERED	<input type="checkbox"/>

SECTION 14 - ADDITIONAL TAXABLE LOCATIONS

Trade Name and Location Address of office in Birmingham. If you are registering more than one location, please use this section. Attach additional sheets if necessary. **(Important Note: All business locations are subject to zoning approval.)**

Location

Please select:  Commercial Establishment  Private Residence  No Physical Birmingham Location

Trade Name (d/b/a): \_\_\_\_\_  
 Attention: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Area Code and Phone Number of Business Location: \_\_\_\_\_  
 Area Code and Fax Number of Business Location: \_\_\_\_\_  
 Name of Contact Person at Business Location: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Website Address: \_\_\_\_\_

CITY OFFICE USE ONLY - Location

ZONING APPROVAL AND COMMENTS:
HOME OCCUPATION CERTIFICATE EXECUTED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE

SIC OR NAICS	_____
BLIC	_____
TERRITORY	_____
ANNEX	_____
HEALTH DEPT PERMIT	_____
OTHER REQUIRED PERMIT	_____
ARTICLES OF INCORPORATION	_____
CERTIFICATE OF AUTHORITY	_____
TAX FORMS ORDERED <input type="checkbox"/>	NBL ORDERED <input type="checkbox"/>

Trade Name and Location Address of office in Birmingham. If you are registering more than one location, please use this section. Attach additional sheets if necessary. **(Important Note: All business locations are subject to zoning approval.)**

Location

Please select:  Commercial Establishment  Private Residence  No Physical Birmingham Location

Trade Name (d/b/a): \_\_\_\_\_  
 Attention: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Area Code and Phone Number of Business Location: \_\_\_\_\_  
 Area Code and Fax Number of Business Location: \_\_\_\_\_  
 Name of Contact Person at Business Location: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Website Address: \_\_\_\_\_

CITY OFFICE USE ONLY - Location

ZONING APPROVAL AND COMMENTS:
HOME OCCUPATION CERTIFICATE EXECUTED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE

SIC OR NAICS	_____
BLIC	_____
TERRITORY	_____
ANNEX	_____
HEALTH DEPT PERMIT	_____
OTHER REQUIRED PERMIT	_____
ARTICLES OF INCORPORATION	_____
CERTIFICATE OF AUTHORITY	_____
TAX FORMS ORDERED <input type="checkbox"/>	NBL ORDERED <input type="checkbox"/>

RMJ Development dba Ampersand Cocktails and Cuisine

↓  
Restaurant

205-563-2773  
2000 2<sup>nd</sup> Ave S  
33133



Adventure Station 121 LLC  
17501 Biscayne Blvd, Ste 300  
Aventura, FL 33160

Five Points South

DRIVER LICENSE

# ALABAMA



NO. [REDACTED] CLASS D  
 EXP. [REDACTED]  
 D.O.B. [REDACTED]  
**RICHARD GREGORY WALKER**  
 1844 20TH STREET ENSLEY  
 BIRMINGHAM AL 35218-2220  
 ENDORSEMENTS REST  
 ISS. [REDACTED] SEX M HT 6-00 EYES BRO  
 WT 210 HAIR BLD

*Richard Gregory Walker*

Secretary Hal Taylor  
Secretary of Law Enforcement



**COMMERCIAL LEASE AGREEMENT**

This Commercial Lease Agreement (this "Lease") is entered into as of May 13<sup>th</sup>, 2022 (the "Effective Date") by and between **ADVENIR@STATION 121, LLC**, a Florida limited liability company ("Landlord") and **RMJ DEVELOPMENT LLC**, an Alabama limited liability company dba AMPERSAND RESTAURANT & LOUNGE ("Tenant").

**Agreement**

In consideration of Tenant's obligation to pay Rent as herein provided and in consideration of the other terms, covenants, and conditions hereof, Landlord and Tenant hereby agree as follows:

**ARTICLE 1**

**DEFINITIONS**

**SECTION 1.1 Definitions.** In addition to other terms which are elsewhere defined in this Lease, the following terms when used in this Lease shall have the meanings set forth below, and only such meanings, unless such meanings are expressly limited or expanded elsewhere herein:

(a) "Additional Rent" means all charges and payments other than Base Rent which are due and payable by Tenant hereunder.

(b) "Base Rent" means the following amounts:

<b>Lease Year</b>	<b>*Annual Base Rent</b>	<b>*Monthly Base Rent</b>
1-6	\$44,840.00	\$3,736.67
** 7-11	\$52,800.00	\$4,400.00
** 12-16	\$63,360.00	\$5,280.00

\*Base rent assumes Gross Rentable Area of 2,000 square feet, which measurement is subject to Landlord's verification of the space plan of the Premises, and a Base Rent of \$22.42 per square foot of the Premises.

\*\*Years 7-11 and 12-16 above assume the Term is extended pursuant to the terms hereof.

(c) "Commencement Date" means the date which is the earlier to occur of: (i) one hundred eighty (180) days following the Delivery Date or (ii) the date Tenant opens the Premises for business to the public.

(d) "Common Areas" means those areas of the Development which are from time to time open for joint use by the non-residential tenants of the Development or by the public including without limitation parking lots, driveways, truckways, delivery passages, walkways, sidewalks, planted areas, landscaped areas, and common truck loading and receiving areas which are not leased to or reserved for individual tenants, as such areas may be modified from time to time in Landlord's discretion.

(e) "Development" means (i) that certain mixed-use multifamily and retail development known as Advenir at Station 121 located at 2000 2<sup>nd</sup> Avenue South, Birmingham, AL 35233; (ii) such contiguous real estate as Landlord may from time to time designate in writing as being included in the Development; (iii) the buildings and improvements constructed on such real estate, together with all alterations and additions thereto; (iv) the Common Areas; and (v) such improvements as may be constructed on such real estate after the date hereof. Landlord reserves the right to change the number and location of buildings,

**IRS DEPARTMENT OF THE TREASURY**  
**INTERNAL REVENUE SERVICE**  
EFFECTIVE 02 01/18/2022

Date of this notice: 02-01-2022

Employer Identification Number: 87-1798879

Form: 99-4

Number of this notice: CP 575 9

For assistance you may call us at:  
1-800-829-4923

801 DEVELOPMENT  
RICHARD GREGORY WALKER BOB  
109 ALABAMA TRICE BVE 100  
MOBILE, AL 36684

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER**

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 87-1798879. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did not apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and attach it to us.

Based on the information received from you or your representative, you must file the following form by the dates shown.

Form 1043 01/18/2022

If you have questions about the form or the due dates shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Methods and Methods*.

We assigned you a tax classification (corporation, partnership, estate, trust, SPO, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the conditions in Revenue Procedure 2015-1, 2015-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8879, *Entity Classification Election*. See Form 8879 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 1533, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

John H. Merrill  
Secretary of State

P.O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

pursuant to the provisions of Title 10A, Chapter 1, Article 5, Code of Alabama 1975, and upon an examination of the entity records on file in this office, the following entity name is reserved as available:

**RMJ Development LLC**

This name reservation is for the exclusive use of Richard Walker, 1844 20th street  
Ensley, Birmingham, AL 35218 for a period of one year beginning February 02,  
2022 and expiring February 02, 2023



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

February 02, 2022

Date

Handwritten signature of John H. Merrill in black ink.

RES000622

John H. Merrill Secretary of State

STATE OF ALABAMA

DOMESTIC LIMITED LIABILITY COMPANY (LLC)  
CERTIFICATE OF FORMATION

PURPOSE: In order to form a Limited Liability Company (LLC) under Section 10A-5A-201 of the Code of Alabama 1975, this Certificate of Formation and the appropriate filing fees must be filed with the Office of the Secretary of State. The information required in this form is required by Title 10A.

1. The name of the limited liability company (must contain the words "Limited Liability Company" or the abbreviation "L.L.C." or "LLC," and comply with Code of Alabama, Section 10A-1-5.06. You may use Professional or Series before Limited Liability Company or LLC (or PLLC or SLLC) if they apply:  
RMJ Development LLC

2. A copy of the Name Reservation Certificate from the Office of the Secretary of State must be attached.

3. The name of the registered agent (only one agent): Timon Nivels

Street (or PO Box) address of registered office (must be located in Alabama):

606 Mineral Trap Suite 100 Hoover, AL 35244

COUNTY of above address: JEFFERSON

Mailing address in Alabama of registered office (if different from street address):

4. The undersigned certify that they is at least one member of the limited liability company.

(For SOS Office Use Only)

Alabama  
Sec. Of State  
001-000-787 ELL  
Date 02/02/2022  
Time 21:07:00  
File \$100.00  
County \$100.00  
Total \$200.00

**DOMESTIC LIMITED LIABILITY COMPANY (LLC) CERTIFICATE OF FORMATION**

5. Check only if the type applies to the Limited Liability Company being formed.

- Series LLC complying with Title 10A, Chapter 5A, Article 11
- Professional LLC complying with Title 10A, Chapter 5A, Article 8
- Non-Profit LLC complying with Section 10A-5A-104(c)

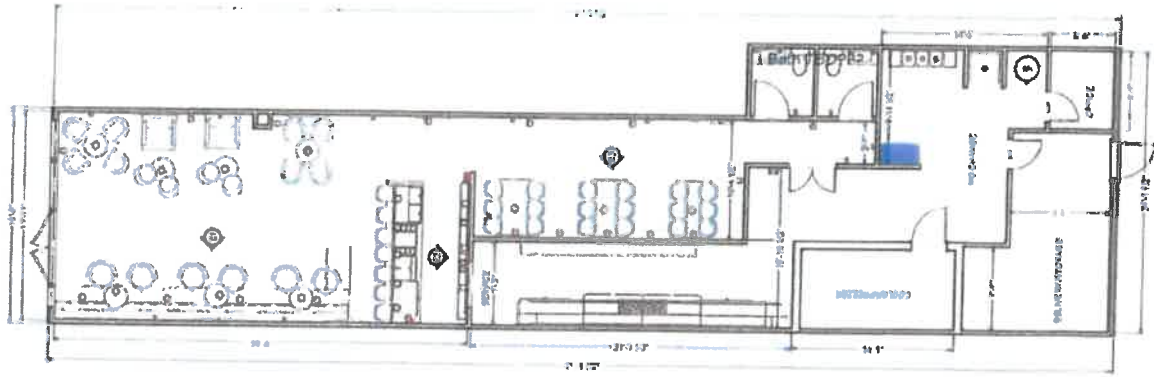
6. The filing of the limited liability company is effective immediately on the date received by the office of the Secretary of State, Business Services Division or as the delayed filing date (cannot be prior to the filing date) specified in this filing complying with Section 10A-4-4.12.  
The undersigned hereby 2/2/2022 as the effective date (must be on or after the date filed in the office of the Secretary of State, but no later than the fifth day after the date this agreement was signed) and the time of filing to be AM or PM (cannot be noon or midnight 12:00)

Attached are any other entities the members determine to include herein (if this item is checked there must be attachments with the filing).

2/2/2022  
Date (MM/DD/YYYY)

Yimca Navels  
Registered as Request of Sec. 10A-5-4-2 (a)  
Organizer  
Typed title (organizer or attorney-in-fact)

\*List of Registered Agents (registered in state of Delaware or Delaware LLC) must file here.



**PARCEL ID:** 012200364022001000

**SOURCE:** TAX ASSESSOR RECORDS      **TAX YEAR:** 2021

**DATE:** Wednesday, July 20, 2022 9:34:40 AM

**OWNER:** ADVENIR@STATION 121 LLC

**ADDRESS:** 17501 BISCAYNE BLVD SUITE 300

**CITY/STATE:** AVENTURA FL

**ZIP+4:** 33160

**SITE ADDR:** 2000 2ND AVE S

**CITY/STATE:** BHAM, AL

**ZIP:** 35233



**LAND:** \$5,660,000.00

**BLDG:** \$48,999,800.00

**OTHER:** \$0.00

**AREA:** 120,469.56

**ACRES:** 2.77

**SUBDIVISION INFORMATION:**

**NAME** BLK 121 BHAM RES

**BLOCK:** 121

**LOT:** 1-A

:

**Section:** 36-17-3W

**Land Slide Zones:** Not in Land Slide Zones

**Historic Districts:** Automotive

**Commercial Revitalization District:** Midtown

**Fire District:** In Fire District

**Flood Zones:** Not in Flood Zones

**Tax Increment Financing District:** In Tax Increment Financing District

**Neighborhoods:** Five Pts So (1701)

**Communities:** Southside (17)

**Council Districts:** District - 5 (Councilor: Darrell O'Quinn)

**Zoning Outline:** B4

**Demolition Quadrants:** DEM Quadrant - 1

**Impaired Watersheds:** Not in Impaired Watersheds

**Strategic Opportunity Area:** Not in Strategic Opportunity Area

**RISE Focus Area:** In RISE Focus Area

**Tax Delinquent Property:** Not in Tax Delinquent Property

**EPA Superfund:** Not in EPA Superfund

**Opportunity Zones:** In Opportunity Zones

**Judicial Boundaries:** JEFFERSON

Parcel mapping and description information is obtained from the Jefferson County Tax Assessor's Office. This site does not provide real-time information and may contain errors. All data should be verified with the official source. The City of Birmingham makes no warranty as to the accuracy of the data and assumes no responsibility for any errors. Data from the Tax Assessor's Office may not be available for all parcels.





# Neighborhood Voting Form: Liquor Applications

Date: 9/1/22

Application Type: New Application: Restaurant Retail Liquor

Subject: Applicant's Entity Name Baja California Cantina LLC  
Business Name Baja California Cantina  
Business Address 7701 Crestwood Blvd

### Type of License/Permit Applying For:

- |   |  |
|---|--|
| <input type="checkbox"/> Lounge Retail Liquor Class I           | <input type="checkbox"/> Lounge Retail Liquor Class II (Package Store) |
| <input type="checkbox"/> Club Liquor Class I                    | <input type="checkbox"/> Club Liquor Class II (Private)                |
| <input type="checkbox"/> Beer Off Premise                       | <input type="checkbox"/> Beer On & Off Premise                         |
| <input type="checkbox"/> Wine Off Premise                       | <input type="checkbox"/> Wine On & Off Premise                         |
| <input checked="" type="checkbox"/> Restaurant Retail Liquor    | <input type="checkbox"/> Special Retail License (over 30 days)         |
| <input type="checkbox"/> Special Retail License (under 30 days) | <input type="checkbox"/> Pool Table Permit                             |
| <input type="checkbox"/> Division I Dance Permit (customers)    | <input type="checkbox"/> Division II Dance Permit                      |

The EASTWOOD Neighborhood Association met on 10/6/22 and voted about the above-named license application. The concerns of the Neighborhood regarding the granting of this license are indicated as follows: (Please check one)

9 Attendance      \_\_\_\_\_ Oppose      8 Support      \_\_\_\_\_ No Recommendation

Reason for Opposition \_\_\_\_\_

Applicant:  attended NA meeting      \_\_\_\_\_ did not attend NA meeting

[Signature]  
President/Officer

**Neighborhood Officers: (Please return this form to the of attention Latonya Tate /Public Safety; City of Birmingham; 710 North 20<sup>th</sup> Street, Birmingham, AL 35203; City Council Chambers; 3<sup>rd</sup> Floor)**

**Failure to attend the neighborhood meeting may result in a delay in the liquor process.**



**New Application: Restaurant Retail Liquor – Type 020**

The following applicant has applied to the City of Birmingham for an alcohol, dance or pool table license:

Name of Applicant: Baja California Cantina, LLC

Mailing Address: PO Box 2835  
Cullman, AL 35056

Trade Name: Baja California Cantina

Location Address: 7701 Crestwood Blvd

Contact Number: (256)595-1947

Contact Person:  
Crystal Royster

New Application

Transfer

Type of License

- |   |  |
|---|--|
| <input type="checkbox"/> Lounge Retail Liquor Class I                 | <input type="checkbox"/> Lounge Retail Liquor Class II (Package Store) |
| <input type="checkbox"/> Club Liquor Class I (Fraternal)              | <input type="checkbox"/> Club Liquor Class II (Private)                |
| <input type="checkbox"/> Beer Off Premise                             | <input type="checkbox"/> Beer On & Off Premise                         |
| <input type="checkbox"/> Wine Off Premise                             | <input type="checkbox"/> Wine On & Off Premise                         |
| <input checked="" type="checkbox"/> Restaurant Retail Liquor          | <input type="checkbox"/> Special Retail Liquor (7 days or less)        |
| <input type="checkbox"/> Special Retail Liquor (over 30 days)         | <input type="checkbox"/> Special Retail Liquor (under 30 days)         |
| <input type="checkbox"/> Division I Dance Permit (customer)           | <input type="checkbox"/> Division II Dance Permit (entertainers)       |
| <input type="checkbox"/> Pool Table Permit (send copy of application) |  |

Kitchen equipped: yes  no

Number of table and chairs 40TBS/160CHS

Date Applied: 9/1/22

Revenue Examiner: GS

Copy: Fire Prevention  
Health Department  
Community Development  
Operation New Birmingham  
Melanie Genkin (pool tables)  
Katrina Thomas (PEP)

**City of Birmingham  
Application for  
Alcoholic Beverage License**

**New Application**   
**Transfer**

**RESTAURANT RETAIL LIQUOR-TYPE 020**  
(Enter Type of License Applied For)

**By: GS**  
(Revenue Official)

1. Name of Applicant (s) Baja California Cantina LLC  
(Indicate whether Individual, Partnership, Corporation, LLC, LLP, etc)  
2. Name and address of individual applicant or all partners and members if partnership or assoc., or all officers and directors, if corporation  
(Attach separate sheet if necessary)

Social Security Number Drivers License Number Name of Owner, Officer or Partner	Title	Date of Birth Place of Birth	Present Residence Address	Length of Residence at Place Named
ALDL# [REDACTED] Jorge Ivan Sanchez Peralta	Member	[REDACTED] Mexico	1937 Poplar DR SW Cullman, AL 35055	6 years
ALDL# [REDACTED] Jaime Antonio Hernandez Sanchez	Member	[REDACTED] Mexico	1311 Mountain LN Gardendale, AL 35071	2 years
ALDL# [REDACTED] Julio Cesar Lazaro Peralta	Member	[REDACTED] Mexico	1853 Arboretum Cir Spt C Vestavia Hills, AL 35216	3 years

Note: If a corporation, LLC or LLP, give place and date of incorporation or issuance of certificate of authority to do business in Alabama:

Book 962-340 Page: 1 of 3 Date: 01/18/2022 County: Jefferson  
Foreign Corporation: certificate of Authority Date:  (get copy of original papers)

3. Trade Name Baja California Cantina
- 4(a) Location 7701 Crestwood Blvd  
Exact Street Number, or if on Highway, give details as to Location  
Birmingham, Alabama Zip Code 35210 County  Jefferson  Shelby
- (b) Length of time at this location \_\_\_\_\_
- (c) Mailing Address: **PO Box 2835 Cullman, AL 35056**
- (d) Business Phone \_\_\_\_\_ Fax: \_\_\_\_\_ Other Contact: **(256)595-1947**

5. Name, trade name and License number of last or previous licensee:  
Trade name \_\_\_\_\_ Year  Type \_\_\_\_\_ Taxpayer ID \_\_\_\_\_

6 (a) Owner of real estate for which license is desired General Mills Inc  
PO Box 695019 Orlando, FL 32869 Address \_\_\_\_\_

- (b) Give a full description of the premises for which a license is desired: New Construction  Existing Structure   
Description  1 Story Strip Mall
- (c) Is establishment equipped with tables and chairs? Yes  No  If "Yes", how many? **40TBS/160CHS**

7. Has a liquor, malt or brewed beverage license for premises ever been denied, suspended or revoked?  Yes  No  
If "Yes", explain fully \_\_\_\_\_

- 8 (a) Pool Tables? Yes  No  Coin Operated? Yes  No  Standard Provider:  
(b) Video Games? Yes  No  Juke Box or Slot Musical Equipment? Yes  No   
(c) Vending Machines (Snacks/Sodas)? Yes  No  Cigarettes or Tobacco Products? Yes  No  Other?

9 (a) Will you allow dancing? Yes  No  If "Yes": Customer/Patron?  Div I Exhibition/Performance?  Div II  
(b) Independent Contract Employees (Disc Jockey, Band, Bartenders, Servers)? Yes  No

- 10 (a) Are these premises kitchen equipped? Yes  No  Not Applicable
- (b) Is kitchen apart from but convenient to the dining room? Yes  No
- (c) Is place of business habitually and principally used for providing food to the public? Yes  No
- (d) If not kitchen equipped, is any type of food served? Yes  No  If "Yes", explain \_\_\_\_\_
- (e) Are these premises equipped for on premises consumption of liquor? Yes  No
- (f) Will this business be operating primarily as a package store? Yes  No
- (g) Seating Capacity: \_\_\_\_\_
- (h) For a SPECIAL RETAIL LICENSE, less than thirty (30) days: Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_
- (i) For a SPECIAL RETAIL LICENSE, more than thirty (30) days: Starting Date \_\_\_\_\_ Ending Dec. 31, \_\_\_\_\_
- (j) For a SPECIAL EVENTS RETAIL LICENSE, not to exceed seven (7) days: Starting \_\_\_\_\_ Ending \_\_\_\_\_
- (Note: Application must be filed 120 days in advance of event for which license is applied for)
- (k) Event Sponsor \_\_\_\_\_ Phone Number \_\_\_\_\_
- (1) Sponsor Letter of Designation? Yes  No
- (2) Multi-Vendor Sponsorship? Yes  No
- (3) Street Closing Required Yes  No
- (4) Park Board Permission Yes  No

- 11 (a) Does the club charge and collect dues from elected members? Yes  No
- (b) How many paid-up members are there in the club? \_\_\_\_\_
- (c) Are regular meetings held? Yes  No  If so, when? \_\_\_\_\_
- (d) Is business conducted through officers regularly elected? Yes  No
- (e) Are members admitted by written application, investigation, and ballot? Yes  No
- (f) For what purpose is the club organized and operated? Social  Patriotic  Political  Athletic  Other

12. List below the court records for law violations in the last ten (10) years, if any, of each person interested in this application, including the manager, whether as sole applicant, partner, officer, member, or landlord. (Do not include traffic violations, except D.U.I. and reckless driving. If no record, state "None".)

Name	Violation Charged	Name of Court	Date	Disposition of Case
ND - Applicants				

Applicant for the Alcoholic Beverage license requested by the aforementioned applicant hereby swears or affirms that he or she has read said application and that all the statements therein and the facts set forth therein are true and correct, and that the applicant is the only person interested in the business for which said license is requested.

Sworn and subscribed before me this 1<sup>st</sup> day of September, 2022

Jr / v. S. P. H.  
Signature of Affiant

[Signature]  
Signature of Revenue Official

This application will not be processed until all fees due at the time of application are paid and receipts are on file.

For Zoning Purposes Only:  
Restaurant Retail Liquor

TAXPAYER IDENTIFICATION NUMBER  
(City Office Use Only)

CITY OF BIRMINGHAM  
APPLICATION FOR TAX CERTIFICATE

The information that you provide in this application is protected by the confidentiality provisions outlined in Ordinance No. 97-183, "The Business License Code of the City of Birmingham", Article II, Section 14. Please type or print. This application should be completed fully to avoid delays in processing.

Section 1 - WHAT WOULD YOU LIKE TO DO?

- Register a new business (Please complete all sections)
- Add a New Location or Tax Type to your current registration (Please complete Sections 2, 3, 5-10, 12, 13, and 14)
- Change Business Ownership of your current registration (Please complete all sections)
- Change the Mailing Address only for your current registration (Please complete Sections 2, 8-10, 12, 13 and 14)
- Change the Location Address of your current registration (Please complete Sections 2, 3, 5-13, and 14)
- Change in Corporate Officers, Members, or Partners (Please complete Sections 2, 5, 7-9,, 11-13, and 14)
- Provide a general "update" of your current registration information (Please complete all sections)

Section 2 - LEGAL NAME AND MAILING ADDRESS to which tax forms are to be sent:  
(Note: If mailing address is a post office box, the street address of the business must also be indicated.)

Full Legal Name: Baja California Cantina LLC  
 Attention: \_\_\_\_\_  
 Address: PO Box 2835  
 City: Cullman State: AL Zip Code: 35056  
 Area Code and Phone Number: (256)595-1947  
 Area Code and Fax Number: \_\_\_\_\_  
 Name of Contact Person: Crystal Royster  
 E-Mail: bajarestaurantslc@gmail.com Website Address: \_\_\_\_\_

Section 3 - TRADE NAME AND LOCATION ADDRESS of office in Birmingham. If you are registering more than one location, please see reverse side of this form. (Important Note: All business locations are subject to zoning approval.)

Please select:  Commercial Establishment  Private Residence  No Physical Birmingham Location

Trade Name (d/b/a): Baja California Cantina  
 Attention: \_\_\_\_\_  
 Address: 7701 Crestwood Blvd  
 City: Birmingham State: AL Zip: 35210  
 Area Code and Phone Number of Business Location: \_\_\_\_\_  
 Area Code and Fax Number of Business Location: \_\_\_\_\_  
 Name of Contact Person at Business Location: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Website Address: \_\_\_\_\_

Section 4 - CHANGE OF OWNERSHIP resulting from merger, purchase or acquisition of an existing business. If applicable, this section MUST be completed.

Former Owner: \_\_\_\_\_  
 Trade Name (d/b/a) \_\_\_\_\_  
 Mailing Address of Former Owner \_\_\_\_\_  
 Address (es) of Former Location(s) \_\_\_\_\_  
 Area Code and Phone Number of Former Owner: \_\_\_\_\_

APPLICATION FOR TAX CERTIFICATE (CITY OF BIRMINGHAM, ALABAMA)

Section 5 - TYPE OF OWNERSHIP

Please indicate the form of organization. NOTE: Please refer to the accompanying "General Information for Preparing an Application for Tax Certificate Form" instruction sheet for a listing of supplemental documentation to be included with this application.

- 1. Alabama Corporation (Incorporated in Alabama)
2. Partnership (two or more owners)
3. Sole Proprietor (one owner)
4. Unincorporated Association (i.e., PA)
5. Other
6. Limited Liability Partnership (LLP)
7. Limited Liability Company (LLC)
1. Foreign Corporation (Incorporated in another state)

Section 6 - TYPE OF BUSINESS

Please indicate the principal business activity category.

- 1. Manufacturer
2. Contractor (Please Specify)
3. Wholesaler
4. Retailer
5. Other (Please Specify)
6. Food/Eating Establishment
7. Day Care Center
8. Home Occupation/Home Office (Please Specify the type of occupation or office)
9. State Certified, State Regulated, or State Licensed Occupations, (Please Specify)
10. Transient Vendors/Special Events: Date(s) of the Event, Event Location

Section 7 - PRINCIPAL BUSINESS ACTIVITY AND PRODUCT

You should indicate the one business activity that accounts for the largest percentage of gross income. State the broad field of business activity as well as the product or service. For example-Activity: Wholesale Sales / Product: Pharmaceuticals OR Activity: Manufacturing / Product: Automobiles. Note: This information should be the same information as required by the Internal Revenue Service on Schedule c of Form 1040 for Sole Proprietorships.

Activity: Restaurant Product: Alcohol/Food

Section 8 - FEDERAL TAX ID NUMBER / NUMBER OF EMPLOYEES

Enter Federal Identification Number (REQUIRED) and the number of employees that will be working in Birmingham.

Federal ID Tax Number 87-4496935 Number of Employees in Birmingham (Required) 30

Section 9 - COMMENCEMENT OF BUSINESS ACTIVITY

Enter Date Business Activity Will Begin in Birmingham: Month Day Year
Enter Date City of Birmingham Taxpayer ID Applied For: Month Day Year

Section 10 - Tax Liabilities Check the taxes for which you are liable.

- Sales Tax
Sellers Use Tax
Consumers Use Tax
Lease Tax
Occupational Tax- Employers
Lodgings Tax
Business License Tax

TAX IDENTIFICATION NUMBERS NOW ASSIGNED TO YOU: (Write "None" if no number assigned)

State of Alabama Sales Tax Number
State of Alabama Sellers Use Tax Number
State of Alabama Consumers Use Tax Number
State of Alabama Lease Tax Number
State of Alabama Lodgings Tax Number
State of Alabama Unemployment Tax Number

If you have more than one business location, it is assumed that you will file consolidated returns for each of the taxes for which you may be liable, including sales, use, lease, occupational and lodgings taxes. Each separate business location requires a separate business license.

APPLICATION FOR TAX CERTIFICATE (CITY OF BIRMINGHAM, ALABAMA)

Section 11 - OWNER, PARTNERS, MEMBERS, OR CORPORATE OFFICERS  
This information REQUIRED. (Attach additional sheets if necessary.)

NAME	TITLE	SOCIAL SECURITY NUMBER
Peralta, Jorge	Member	
Sanchez, Jaime	Member	
Peralta, Julio	Member	

Section 12 - CORPORATE RESIDENT AGENT OR LOCAL MANAGER

Name: \_\_\_\_\_  
 Address of Residence: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Area Code and Phone Number of Residence: \_\_\_\_\_

Section 13- STATEMENT OF ACKNOWLEDGEMENT AND ACCEPTANCE OF CONDITIONS -Please read carefully, then sign.

I declare, under the penalty of making a false declaration, that I am authorized to complete this form and to the best of my knowledge and belief all questions answered are true, correct, and complete statements, made in good faith. I understand and agree that the granting of this license requires my compliance with all applicable City of Birmingham Tax Code provisions, and state laws, as well as with all conditions set forth in any and all applicable City of Birmingham Laws, Ordinances, Rules and Regulations, and that any failure or refusal to comply with said laws, ordinances, rules and regulations may result in the revocation of any license issued pursuant to this application. I also understand that disclosure of any false or misleading information will result in automatic denial of any license issued pursuant to this application, or in the revocation of the license if such has already been issued. I understand that it is unlawful for any person to commence or engage in any business, vocation, occupation or profession, who is not otherwise exempt therefrom under the provisions of the City of Birmingham Business License Tax Code (Ordinance No. 97-183), without first having procured a license therefore, and that it is unlawful for any person to continue in any business, vocation, occupation, or profession after the expiration of a license previously issued without obtaining a new license. I further understand that it is unlawful for any person to engage in or continue in any business, vocation, occupation, or profession at any location within the corporate limits of the City of Birmingham without approval from the City of Birmingham Department of Planning, Engineering, and Permits (Zoning Division).

Signed:

Jr Ivan Sanchez Peralta  
 Signature of Person Completing This Application

9-1-22  
 Date

Jorge Ivan Sanchez-Peralta  
 Print the Name of the Person Completing This Application

256) 735 8559  
 Phone Number of Person Completing Application

CITY OFFICE USE ONLY Location

ZONING APPROVAL AND COMMENTS:  
OK C-B2 09/01/22 EIR.  
Must Approved by City Council!!

HOME OCCUPATION CERTIFICATE EXECUTED  
 YES  NO  NOT APPLICABLE

SIC OR NAICS \_\_\_\_\_  
 BLIC \_\_\_\_\_  
 TERRITORY \_\_\_\_\_  
 ANNEX \_\_\_\_\_  
 HEALTH DEPT PERMIT \_\_\_\_\_  
 OTHER REQUIRED PERMIT \_\_\_\_\_  
 ARTICLES OF INCORPORATION \_\_\_\_\_  
 CERTIFICATE OF AUTHORITY \_\_\_\_\_  
 TAX FORMS ORDERED  NBL ORDERED



APPLICATION FOR TAX CERTIFICATE (CITY OF BIRMINGHAM, ALABAMA)  
SECTION 14 - ADDITIONAL TAXABLE LOCATIONS

Trade Name and Location Address of office in Birmingham. If you are registering more than one location, please use this section. Attach additional sheets if necessary. (Important Note: All business locations are subject to zoning approval.)  
Location

Please select:  Commercial Establishment  Private Residence  No Physical Birmingham Location

Trade Name (d/b/a): \_\_\_\_\_  
 Attention: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Area Code and Phone Number of Business Location: \_\_\_\_\_  
 Area Code and Fax Number of Business Location: \_\_\_\_\_  
 Name of Contact Person at Business Location: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Website Address: \_\_\_\_\_

CITY OFFICE USE ONLY - Location

ZONING APPROVAL AND COMMENTS:

HOME OCCUPATION CERTIFICATE EXECUTED  
 YES  NO  NOT APPLICABLE

SIC OR NAICS \_\_\_\_\_  
 BLIC \_\_\_\_\_  
 TERRITORY \_\_\_\_\_  
 ANNEX \_\_\_\_\_  
 HEALTH DEPT PERMIT \_\_\_\_\_  
 OTHER REQUIRED PERMIT \_\_\_\_\_  
 ARTICLES OF INCORPORATION \_\_\_\_\_  
 CERTIFICATE OF AUTHORITY \_\_\_\_\_  
 TAX FORMS ORDERED  NBL ORDERED

Trade Name and Location Address of office in Birmingham. If you are registering more than one location, please use this section. Attach additional sheets if necessary. (Important Note: All business locations are subject to zoning approval.)  
Location

Please select:  Commercial Establishment  Private Residence  No Physical Birmingham Location

Trade Name (d/b/a): \_\_\_\_\_  
 Attention: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Area Code and Phone Number of Business Location: \_\_\_\_\_  
 Area Code and Fax Number of Business Location: \_\_\_\_\_  
 Name of Contact Person at Business Location: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Website Address: \_\_\_\_\_

CITY OFFICE USE ONLY - Location

ZONING APPROVAL AND COMMENTS:

HOME OCCUPATION CERTIFICATE EXECUTED  
 YES  NO  NOT APPLICABLE

SIC OR NAICS \_\_\_\_\_  
 BLIC \_\_\_\_\_  
 TERRITORY \_\_\_\_\_  
 ANNEX \_\_\_\_\_  
 HEALTH DEPT PERMIT \_\_\_\_\_  
 OTHER REQUIRED PERMIT \_\_\_\_\_  
 ARTICLES OF INCORPORATION \_\_\_\_\_  
 CERTIFICATE OF AUTHORITY \_\_\_\_\_  
 TAX FORMS ORDERED  NBL ORDERED

Born in Mexico.

DRIVER LICENSE



ALABAMA



NO. ~~XXXXXXXXXX~~ CLASS D  
D.O.B. ~~XXXXXXXXXX~~ EXP. ~~XXXXXXXXXX~~

JORGE IVAN  
SANCHEZ PERALTA  
1937 POPLAR DR SW  
CULLMAN AL 35055-5517  
ENDORSEMENTS  
REST ~~XXXXXXXXXX~~

HT 5-10 EYES BRO  
WT 165 HAIR BRO

SEX M

Secretary Hal Taylor  
Secretary of Law Enforcement

*Hal Taylor*

is stub with your personal records. The other side contains important information.

Note: The date we issued this card is shown below the signature line.

JORGE IVAN SANCHEZ PERALTA  
1937 POPLAR DR SW  
CULLMAN AL 35055-5517

## YOUR SOCIAL SECURITY CARD

ADULTS: Sign this card in ink immediately.  
CHILDREN: Do not sign until age 18 or your first job,  
whichever is earlier.

Keep your card in a safe place to prevent loss or theft.  
**DO NOT CARRY THIS CARD WITH YOU.**  
Do not laminate.



2 years at this residence.  
Born in Mexico.

**FN DRIVER LICENSE**  
**ALABAMA**

**LIMITED TERM**

**NO. [REDACTED]** **CLASS D**  
**EXP. [REDACTED]**

**D.O.B. [REDACTED]**  
**JAIME ANTONIO HERNANDEZ SANCHEZ**  
**1311 MOUNTAIN LN**  
**GARDENDALE AL 35071-4201**  
**ENDORSEMENTS [REDACTED]**

**HT 5-06** **EYES BRO**  
**WT 185** **HAIR BLK**

**SEX M** **REST [REDACTED]**

*[Signature]*

**Secretary Hal Taylor**  
**DEPT. OF LAW ENFORCEMENT**



UNITED STATES OF AMERICA

PERMANENT RESIDENT

ENTER DATE AND SIGNATURE IN THE SPACE

Surname

HERNANDEZ SANCHEZ

Giving Name

JAIME ANTONIO

USCIS#

[REDACTED]

Category

IR1

Country of Birth

Mexico

Date of Birth

Sex

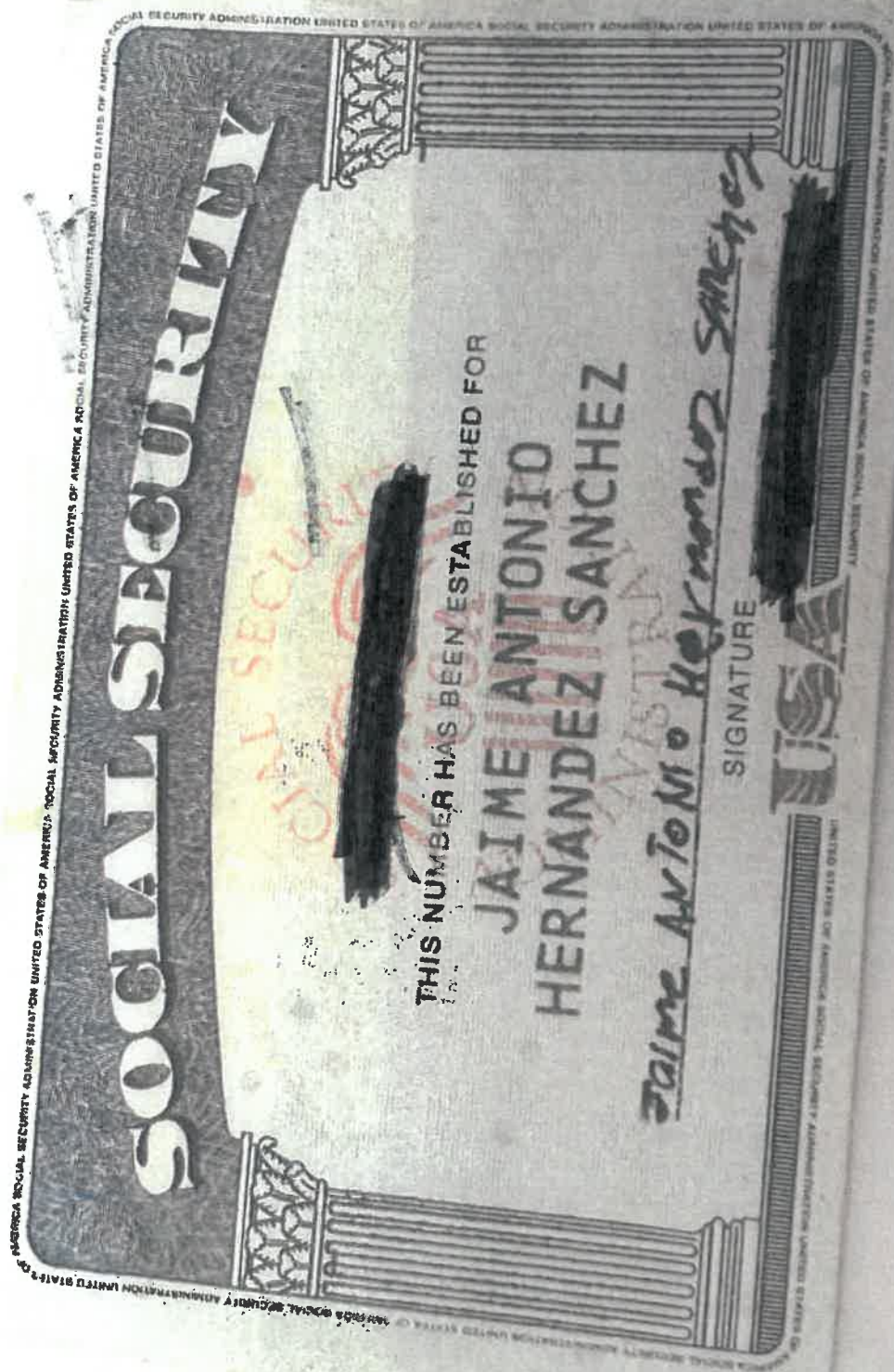
M

Card Expires:

Resident Since

Signature Waived





AMERICA SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA

# SOCIAL SECURITY

VOID

[Redacted]

THIS NUMBER HAS BEEN ESTABLISHED FOR

JAIME ANTONIO  
HERNANDEZ SANCHEZ

*Jaime Antonio Hernandez Sanchez*

SIGNATURE

[Redacted]



UNITED STATES OF AMERICA SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA

3 years



LIMITED TERM

FN DRIVER LICENSE

ALABAMA



NO. [REDACTED] CLASS D  
D.O.B. [REDACTED] EXP. [REDACTED]

JULIO CESAR LAZARO PERALTA  
1853 ARBORETUM CIR APT C  
VESTAVIA HILLS AL 35216-3132

ISS. [REDACTED] REST. [REDACTED]  
SEX M HT 5-11 EYES BRO  
WT 207 HAIR BLK

[REDACTED]  
*Julio Cesar Lazaro Peralta*

Secretary Hal Taylor  
Secretary of Law Enforcement



JULIO CESAR  
LAZARO PERALTA

THIS NUMBER HAS BEEN ESTABLISHED FOR

SOCIAL SECURITY



Irondale

## LEASE AGREEMENT

This Lease Agreement ("Lease Agreement" or the "Lease") made and entered into this 20 day of October, 2021 (the "Effective Date"), by and among Akin Holdings VII Gadsden, LLC, an Alabama limited liability company, CP OG Irondale, LLC, an Alabama limited liability company, LEWOB OG Irondale, LLC, a Delaware limited liability company, and RB OG Irondale, LLC, a Delaware limited liability company (hereinafter referred to collectively as "Landlord"), and Baja California Cantina LLC, an Alabama limited liability company doing business as Baja California Cantina (hereinafter referred to as "Tenant").

### 1. Description of Premises

- (a) Landlord, in consideration of the rents, covenants, agreements and stipulations to be performed by Tenant, and upon the terms and conditions hereinafter stated, does hereby rent and lease unto Tenant, and Tenant does hereby rent and lease from Landlord, that certain real property shown on Exhibit A-1, attached hereto and incorporated herein (the "Site Plan"), and more particularly described on Exhibit A attached hereto and incorporated herein (the "Land"), containing a building of approximately 9,046 square feet located at 7701 Crestwood Blvd., Birmingham, Alabama 35210 (the "Building"), along with, subject to the terms and conditions of this Lease, the appurtenant right to the use the parking lots, paved areas, driveways, access ways (including all means of ingress and egress), sidewalks, stairways, landscaping and other exterior areas (the "Common Areas") located on the Land (the Land, Building, and Common Areas are collectively referred to as the "Premises").
- (b) Landlord warrants that the HVAC Equipment (as hereinafter defined), walk-in cooler, hood system, and fire suppression and sprinkler system (collectively, the "Warranty Items") are in good and working order as of the Effective Date. Landlord will maintain the Warranty Items in working order for a period of five (5) months after the date when Tenant first opens for business in the Premises, after which Tenant shall be responsible for all maintenance and replacements of the Warranty Items in accordance with the terms of this Lease.
- (c) Tenant shall have a period of sixty (60) days from the Effective Date to inspect the Premises (the "Inspection Period"). If Tenant determines that the Premises are not acceptable for the Permitted Use, then Tenant may terminate this Lease by written notice to Landlord given no later than 5 p.m. central time on the last day of the Inspection Period. If Tenant does not so terminate this Lease, then Tenant shall be deemed to have waived the termination right granted in this Section 1(c), and except for Landlord's limited obligation to maintain the Warranty Items in accordance with Section 1(b) of this Lease, Tenant shall be conclusively deemed to have accepted the Premises in its current "AS IS, WHERE IS" and "WITH ALL FAULTS" condition. Tenant acknowledges that no representations, warranties, or inducements, with respect to any condition of the Premises have been made by Landlord, or its designated representatives, to Tenant, or its designated representatives. Tenant agrees that no representations with respect to the condition of the Premises, no warranties or guaranties, expressed or implied, INCLUDING, WITHOUT LIMITATION, ANY IMPLIED WARRANTY OR MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, with respect to workmanship or any defects in material, and no



# STATE OF ALABAMA

## DOMESTIC LIMITED LIABILITY COMPANY (LLC) CERTIFICATE OF FORMATION

1. THE NAME OF THE LIMITED LIABILITY COMPANY

**Baja California Cantina LLC**

2. THIS FORM WAS PREPARED BY:

**Jorge Sanchez-Peralta**

3. THE NAME AND STREET (NO PO BOXES) ADDRESS OF THE REGISTERED AGENT LOCATED AT THE REGISTERED OFFICE (MUST BE LOCATED IN ALABAMA):

**Jorge Sanchez-Peralta  
7701 Crestwood Blvd  
Birmingham, AL 35210  
JEFFERSON**

MAILING ADDRESS IN ALABAMA OF REGISTERED OFFICE (IF DIFFERENT FROM STREET ADDRESS):

4. THE UNDERSIGNED CERTIFY THAT THERE IS AT LEAST ONE MEMBER OF THE LIMITED LIABILITY COMPANY.

5. CHECK ONLY IF THE TYPE APPLIES TO THE LIMITED LIABILITY COMPANY BEING FORMED:

- NON-PROFIT LLC
- NON-PROFIT SERIES LLC
- PROFESSIONAL SERIES LLC
- PROFESSIONAL LLC COMPLYING WITH TITLE 10A, CHAPTER 5A, ARTICLE 8
- SERIES LLC COMPLYING WITH TITLE 10A, CHAPTER 5A, ARTICLE 11

(FOR SOS OFFICE USE ONLY)

Alabama  
Sec. Of State  
962-340      DLL  
Date      01/18/2022  
Time      17:48:00  
File      \$100.00  
County    \$100.00  
Exp      \$0.00  
Total      \$200.00

6. THE UNDERSIGNED SPECIFY 01/18/2022 17:48:49 AS THE EFFECTIVE DATE AND THE TIME OF FILING



ATTACHED ARE ANY OTHER MATTERS THE MEMBERS DETERMINE TO INCLUDE HEREIN

7. ORGANIZER(S) - OPTIONAL

Not Applicable

01/18/2022  
DATE

Jorge Sanchez-Perafa Member  
ELECTRONIC SIGNATURE & TITLE

John H. Merrill  
Secretary of State

P.O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the  
Great and Principal Seal of said State, do hereby certify that

pursuant to the provisions of Title 10A, Chapter 1, Article 5, Code of Alabama  
1975, and upon an examination of the entity records on file in this office, the  
following entity name is reserved as available:

**Baja California Cantina LLC**

This name reservation is for the exclusive use of Jorge Sanchez-Peralta, PO Box  
2835, Cullman, AL. 35056, AL 35056-0000 for a period of one year beginning  
October 06, 2021 and expiring October 06, 2022



RES979752

In Testimony Whereof, I have hereunto set my  
hand and affixed the Great Seal of the State, at the  
Capitol, in the city of Montgomery, on this day.

October 06, 2021

Date

*J. H. Merrill*

John H. Merrill

Secretary of State

STATE OF ALABAMA  
JEFFERSON COUNTY

ARTICLES OF ORGANIZATION  
OF

**Baja California Cantina LLC**

We, the undersigned, desiring to form a Limited Liability Company pursuant to the laws of the State of Alabama, certify as follows:


1. The name of the Limited Liability Company is Baja California Cantina LLC ("the Company").
2. The existence of the Company shall commence on the date of the filing of the Certificate of Formation in the Office of the State of Alabama, and shall continue until dissolved.
3. The purpose for which the Company is organized is to engage in transaction of any or all lawful business which may be carried out and transacted by limited liability companies organized under the laws of the State of Alabama, including but not limited to, the operation of a public restaurant.
4. The location and mailing address of the initial registered office shall be 7701 Crestwood Blvd Birmingham, AL. 35210, and the name of the initial registered agent at said address shall be Jorge Sanchez-Peralta.
5. The names and mailing addresses of the initial Members of the Company are Jorge Sanchez-Peralta 7701 Crestwood Blvd Birmingham, AL. 35210; Jamie Hernandez- Sanchez, 7701 Crestwood Blvd Birmingham, AL. 35210; Julio Lazaro-Peralta, 7701 Crestwood Blvd Birmingham, AL. 35210.
6. The Members of the Company shall have the right to admit additional Members of the Company upon the unanimous consent of all the Members of the Company.
7. The said Members of the Company have the following interest: Jorge Sanchez-Peralta 40%; Jamie Hernandez-Sanchez 40%; Julio Lazaro-Peralta 20%. No business decision of the Company shall be made without the prior unanimous consent of all of the Members of the Company and/or by the Member Jorge Sanchez-Peralta.

8. The Members of the Company shall have the right to continue the business of the Company upon the resignation, expulsion, bankruptcy or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member of the Company. If there is at least one remaining Member of the Company.
9. Baja California Cantina LLC name rights belong to Jorge Sanchez-Peralta,

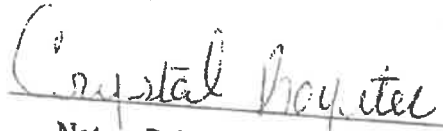
State of Alabama  
Jefferson County

IN WITNESS WHEREOF, the undersigned have affixed their hands and seals, this 12 day of October, 2021.

Subscribed and sworn to before me by Jorge Sanchez-Peralta, this 12 day of October, 2021.

  
\_\_\_\_\_  
Jorge Sanchez-Peralta

Member

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

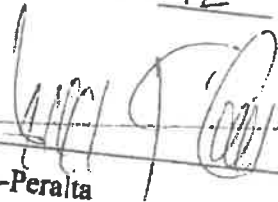
Subscribed and sworn to before me by Jamie Hernandez-Sanchez a, this 12 day of October, 2021.

  
\_\_\_\_\_  
Jamie Hernandez-Sanchez

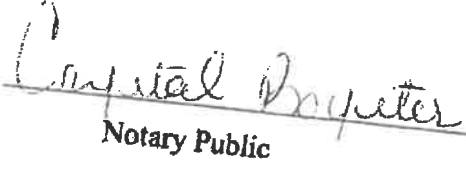
Member

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

Subscribed and sworn to before me by Julio Lazaro-Peralta, this 12 day of  
October, 2021.



Julio Lazaro-Peralta  
Member



Notary Public

STATE OF ALABAMA

DOMESTIC LIMITED LIABILITY COMPANY (LLC)  
CERTIFICATE OF AMENDMENT

PURPOSE: In order to amend a Limited Liability Company's (LLC) Certificate of Formation under Section 10A-5A-2.02 of the *Code of Alabama 1975*, this Certificate of Amendment and the appropriate filing fees must be filed with the Office of the Secretary of State.

INSTRUCTIONS: Mail 2 copies of this completed form along with a self-addressed, stamped envelope to:  
\*Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama 36103.

- \*Include a check, money order, or credit card payment for the \$100.00 processing fee.
- \*The request is only accepted via mail or courier and will not be accepted via email.
- \*You may file the amendment online in the time it takes to type this request.
- \*Your filing will not be indexed if the credit/debit card does not authorize and will be removed from the index if the check is dishonored (\$30 fee).

**This form must be typed and will not be accepted via email.**

1. The current recorded name of the Limited Liability Company:  
Baja California Cantina LLC
2. The date the Certificate of Formation was filed: 01 / 18 / 2022 (MM/DD/YYYY)
3. Alabama Entity ID Number (Format: 000-000-000): 000 - 962 - 340 TO OBTAIN ID NUMBER, go to our website at [www.sos.alabama.gov](http://www.sos.alabama.gov), click on Business Services (below picture), click on Business Entity and Name Search, click on Entity Name, enter the name of the entity in the appropriate box, and enter. Click on the number and verify that this is the correct entity. **This step is strongly recommended.**

This form was prepared by: (type name and full address)

Crystal Royster  
PO Box 2835  
Cullman, AL. 35056

(For SOS Use Only)

Alabama  
Sec. Of State  
Entity Change  
000-962-340 DLL  
Date 4/29/2022  
Time 14:40  
220429 3 Pg

File \$100.00  
County \$.00  
Total \$100.00  
03/035



STATE OF ALABAMA  
JEFFERSON COUNTY

AMENDMENT OF  
ARTICLES OF ORGANIZATION

BAJA CALIFORNIA CANTINA, LLC

This amendment to the Articles of Organization of Baja California Cantina, LLC, is made and entered into this 7 day of March, 2022, by the Members.

All Members of the Company recognize that the Articles of Organization entered on October 12, 2021 remain in effect.


The Members of Company agree Julio Lazaro-Peralta will transfer ten percent (10%) of his twenty percent (20%) to Jorge Sanchez-Peralta.

The said Members of the Company have the following interest: Jorge Sanchez-Peralta 50%; Jaime Hernandez-Sanchez 40%; Julio Lazaro-Peralta 10%.


Done and Executed, this 7 day of March 2022.

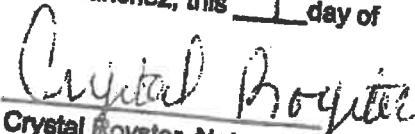
Subscribed and sworn to before me by Jorge Sanchez-Peralta, this 7 day of March, 2022.

  
Jorge Sanchez-Peralta, Member

  
Crystal Royster, Notary Public  
My Commission expires 6-12-24

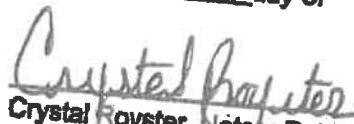
Subscribed and sworn to before me by Jaime Hernandez-Sanchez, this 7 day of March, 2022.

  
Jaime Hernandez-Sanchez, Member

  
Crystal Royster, Notary Public  
My Commission expires 6-12-24

Subscribed and sworn to before me by Julio Sanchez-Peralta, this 7 day of March, 2022.

  
Julio Lazaro-Peralta, Member

  
Crystal Royster, Notary Public  
My Commission expires 6-12-24

Alabama  
Sec. Of State  
Entity Change DLL  
000-962-340  
Date 4/29/2022  
Time 14:40  
220429 3 Pg  
File \$100.00  
County \$ .00  
Total \$100.00  
03/035

**DOMESTIC LIMITED LIABILITY COMPANY AMENDMENT**

4. The following amendment was adopted on 03 / 07 / 2022 (MM/DD/YYYY):

Julio Lazaro Peralta transferred 10% interest in the Company to Jorge Sanchez-Peralta.

Jorge Sanchez-Peralta will have 50% interest in the Company.

Julio Lazaro Peralta will have 10% interest in the Company.

Jaime Hernandez-Sanchez will have 40% interest in the Company.

Additional Amendments and the dates on which they were adopted are attached.

\*Be very specific about what must be changed if you are amending existing information.

\*If the amendment includes a name change, a copy of the Name Reservation Certificate issued by the Office of Secretary of State must be attached.

\*Registered agents and registered agent addresses are changed by filing a Change Of Registered Agent Or Registered Office By Entity form directly with the Office of the Secretary of State (the new agent's signature is required agreeing to accept responsibility). Agent information will NOT be changed with an amendment.

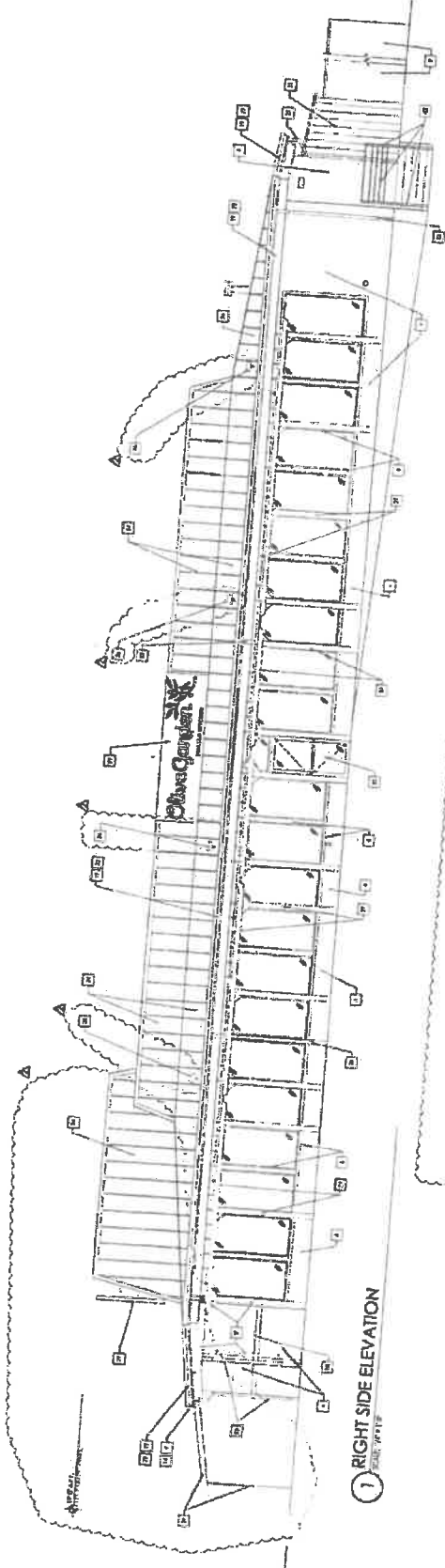
5. The undersigned authorized signature certifies that the amendment or amendments have been approved in the manner required by Title 10A of the Code of Alabama of 1975 and the governing documents of this entity.

04 / 01 / 2022  
Date (MM/DD/YYYY)

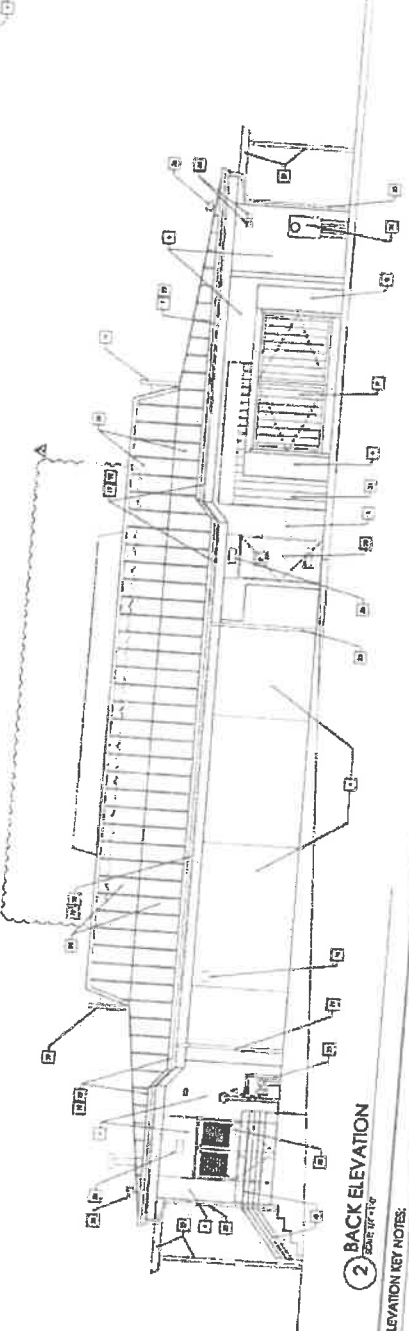
  
Signature as required by 10A-5A-2.04

Jorge Sanchez-Peralta  
Typed name of above signature

Member  
Typed title/capacity to sign under 10A-5A-2.04



**1 RIGHT SIDE ELEVATION**  
SCALE: 1/8" = 1'-0"



**2 BACK ELEVATION**  
SCALE: 1/8" = 1'-0"

**EXTERIOR ELEVATION KEY NOTES:**

1. FINISH TO BE AS SHOWN.
2. FINISH TO BE AS SHOWN UNLESS NOTED OTHERWISE.
3. FINISH TO BE AS SHOWN UNLESS NOTED OTHERWISE.
4. FINISH TO BE AS SHOWN UNLESS NOTED OTHERWISE.
5. FINISH TO BE AS SHOWN UNLESS NOTED OTHERWISE.
6. FINISH TO BE AS SHOWN UNLESS NOTED OTHERWISE.
7. FINISH TO BE AS SHOWN UNLESS NOTED OTHERWISE.
8. FINISH TO BE AS SHOWN UNLESS NOTED OTHERWISE.
9. FINISH TO BE AS SHOWN UNLESS NOTED OTHERWISE.
10. FINISH TO BE AS SHOWN UNLESS NOTED OTHERWISE.

**EXTERIOR FINISH SCHEDULE**

NO.	DESCRIPTION	FINISH
1	CONCRETE WALLS	AS SHOWN
2	CONCRETE FLOORS	AS SHOWN
3	CONCRETE CEILING	AS SHOWN
4	EXTERIOR WALLS	AS SHOWN
5	EXTERIOR FLOORS	AS SHOWN
6	EXTERIOR CEILING	AS SHOWN
7	EXTERIOR ROOF	AS SHOWN
8	EXTERIOR STAIRS	AS SHOWN
9	EXTERIOR BALCONIES	AS SHOWN
10	EXTERIOR PORCHES	AS SHOWN

**VENDOR'S INFORMATION**

PROJECT	VENDOR	PRODUCT
7700 CHESTWOOD BLVD BIRMINGHAM, AL	OLIVE GARDEN	ITALIAN KITCHEN

**GENERAL ELEVATION NOTES:**

1. FINISH TO BE AS SHOWN UNLESS NOTED OTHERWISE.
2. FINISH TO BE AS SHOWN UNLESS NOTED OTHERWISE.
3. FINISH TO BE AS SHOWN UNLESS NOTED OTHERWISE.
4. FINISH TO BE AS SHOWN UNLESS NOTED OTHERWISE.
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6. FINISH TO BE AS SHOWN UNLESS NOTED OTHERWISE.
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8. FINISH TO BE AS SHOWN UNLESS NOTED OTHERWISE.
9. FINISH TO BE AS SHOWN UNLESS NOTED OTHERWISE.
10. FINISH TO BE AS SHOWN UNLESS NOTED OTHERWISE.

**hmdgrour P.A.C. ARCHITECTS**  
 1400 SOUTH BRIDGE AVENUE, SUITE 400, HOUSTON, TEXAS 77001  
 PH: (713) 867-1100  
 FAX: (713) 867-1101  
 www.hmdgrour.com

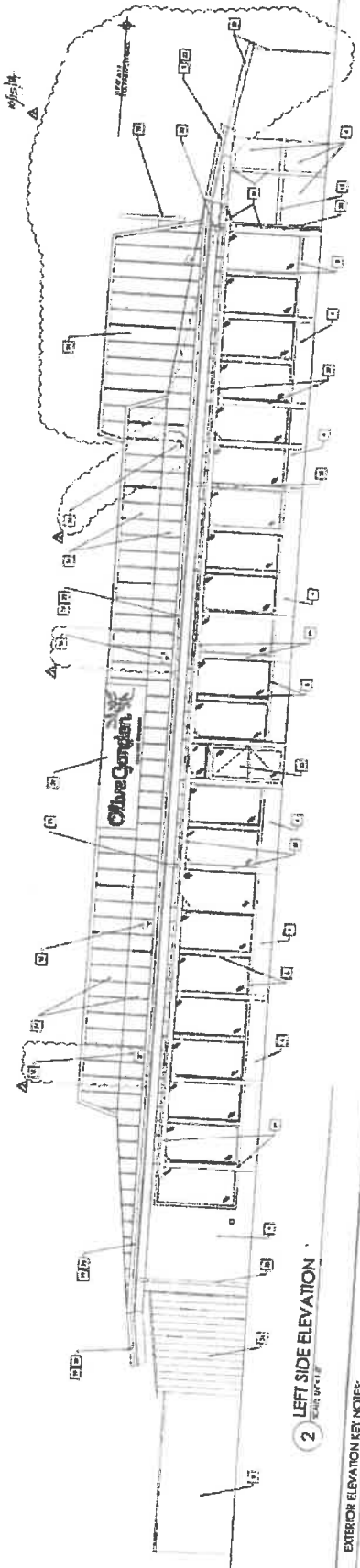
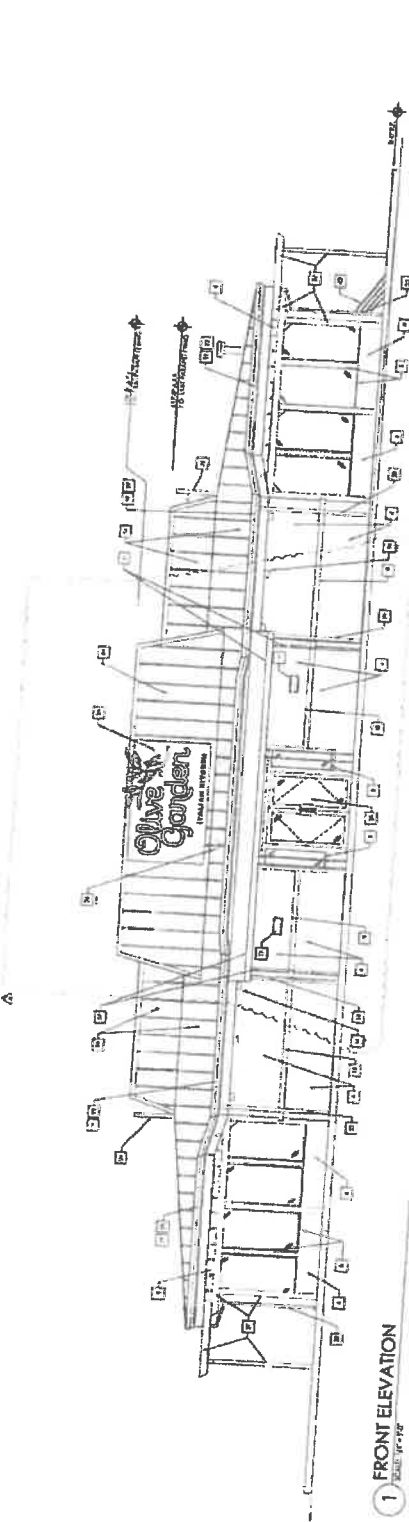
**Professional Seal**  
 State of Texas  
 No. 15447  
 Expires 12/31/2015

**olive garden ITALIAN RESTAURANT**

DATE: 05-18-2014  
 PROJECT: RESTAURANT RENOVATION  
 DRAWING: EXTERIOR ELEVATIONS  
 SHEET: P-1

7701 CRESTWOOD BLVD  
 BIRMINGHAM, AL 35226

**A5.1**  
 EXTERIOR ELEVATIONS



EXTERIOR ELEVATION KEY NOTES:	
LOCATION	DESCRIPTION
1-1	SEE ELEVATION KEY NOTE P-1
2-1	SEE ELEVATION KEY NOTE P-1
3-1	SEE ELEVATION KEY NOTE P-1
4-1	SEE ELEVATION KEY NOTE P-1
5-1	SEE ELEVATION KEY NOTE P-1
6-1	SEE ELEVATION KEY NOTE P-1
7-1	SEE ELEVATION KEY NOTE P-1
8-1	SEE ELEVATION KEY NOTE P-1
9-1	SEE ELEVATION KEY NOTE P-1
10-1	SEE ELEVATION KEY NOTE P-1
11-1	SEE ELEVATION KEY NOTE P-1
12-1	SEE ELEVATION KEY NOTE P-1
13-1	SEE ELEVATION KEY NOTE P-1
14-1	SEE ELEVATION KEY NOTE P-1
15-1	SEE ELEVATION KEY NOTE P-1
16-1	SEE ELEVATION KEY NOTE P-1
17-1	SEE ELEVATION KEY NOTE P-1
18-1	SEE ELEVATION KEY NOTE P-1
19-1	SEE ELEVATION KEY NOTE P-1
20-1	SEE ELEVATION KEY NOTE P-1
21-1	SEE ELEVATION KEY NOTE P-1
22-1	SEE ELEVATION KEY NOTE P-1
23-1	SEE ELEVATION KEY NOTE P-1
24-1	SEE ELEVATION KEY NOTE P-1
25-1	SEE ELEVATION KEY NOTE P-1
26-1	SEE ELEVATION KEY NOTE P-1
27-1	SEE ELEVATION KEY NOTE P-1
28-1	SEE ELEVATION KEY NOTE P-1
29-1	SEE ELEVATION KEY NOTE P-1
30-1	SEE ELEVATION KEY NOTE P-1

### VENDOR'S INFORMATION

ITEM NO.	ITEM	ITEM DESCRIPTION	REFERENCE NO.
1	GENERAL CONTRACTOR		
2	ARCHITECT		
3	STRUCTURAL ENGINEER		
4	ELECTRICAL CONTRACTOR		
5	MECHANICAL CONTRACTOR		
6	PLUMBING CONTRACTOR		
7	PAINT CONTRACTOR		
8	GLASS CONTRACTOR		

**GENERAL ELEVATION NOTES:**

- ALL WORK SHALL BE PERFORMED AND FINISHED TO MATCH EXISTING CONDITIONS UNLESS OTHERWISE NOTED.
- ALL MATERIALS SHALL BE APPROVED BY ARCHITECT BEFORE USE.
- ALL WORK SHALL BE DONE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE BIRMINGHAM BUILDING DEPARTMENT ORDINANCES AND ALL APPLICABLE CODES.
- ALL WORK SHALL BE DONE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE BIRMINGHAM ELECTRICAL CODE, PLUMBING CODE, AND MECHANICAL CODE.
- ALL WORK SHALL BE DONE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE BIRMINGHAM FIRE DEPARTMENT ORDINANCES.
- ALL WORK SHALL BE DONE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE BIRMINGHAM HEALTH DEPARTMENT ORDINANCES.
- ALL WORK SHALL BE DONE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE BIRMINGHAM PUBLIC WORKS DEPARTMENT ORDINANCES.
- ALL WORK SHALL BE DONE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE BIRMINGHAM ZONING ORDINANCES.
- ALL WORK SHALL BE DONE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE BIRMINGHAM ENVIRONMENTAL HEALTH DEPARTMENT ORDINANCES.
- ALL WORK SHALL BE DONE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE BIRMINGHAM COMMISSION ON ARCHITECTURAL HERITAGE ORDINANCES.

**EXTERIOR ELEVATIONS**

**hmdgroup PA PC**  
 ARCHITECTS  
 1000 17th Street, Suite 1000  
 Birmingham, AL 35203  
 Phone: (205) 251-1000  
 Fax: (205) 251-1001  
 Website: www.hmdgroup.com

**Olive Garden**  
 ITALIAN KITCHEN

Project Name: Olive Garden Italian Kitchen  
 Project No.: 1133  
 Date: 08-14-2018  
 Scale: 1/4" = 1'-0"  
 Drawing No.: 1133-01

7701 CRESTWOOD BLVD  
 BIRMINGHAM, AL

**FLOOR PLAN**  
**A1.1**

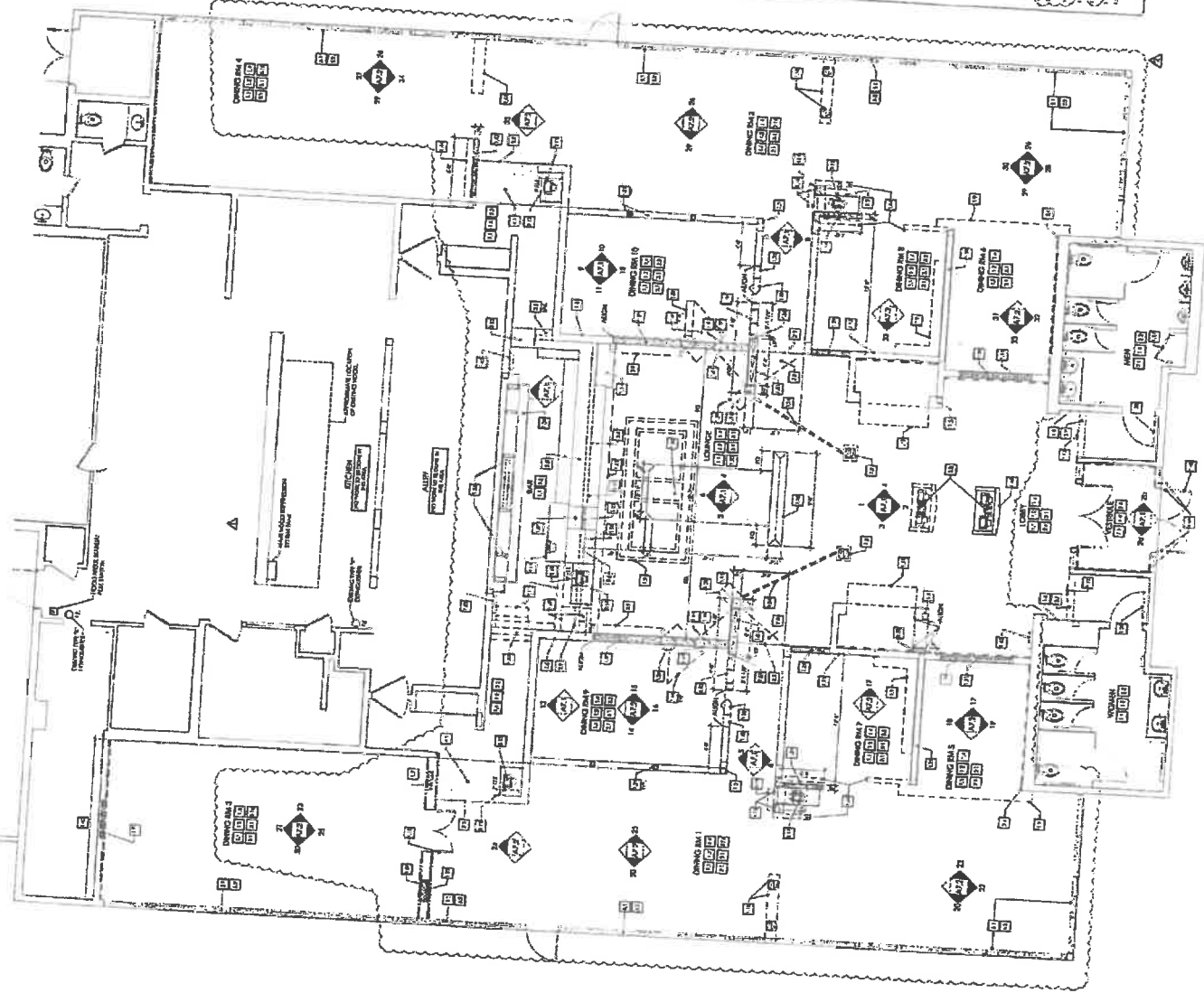
**WALL PAINT LEGEND**

1. WALL PAINT TO BE APPLIED TO ALL WALLS UNLESS OTHERWISE NOTED.  
 2. WALL PAINT TO BE APPLIED TO ALL WALLS UNLESS OTHERWISE NOTED.  
 3. WALL PAINT TO BE APPLIED TO ALL WALLS UNLESS OTHERWISE NOTED.  
 4. WALL PAINT TO BE APPLIED TO ALL WALLS UNLESS OTHERWISE NOTED.

**LEGEND**

1. WALL PAINT TO BE APPLIED TO ALL WALLS UNLESS OTHERWISE NOTED.  
 2. WALL PAINT TO BE APPLIED TO ALL WALLS UNLESS OTHERWISE NOTED.  
 3. WALL PAINT TO BE APPLIED TO ALL WALLS UNLESS OTHERWISE NOTED.  
 4. WALL PAINT TO BE APPLIED TO ALL WALLS UNLESS OTHERWISE NOTED.

- FLOOR PLAN NOTES:**
1. SEE ARCHITECT'S NOTES FOR ALL WALL PAINT SPECIFICATIONS.
  2. SEE ARCHITECT'S NOTES FOR ALL WALL PAINT SPECIFICATIONS.
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  49. SEE ARCHITECT'S NOTES FOR ALL WALL PAINT SPECIFICATIONS.
  50. SEE ARCHITECT'S NOTES FOR ALL WALL PAINT SPECIFICATIONS.



FLOOR PLAN 1/4"

11/11/18



# EXTERIOR/ INTERIOR RENOVATION 7701 CRESTWOOD BLVD. BIRMINGHAM, AL

## PROJECT CONTACTS

Name	Phone	Address
Client		
Architect		
Contractor		
Subcontractor		
Manufacturer		

**FIRE DEPARTMENT NOTES**

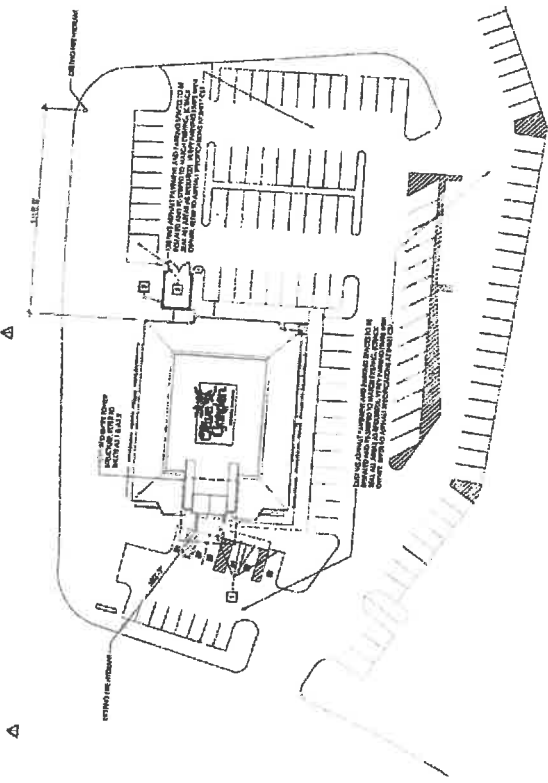
- CONDUCTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND INSURANCE COVERAGE.
- ALL ELECTRICAL WORK SHALL BE PERFORMED IN ACCORDANCE WITH THE NATIONAL ELECTRICAL CODE (NEC) AND ALL LOCAL ORDINANCES.
- ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.
- ALL MATERIALS AND METHODS SHALL BE APPROVED BY THE FIRE DEPARTMENT.

**LANDSCAPE NOTES**

- ALL LANDSCAPING SHALL BE PERFORMED IN ACCORDANCE WITH THE CITY OF BIRMINGHAM ORDINANCES.
- ALL PLANTING SHALL BE DONE BY A LICENSED LANDSCAPE ARCHITECT.
- ALL IRRIGATION SHALL BE INSTALLED AND MAINTAINED.
- ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.

**SITE PLAN NOTES**

- ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH THE CITY OF BIRMINGHAM ORDINANCES.
- ALL PERMITS SHALL BE OBTAINED PRIOR TO THE START OF WORK.
- ALL MATERIALS AND METHODS SHALL BE APPROVED BY THE CITY OF BIRMINGHAM.
- ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.



SITE PLAN

1/4" = 20'  
 1/8" = 5'  
 1/16" = 2.5'  
 1/32" = 1.25'

## GENERAL NOTES

- ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH THE CITY OF BIRMINGHAM ORDINANCES.
- ALL PERMITS SHALL BE OBTAINED PRIOR TO THE START OF WORK.
- ALL MATERIALS AND METHODS SHALL BE APPROVED BY THE CITY OF BIRMINGHAM.
- ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.
- ALL ELECTRICAL WORK SHALL BE PERFORMED IN ACCORDANCE WITH THE NATIONAL ELECTRICAL CODE (NEC) AND ALL LOCAL ORDINANCES.
- ALL MECHANICAL WORK SHALL BE PERFORMED IN ACCORDANCE WITH THE INTERNATIONAL MECHANICAL CODE (IMC) AND ALL LOCAL ORDINANCES.
- ALL PLUMBING WORK SHALL BE PERFORMED IN ACCORDANCE WITH THE INTERNATIONAL PLUMBING CODE (IPC) AND ALL LOCAL ORDINANCES.
- ALL CONCRETE WORK SHALL BE PERFORMED IN ACCORDANCE WITH THE ACI 308.1R-03 CONCRETE MANUAL AND ALL LOCAL ORDINANCES.
- ALL MASONRY WORK SHALL BE PERFORMED IN ACCORDANCE WITH THE CMU BUILDING CODE AND ALL LOCAL ORDINANCES.
- ALL ROOFING WORK SHALL BE PERFORMED IN ACCORDANCE WITH THE NATIONAL ROOFING CONTRACTORS ASSOCIATION (NRCA) AND ALL LOCAL ORDINANCES.
- ALL PAINTING WORK SHALL BE PERFORMED IN ACCORDANCE WITH THE PAINTING CONTRACTORS ASSOCIATION (PCA) AND ALL LOCAL ORDINANCES.
- ALL FINISHING WORK SHALL BE PERFORMED IN ACCORDANCE WITH THE FINISHING CONTRACTORS ASSOCIATION (FCA) AND ALL LOCAL ORDINANCES.
- ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.
- ALL MATERIALS AND METHODS SHALL BE APPROVED BY THE CITY OF BIRMINGHAM.
- ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.
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- ALL MECHANICAL WORK SHALL BE PERFORMED IN ACCORDANCE WITH THE INTERNATIONAL MECHANICAL CODE (IMC) AND ALL LOCAL ORDINANCES.
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- ALL PAINTING WORK SHALL BE PERFORMED IN ACCORDANCE WITH THE PAINTING CONTRACTORS ASSOCIATION (PCA) AND ALL LOCAL ORDINANCES.
- ALL FINISHING WORK SHALL BE PERFORMED IN ACCORDANCE WITH THE FINISHING CONTRACTORS ASSOCIATION (FCA) AND ALL LOCAL ORDINANCES.

## RESPONSIBILITY CHART FOR SUPPLY AND INSTALLATION OF BUILDING RELATED ITEMS

Item	Supply	Installation
Structural Steel	Contractor	Contractor
Reinforcing Steel	Contractor	Contractor
Formwork	Contractor	Contractor
Concrete	Contractor	Contractor
Masonry	Contractor	Contractor
Roofing	Contractor	Contractor
Painting	Contractor	Contractor
Finishing	Contractor	Contractor
Electrical	Contractor	Contractor
Mechanical	Contractor	Contractor
Plumbing	Contractor	Contractor

## SCOPE OF WORK

THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND INSURANCE COVERAGE. ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME. ALL MATERIALS AND METHODS SHALL BE APPROVED BY THE CITY OF BIRMINGHAM.

## PROJECT DATA

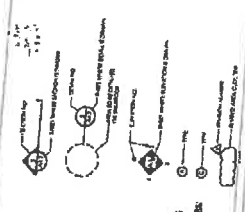
**ARCHITECT:** HMD GROUP P.A.C. ARCHITECTS  
**PROJECT NO.:** 10101  
**DATE:** 01/20/10  
**CLIENT:** OLIVE GARDEN ITALIAN KITCHEN

NO.	DESCRIPTION	DATE	BY
1	ISSUED FOR PERMITS	01/20/10	JL
2	ISSUED FOR BIDDING	01/20/10	JL
3	ISSUED FOR CONSTRUCTION	01/20/10	JL
4	ISSUED FOR OCCUPANCY	01/20/10	JL

## INDEX OF DRAWINGS

NO.	DESCRIPTION	DATE	BY
1	ARCHITECTURAL	01/20/10	JL
2	MECHANICAL	01/20/10	JL
3	ELECTRICAL	01/20/10	JL
4	PLUMBING	01/20/10	JL
5	CONCRETE	01/20/10	JL
6	MASONRY	01/20/10	JL
7	ROOFING	01/20/10	JL
8	PAINTING	01/20/10	JL
9	FINISHING	01/20/10	JL

## SYMBOLS



## INTERIOR FINISH FIRE CHARACTERISTICS

Item	Fire Rating	Smoke Density	Flame Spread
Structural Steel	1	0	0
Reinforcing Steel	1	0	0
Formwork	1	0	0
Concrete	1	0	0
Masonry	1	0	0
Roofing	1	0	0
Painting	1	0	0
Finishing	1	0	0
Electrical	1	0	0
Mechanical	1	0	0
Plumbing	1	0	0

**hmd group P.A.C. ARCHITECTS**

10101 PROJECT #10101

Sheet Date: 01/20/10  
 Drawing Title: EXTERIOR/ INTERIOR RENOVATION  
 Project Location: 7701 CRESTWOOD BLVD, BIRMINGHAM, AL

Project No: 10101  
 Title Sheet  
**T1.1**

**PARCEL ID:** 012300262000012001

**SOURCE:** TAX ASSESSOR RECORDS      **TAX YEAR:** 2021

**DATE:** Wednesday, August 31, 2022 1:41:43 PM

**OWNER:** GENERAL MILLS INC

**ADDRESS:** PO BOX 695019

**CITY/STATE:** ORLANDO FL

**ZIP+4:** 32869--5019

**SITE ADDR:** 7701 CRESTWOOD BLVD

**CITY/STATE:** BHAM, AL

**ZIP:** 35210

**LAND:** \$968,800.00

**BLDG:** \$1,023,900.00

**AREA:** 66,213.58

**ACRES:** 1.52

**OTHER:** \$0.00

**SUBDIVISION INFORMATION:**

**NAME:** GENERAL MILLS SUR E-MAL

**BLOCK:**

**LOT:** 1

**Section:** {SecTwpRng}

**Land Slide Zones:** Not in Land Slide Zones

**Historic Districts:** Not in Historic Districts

**Commercial Revitalization District:** Not in Commercial Revitalization District

**Fire District:** Not in Fire District

**Flood Zones:** Not in Flood Zones

**Tax Increment Financing District:** In Tax Increment Financing District

**Neighborhoods:** Eastwood (302)

**Communities:** Crestline (3)

**Council Districts:** District - {DISTRICT} (Councilor: {COUNCILOR})

**Zoning Outline:** CB2

**Demolition Quadrants:** Not in Demolition Quadrants

**Impaired Watersheds:** Impaired Watershed - {HU\_12\_NAME}

**Strategic Opportunity Area:** Not in Strategic Opportunity Area

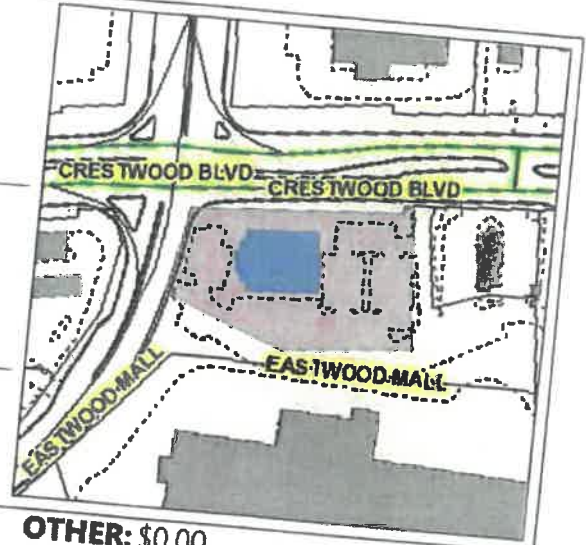
**RISE Focus Area:** In RISE Focus Area

**Tax Delinquent Property:** Not in Tax Delinquent Property

**EPA Superfund:** Not in EPA Superfund

**Opportunity Zones:** Not in Opportunity Zones

**Judicial Boundaries:** {JURISDICTION}



Parcel mapping and description information is obtained from the Jefferson County Tax Assessor's Office. This site does not provide real-time information and may contain errors. All data should be verified with the official source. The City of Birmingham makes no warranty as to the accuracy of the data and assumes no responsibility for any errors. Data from the Tax Assessor's Office may not be available for all parcels.





# Neighborhood Voting Form: Liquor Applications

Date: 8/31/22

Application Type: Transfer Application – Beer/Wine (Off Premise Only)

Subject: Applicant's Entity Name Babajan Food Mart Inc.  
Business Name G-Store  
Business Address 5616 Court I

### Type of License/Permit Applying For:

- |   |  |
|---|--|
| <input type="checkbox"/> Lounge Retail Liquor Class I           | <input type="checkbox"/> Lounge Retail Liquor Class II (Package Store) |
| <input type="checkbox"/> Club Liquor Class I                    | <input type="checkbox"/> Club Liquor Class II (Private)                |
| <input checked="" type="checkbox"/> Beer Off Premise            | <input type="checkbox"/> Beer On & Off Premise                         |
| <input checked="" type="checkbox"/> Wine Off Premise            | <input type="checkbox"/> Wine On & Off Premise                         |
| <input type="checkbox"/> Restaurant Retail Liquor               | <input type="checkbox"/> Special Retail License (over 30 days)         |
| <input type="checkbox"/> Special Retail License (under 30 days) | <input type="checkbox"/> Pool Table Permit                             |
| <input type="checkbox"/> Division I Dance Permit (customers)    | <input type="checkbox"/> Division II Dance Permit                      |

The Belview Heights Neighborhood Association met on 9/13/22 and voted about the above-named license application. The concerns of the Neighborhood regarding the granting of this license are indicated as follows: (Please check one)

28 Attendance    6 Oppose    10 Support    4 No Recommendation

Reason for Opposition \_\_\_\_\_

Applicant:  attended NA meeting     did not attend NA meeting

Johnny Gunn  
President/Officer

Neighborhood Officers: (Please return this form to the of attention Latonya Tate /Public Safety; City of Birmingham; 710 North 20<sup>th</sup> Street, Birmingham, AL 35203; City Council Chambers; 3<sup>rd</sup> Floor)

Failure to attend the neighborhood meeting may result in a delay in the liquor process.



**Transfer Application: Beer-Type 050/ Wine – Type 070 (Off Premise Only)**

The following applicant has applied to the City of Birmingham for an alcohol, dance or pool table license:

Name of Applicant: Babajan Food Mart Inc.

Mailing Address: 149 Hayesbury CT  
Pelham, AL 35127

Trade Name: G-Store

Location Address: 5616 Court I

Contact Number: (773)552-5629

Contact Person:  
Rahim Karim

New Application

Transfer

**Type of License**

- |   |  |
|---|--|
| <input type="checkbox"/> Lounge Retail Liquor Class I                 | <input type="checkbox"/> Lounge Retail Liquor Class II (Package Store) |
| <input type="checkbox"/> Club Liquor Class I (Fraternal)              | <input type="checkbox"/> Club Liquor Class II (Private)                |
| <input checked="" type="checkbox"/> Beer Off Premise                  | <input type="checkbox"/> Beer On & Off Premise                         |
| <input checked="" type="checkbox"/> Wine Off Premise                  | <input type="checkbox"/> Wine On & Off Premise                         |
| <input type="checkbox"/> Restaurant Retail Liquor                     | <input type="checkbox"/> Special Retail Liquor (7 days or less)        |
| <input type="checkbox"/> Special Retail Liquor (over 30 days)         | <input type="checkbox"/> Special Retail Liquor (under 30 days)         |
| <input type="checkbox"/> Division I Dance Permit (customer)           | <input type="checkbox"/> Division II Dance Permit (entertainers)       |
| <input type="checkbox"/> Pool Table Permit (send copy of application) |  |

Kitchen equipped: yes  no

Number of table and chairs NA

Date Applied: 8/31/22

Revenue Examiner: GS

Copy: Fire Prevention  
Health Department  
Community Development  
Operation New Birmingham  
Melanie Genkin (pool tables)  
Katrina Thomas (PEP)

**City of Birmingham  
Application for  
Alcoholic Beverage License**

New Application   
Transfer

**BEER-TYPE 050 / WINE-TYPE 070 (OFF PREMISE ONLY)**

By: **GS**  
(Revenue Official)

(Enter Type of License Applied For)

1. Name of Applicant (s) Babajan Food Mart Inc.  
(Indicate whether Individual, Partnership, Corporation, LLC, LLP, etc)
2. Name and address of individual applicant or all partners and members if partnership or assoc., or all officers and directors, if corporation  
(Attach separate sheet if necessary)

Social Security Number Drivers License Number Name of Owner, Officer or Partner	Title	Date of Birth Place of Birth	Present Residence Address	Length of Residence at Place Named
ALDL# [REDACTED] Rahim Abdullah Karim	President	[REDACTED] Pakistan	149 Hayesbury CT Pelham, AL 35124	6 years

Note: If a corporation, LLC or LLP, give place and date of incorporation or issuance of certificate of authority to do business in Alabama:

Book 001-027 Page: 1 of 3 Date: 6/30/2022 County: Jefferson  
678

Foreign Corporation: certificate of Authority Date:  (get copy of original papers)

3. Trade Name G-Store

4(a) Location 5616 Court I  
Exact Street Number, or if on Highway, give details as to Location  
Birmingham, Alabama Zip Code 35208 County  Jefferson  Shelby

(b) Length of time at this location

(c) Mailing Address: **149 Hayesbury CT Pelham, AL 35127**

(d) Business Phone \_\_\_\_\_ Fax: \_\_\_\_\_ Other Contact: **(773)552-5629**

5. Name, trade name and License number of last or previous licensee: **Danish Food Mart Inc**  
Trade name G-Store Year 2016 Type 150K 150N Taxpayer ID 469107

6 (a) Owner of real estate for which license is desired Rahim A Karim  
149 Hayesbury CT Pelham, AL 35127

(b) Give a full description of the premises for which a license is desired: New Construction  Existing Structure   
Description

(c) Is establishment equipped with tables and chairs? Yes  No  If "Yes", how many?

7. Has a liquor, malt or brewed beverage license for premises ever been denied, suspended or revoked?  Yes  No  
If "Yes", explain fully \_\_\_\_\_

8 (a) Pool Tables? Yes  No  Coin Operated? Yes  No  Standard Provider:

(b) Video Games? Yes  No  Juke Box or Slot Musical Equipment? Yes  No

(c) Vending Machines (Snacks/Sodas)? Yes  No  Cigarettes or Tobacco Products? Yes  No  Other?

9 (a) Will you allow dancing? Yes  No  If "Yes": Customer/Patron?  Div I Exhibition/Performance?  Div II

- (b) Independent Contract Employees (Disc Jockey, Band, Bartenders, Servers)? Yes  No
- 10 (a) Are these premises kitchen equipped? Yes  No  Not Applicable
- (b) Is kitchen apart from but convenient to the dining room? Yes  No
- (c) Is place of business habitually and principally used for providing food to the public? Yes  No
- (d) If not kitchen equipped, is any type of food served? Yes  No  If "Yes", explain Grocery Items
- (e) Are these premises equipped for on premises consumption of liquor? Yes  No
- (f) Will this business be operating primarily as a package store? Yes  No
- (g) Seating Capacity: \_\_\_\_\_
- (h) For a SPECIAL RETAIL LICENSE, less than thirty (30) days: Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_
- (i) For a SPECIAL RETAIL LICENSE, more than thirty (30) days: Starting Date \_\_\_\_\_ Ending Dec. 31, \_\_\_\_\_
- (j) For a SPECIAL EVENTS RETAIL LICENSE, not to exceed seven (7) days: Starting \_\_\_\_\_ Ending \_\_\_\_\_  
**(Note: Application must be filed 120 days in advance of event for which license is applied for)**
- (k) Event Sponsor \_\_\_\_\_ Phone Number \_\_\_\_\_
- (1) Sponsor Letter of Designation? Yes  No
- (2) Multi-Vendor Sponsorship? Yes  No
- (3) Street Closing Required? Yes  No
- (4) Park Board Permission? Yes  No

- 11 (a) Does the club charge and collect dues from elected members? Yes  No
- (b) How many paid-up members are there in the club? \_\_\_\_\_
- (c) Are regular meetings held? Yes  No  If so, when? \_\_\_\_\_
- (d) Is business conducted through officers regularly elected? Yes  No
- (e) Are members admitted by written application, investigation, and ballot? Yes  No
- (f) For what purpose is the club organized and operated? Social  Patriotic  Political  Athletic  Other

12. List below the court records for law violations in the last ten (10) years, if any, of each person interested in this application, including the manager, whether as sole applicant, partner, officer, member, or landlord. (Do not include traffic violations, except D.U.I. and reckless driving. If no record, state "None".)

Name	Violation Charged	Name of Court	Date	Disposition of Case
<u>No Applicant</u>				

Applicant for the Alcoholic Beverage license requested by the aforementioned applicant hereby swears or affirms that he or she has read said application and that all the statements therein and the facts set forth therein are true and correct, and that the applicant is the only person interested in the business for which said license is requested.

Sworn and subscribed before me this 31<sup>st</sup> day of August, 2022

Signature of Affiant

Signature of Revenue Officer

**This application will not be processed until all fees due at the time of application are paid and receipts are on file.**

1 of zoning Purpose Only:  
Beer/Wine Off Premise

TAXPAYER IDENTIFICATION NUMBER  
(City Office Use Only)

CITY OF BIRMINGHAM  
APPLICATION FOR TAX CERTIFICATE

The information that you provide in this application is protected by the confidentiality provisions outlined in Ordinance No. 97-183, "The Business License Code of the City of Birmingham", Article II, Section 14. Please type or print. This application should be completed fully to avoid delays in processing.

Section 1 - WHAT WOULD YOU LIKE TO DO?

- Register a new business (Please complete all sections)
- Add a New Location or Tax Type to your current registration (Please complete Sections 2, 3, 5-10, 12, 13, and 14)
- Change Business Ownership of your current registration (Please complete all sections)
- Change the Mailing Address only for your current registration (Please complete Sections 2, 8-10, 12, 13 and 14)
- Change the Location Address of your current registration (Please complete Sections 2, 3, 5-13, and 14)
- Change in Corporate Officers, Members, or Partners (Please complete Sections 2, 5, 7-9,, 11-13, and 14)
- Provide a general "update" of your current registration information (Please complete all sections)

Section 2 - LEGAL NAME AND MAILING ADDRESS to which tax forms are to be sent:  
(Note: If mailing address is a post office box, the street address of the business must also be indicated.)

Full Legal Name: Babajan Food Mart Inc.  
Attention: \_\_\_\_\_  
Address: 149 Hayesbury CT  
City: Pelham State: AL Zip Code: 35127  
Area Code and Phone Number: (773)552-5629  
Area Code and Fax Number: \_\_\_\_\_  
Name of Contact Person: Rahim Karim  
E-Mail: \_\_\_\_\_ Website Address: \_\_\_\_\_

Section 3 - TRADE NAME AND LOCATION ADDRESS of office in Birmingham. If you are registering more than one location, please see reverse side of this form. (Important Note: All business locations are subject to zoning approval.)

Please select:  Commercial Establishment  Private Residence  No Physical Birmingham Location

Trade Name (d/b/a): G-Store  
Attention: \_\_\_\_\_  
Address: 5616 Court I  
City: Birmingham State: AL Zip: 35208  
Area Code and Phone Number of Business Location: \_\_\_\_\_  
Area Code and Fax Number of Business Location: \_\_\_\_\_  
Name of Contact Person at Business Location: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Website Address: \_\_\_\_\_

Section 4 - CHANGE OF OWNERSHIP resulting from merger, purchase or acquisition of an existing business.  
If applicable, this section MUST be completed.

Former Owner: Danish Food Mart Inc  
Trade Name (d/b/a) G-Store  
Mailing Address of Former Owner 2356 Arbor Glenn Hoover, AL 35244  
Address (es) of Former Location(s) 5616 Court I Birmingham, AL 35208  
Area Code and Phone Number of Former Owner: (205)902-7683

**Section 5 - TYPE OF OWNERSHIP**

Please indicate the form of organization. NOTE: Please refer to the accompanying "General Information for Preparing an Application for Tax Certificate Form" instruction sheet for a listing of supplemental documentation to be included with this application.

- 1. Alabama Corporation (Incorporated in Alabama)
- 2. Partnership (two or more owners)
- 3. Sole Proprietor (one owner)
- 4. Unincorporated Association (i.e., PA)
- 5. Other \_\_\_\_\_
- 6. Limited Liability Partnership (LLP)
- 7. Limited Liability Company (LLC)
- 1. Foreign Corporation (Incorporated in another state)

**Section 6 - TYPE OF BUSINESS**

Please indicate the principal business activity category.

- 1. Manufacturer
- 2. Contractor (Please Specify)
- 3. Wholesaler
- 4. Retailer
- 5. Other (Please Specify)
- 6. Food/Eating Establishment
- 7. Day Care Center
- 8. Home Occupation/Home Office  
(Please Specify the type of occupation or office)
- 9. State Certified, State Regulated, or State Licensed Occupations, (Please Specify)
- 10. Transient Vendors/Special Events:  
Date(s) of the Event \_\_\_\_\_  
Event Location \_\_\_\_\_

**Section 7 - PRINCIPAL BUSINESS ACTIVITY AND PRODUCT**

You should indicate the one business activity that accounts for the largest percentage of gross income. State the broad field of business activity as well as the product or service. For example-Activity: Wholesale Sales / Product: Pharmaceuticals OR Activity: Manufacturing / Product: Automobiles. Note: This information should be the same information as required by the Internal Revenue Service on Schedule c of Form 1040 for Sole Proprietorships.

Activity: Convenience Store Product: Alcohol/Gas/Grocery/Tobacco

**Section 8 - FEDERAL TAX ID NUMBER / NUMBER OF EMPLOYEES**

Enter Federal Identification Number (REQUIRED) and the number of employees that will be working in Birmingham.

Federal ID Tax Number 88-3052625 Number of Employees in Birmingham (Required) \_\_\_\_\_

**Section 9 - COMMENCEMENT OF BUSINESS ACTIVITY**

Enter Date Business Activity Will Begin in Birmingham: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
Enter Date City of Birmingham Taxpayer ID Applied For: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Section 10 - Tax Liabilities** Check the taxes for which you are liable.

- Sales Tax
  - Sellers Use Tax
  - Consumers Use Tax
  - Lease Tax
  - Occupational Tax- Employers
  - Lodgings Tax
  - Business License Tax
- TAX IDENTIFICATION NUMBERS NOW ASSIGNED TO YOU: (Write "None" if no number assigned)
- State of Alabama Sales Tax Number \_\_\_\_\_
  - State of Alabama Sellers Use Tax Number \_\_\_\_\_
  - State of Alabama Consumers Use Tax Number \_\_\_\_\_
  - State of Alabama Lease Tax Number \_\_\_\_\_
  - State of Alabama Lodgings Tax Number \_\_\_\_\_
  - State of Alabama Unemployment Tax Number \_\_\_\_\_

If you have more than one business location, it is assumed that you will file consolidated returns for each of the taxes for which you may be liable, including sales, use, lease, occupational, and lodgings taxes. Each separate business location requires a separate business license.

APPLICATION FOR TAX CERTIFICATE (CITY OF BIRMINGHAM, ALABAMA)

Section 11 - OWNER, PARTNERS, MEMBERS, OR CORPORATE OFFICERS  
This information REQUIRED. (Attach additional sheets if necessary.)

NAME	TITLE	SOCIAL SECURITY NUMBER
Karim, Rahim	President	[REDACTED]


Section 12 - CORPORATE RESIDENT AGENT OR LOCAL MANAGER

Name: \_\_\_\_\_  
Address of Residence: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Area Code and Phone Number of Residence: \_\_\_\_\_

Section 13- STATEMENT OF ACKNOWLEDGEMENT AND ACCEPTANCE OF CONDITIONS -Please read carefully, then sign.

I declare, under the penalty of making a false declaration, that I am authorized to complete this form and to the best of my knowledge and belief all questions answered are true, correct, and complete statements, made in good faith. I understand and agree that the granting of this license requires my compliance with all applicable City of Birmingham Tax Code provisions, and state laws, as well as with all conditions set forth in any and all applicable City of Birmingham Laws, Ordinances, Rules and Regulations, and that any failure or refusal to comply with said laws, ordinances, rules and regulations may result in the revocation of any license issued pursuant to this application. I also understand that disclosure of any false or misleading information will result in automatic denial of any license issued pursuant to this application, or in the revocation of the license if such has already been issued. I understand that it is unlawful for any person to commence or engage in any business, vocation, occupation or profession, who is not otherwise exempt therefrom under the provisions of the City of Birmingham Business License Tax Code (Ordinance No. 97-183), without first having procured a license therefore, and that it is unlawful for any person to continue in any business, vocation, occupation, or profession after the expiration of a license previously issued without obtaining a new license. I further understand that it is unlawful for any person to engage in or continue in any business, vocation, occupation, or profession at any location within the corporate limits of the City of Birmingham without approval from the City of Birmingham Department of Planning, Engineering, and Permits (Zoning Division).

Signed:

 \_\_\_\_\_  
Signature of Person Completing This Application      08/31/2022  
Date

Rahim Karim \_\_\_\_\_  
Print the Name of the Person Completing This Application      (772) 552-5629  
Phone Number of Person Completing Application

CITY OFFICE USE ONLY - Location

ZONING APPROVAL AND COMMENTS:  
OK MUL 08/31/22 FR.  
Must Be Approved by City Council

HOME OCCUPATION CERTIFICATE EXECUTED  
 YES    NO    NOT APPLICABLE

SIC OR NAICS	_____
BLIC	_____
TERRITORY	_____
ANNEX	_____
HEALTH DEPT PERMIT	_____
OTHER REQUIRED PERMIT	_____
ARTICLES OF INCORPORATION	_____
CERTIFICATE OF AUTHORITY	_____
TAX FORMS ORDERED	<input type="checkbox"/>
NBL ORDERED	<input type="checkbox"/>



APPLICATION FOR TAX CERTIFICATE (CITY OF BIRMINGHAM, ALABAMA)  
SECTION 14 - ADDITIONAL TAXABLE LOCATIONS

Trade Name and Location Address of office in Birmingham. If you are registering more than one location, please use this section. Attach additional sheets if necessary. (Important Note: All business locations are subject to zoning approval.)

Please select:  Commercial Establishment  Private Residence  No Physical Birmingham Location

Trade Name (d/b/a): \_\_\_\_\_  
Attention: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Area Code and Phone Number of Business Location: \_\_\_\_\_  
Area Code and Fax Number of Business Location: \_\_\_\_\_  
Name of Contact Person at Business Location: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Website Address: \_\_\_\_\_

CITY OFFICE USE ONLY - Location

ZONING APPROVAL AND COMMENTS:
HOME OCCUPATION CERTIFICATE EXECUTED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE

SIC OR NAICS	_____
BLIC	_____
TERRITORY	_____
ANNEX	_____
HEALTH DEPT PERMIT	_____
OTHER REQUIRED PERMIT	_____
ARTICLES OF INCORPORATION	_____
CERTIFICATE OF AUTHORITY	_____
TAX FORMS ORDERED <input type="checkbox"/>	NBL ORDERED <input type="checkbox"/>

Trade Name and Location Address of office in Birmingham. If you are registering more than one location, please use this section. Attach additional sheets if necessary. (Important Note: All business locations are subject to zoning approval.)

Please select:  Commercial Establishment  Private Residence  No Physical Birmingham Location

Trade Name (d/b/a): \_\_\_\_\_  
Attention: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Area Code and Phone Number of Business Location: \_\_\_\_\_  
Area Code and Fax Number of Business Location: \_\_\_\_\_  
Name of Contact Person at Business Location: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Website Address: \_\_\_\_\_

CITY OFFICE USE ONLY - Location

ZONING APPROVAL AND COMMENTS:
HOME OCCUPATION CERTIFICATE EXECUTED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE

SIC OR NAICS	_____
BLIC	_____
TERRITORY	_____
ANNEX	_____
HEALTH DEPT PERMIT	_____
OTHER REQUIRED PERMIT	_____
ARTICLES OF INCORPORATION	_____
CERTIFICATE OF AUTHORITY	_____
TAX FORMS ORDERED <input type="checkbox"/>	NBL ORDERED <input type="checkbox"/>


**FN DRIVER LICENSE**  
**ALABAMA**  
 CLASS 0  
 NAME: RAHIM ABDULLAH KARIM  
 DOB: [REDACTED]  
 SEX: M HT: 5-07 IN WT: 150 LB HA: BRK  
 EYES: BRN HAIR: BRN  
 ADDRESS: 149 HAYESBURY CE  
 PELHAM AL 35124-1059  
 ENDORSEMENTS: [REDACTED]  
 EXPIRES: [REDACTED]  
 ISSUES: [REDACTED]

SS #

[REDACTED]

**CITY OF BIRMINGHAM BUSINESS LICENSE  
(CONTROLLED)**

I, Danish Food Mart Inc. holding City of Birmingham  
(current taxpayer)

License ID# [REDACTED] located at 5616 Court I  
(six-digit City ID) (business address)

Birmingham, AL 35208, hereby agree that said License be

transferred to Babajan Food Mart Inc.

provided Babajan Food Mart Inc. obtains approval  
(applicant) (applicant)

from the local governing body and meets all the requirements of the

ABC Board. I understand that I am responsible for the operation of

this licensed establishment and for all taxes due until Babajan Food Mart Inc.  
(applicant)

obtains his/her license from the ABC Board.

I also understand that if for any reason this transfer is not approved by the local governing body or the ABC Board, I must take over complete control, operation, and responsibility of these licensed premises. If I do not continue operating this licensed establishment, then, I will turn in my ABC Board License to the local ABC Board Field Office and all my City of Birmingham licenses to the Revenue Division of the Finance Department of the City of Birmingham.

I further understand that this license will not be transferred until all taxes and licenses are paid and current.

LICENSEE Shehnaaz

DATE 08/31/2022

APPLICANT [Signature]

DATE 08/31/2022

Witness [Signature]

DATE 8/31/22

NOTARY [Signature]

Power of Attorney

Date: August 26th, 2022

Danish Food Mart (G-STORE),

5616 Court I

Birmingham, AL 35208

I, Shehnaz Mumtaz Ali, owner of Danish Food Mart (G-STORE), do here by grant power of attorney to Rahim Karim As my representative.

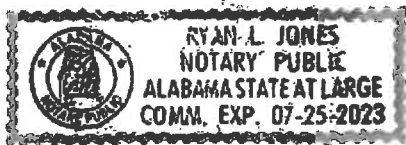
As a representative, Rahim Karim shall have full power and authority to perform and undertake any decisions on my behalf for Danish Food Mart (G-STORE),.

Regards,

Shehnaz Mumtaz Ali.

Shehnaz

08-26-2022



State of: Alabama County of: Tallapoosa  
 On this 26 Day of August, 2022 before me, the undersigned Notary Public, personally appeared Shehnaz Mumtaz Ali  
 proved through satisfactory evidence of identification, which were U.S. Id. etc., to be the person whose name is signed on the preceding or attached document and acknowledged  
 Name Shehnaz Mumtaz Ali Notary Public  
 My commission expires: 07-25-2023

Not Valid Without Attached Page

# ALABAMA Center for Health Statistics

## ALABAMA CERTIFICATE OF DEATH

TYPE IN PERMANENT DARK INK.

1. DECEASED LEGAL NAME (First, Middle, Last) (Type last name all capitals) <b>Mumtaz, Sherali</b>		2. LAST NAME PRIOR TO FIRST MARRIAGE <b>Ali</b>		3. COUNTY OF DEATH <b>Jefferson</b>	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE <b>Birmingham, AL 35243</b>		5. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		6. PLACE OF DEATH (Facility Name) - Hospital or Other Institution - (If not in either, give street and number) <b>Grandview Medical Center</b>	
7. IF HOSPITAL (Specify Hospital, ER, Inpatient, or DCA) <b>CICU Inpatient</b>		8. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		9. RACE	
11. AGE - Last Birthday (Years) <b>62</b>		12. DATE OF BIRTH (Month, Day, Year)		10. BIRTHPLACE (State or Foreign Country) <b>Pakistan</b>	
14. EVER IN ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. SURVIVING SPOUSE (NAME PRIOR TO FIRST MARRIAGE) <b>Sheraz Karim</b>		13. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) <b>Married</b>	
16. CITY, TOWN, OR LOCATION AND ZIP CODE <b>Hoover, AL 35244</b>		17. STREET ADDRESS (Apt. Lot, Unit, if applicable) <b>2356 Arbor Glenn</b>		18. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
21. FATHER/PARENT NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>Sherali Hussain Khimji</b>		22. MOTHER/PARENT NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>Mariam Sherali</b>		19. COUNTY <b>Jefferson</b>	
23. INFORMANT NAME AND RELATIONSHIP TO DECEASED <b>Hassan Ali, Son</b>		24. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, County, Zip Code, Apt. Lot) <b>2356 Arbor Glenn, Hoover, AL 35244</b>		20. STATE OF BIRTH	
25. DATE OF DISPOSITION (Month, Day, Year)		26. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Hospital Disposal <input type="checkbox"/> Medical Donation <input type="checkbox"/> Other (Specify)		27. LOCATION (City or Town, State) <b>Jefferson Memorial Gardens, Smith Hoover, AL</b>	
28. FUNERAL HOME (Name and Address) <b>Currie-Jefferson Funeral Home, 2701 John Hawkins Pkwy, Hoover, AL 35244</b>		29. LICENSE NUMBER (Funeral Home) <b>1092</b>		30. DATE SIGNED (Month, Day, Year) <b>10/27/29</b>	
31. FUNERAL DIRECTOR OR OTHER AGENT - SIGNATURE <i>[Signature]</i>		32. DATE SIGNED (Month, Day, Year)		33. LICENSE NUMBER (Funeral Director) <b>418</b>	
34. Certifying Physician <input type="checkbox"/> Certifying Registered Nurse Practitioner <input type="checkbox"/> Certifying Nurse Midwife <input type="checkbox"/> "To the best of my knowledge, death occurred at the time and place, and due to the cause(s) and manner stated." Medical Examiner <input type="checkbox"/> Coroner <input type="checkbox"/> "On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated." SIGNATURE: <i>[Signature]</i>		35. TIME OF DEATH <b>00:04</b>		36. DATE PRONOUNCED DEAD (Month, Day, Year)	
37. TIME OF DEATH		38. DATE PRONOUNCED DEAD (Month, Day, Year)		39. TIME PRONOUNCED DEAD	
40. NAME, ADDRESS, CITY, STATE, AND ZIP CODE OF PERSON CERTIFYING USE OF DEATH (If not 40) <b>Sari Jacob, MD, 3690 Grandview Parkway, Birmingham, AL 35243</b>		41. LICENSE NUMBER (Certifier) <b>022729</b>		42. REGISTRAR SIGNATURE <i>[Signature]</i>	
43. DATE FILED		44. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined		45. PART I. CAUSE OF DEATH. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Anterior STEMI (MYOCARDIAL INFARCTION)</b> Due to (or as a consequence of): <b>CHF</b> Due to (or as a consequence of): <b>ANOXIC ENCEPHALOPATHY</b> Due to (or as a consequence of):	
46. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		47. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		48. DATE OF INJURY (Month, Day, Year)	
49. DATE OF INJURY (Month, Day, Year)		50. TIME OF INJURY		51. PLACE OF INJURY (e.g., Decedent's home, construction site; restaurant; wooded area)	
52. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		53. LOCATION OF INJURY (Street or R.F.D. No., City or Town, County, State)		54. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
55. DESCRIBE HOW INJURY OCCURRED		56. AUTOPSY/TOXICOLOGY PERFORMED? Autopsy <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Toxicology <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		57. WERE FINDINGS CONSIDERED? Autopsy <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Toxicology <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No	

NAME OF DECEASED  
**Mumtaz, A**

THIS IS A LEGAL RECORD AND MUST BE FILED WITHIN FIVE (5) DAYS AFTER DEATH.

# ALABAMA

Center for Health Statistics

Amendment No. [REDACTED]

## ALABAMA AMENDMENT TO RECORD OF DEATH

This amendment corrects the record identified below.

### INFORMATION FROM ORIGINAL RECORD

Name Mumtaz S. Ali  
County of Death Jefferson

Certificate No. [REDACTED]  
Date of Death [REDACTED]  
File Date [REDACTED]

### ITEM# ITEM DESCRIPTION

### CORRECT INFORMATION

ITEM#	ITEM DESCRIPTION	CORRECT INFORMATION
15	Surv. Spouse Name Prior to 1st Marriage	Shehnaz M Karim

### EVIDENCE SUPPORTING CORRECTION:

A request from Sara Mendoza at Currie-Jefferson Funeral Home to correct a funeral home error.

### PERSON REQUESTING CORRECTION:

Name SARA MENDOZA Relationship FUNERAL HOME REP.  
Address 2701 JOHN HAWKINS PKWY City, State, Zip HOOVER AL 35244

I certify the foregoing amendment is hereby made a part of the record concerned without determination of its probative value. Done this [REDACTED] day of [REDACTED]

By Shayla Santiago  
Recording Clerk

ADPH-F-HS-38/Rev. 1-16

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama.

April 6, 2022

*Nicole Henderson Rushing*  
Nicole Henderson Rushing  
State Registrar of Vital Statistics

STATE OF ALABAMA

DOMESTIC BUSINESS CORPORATION  
CERTIFICATE OF INCORPORATION

PURPOSE: In order to form a Business Corporation under Sections 10A-1-3.05 and 10A-2A-2.02 of the *Code of Alabama 1975*, this Certificate of Incorporation and the appropriate filing fee must be filed with the Office of the Secretary of State. The information required in this form is required by Title 10A.

1. The name of the corporation (must contain the word "Corporation" or "Incorporated," or the abbreviation of one of those words, and comply with *Code of Alabama* Section 10A-1-5.04):  
BABAJAN FOOD MART INC.
2. A copy of the Name Reservation Certificate from the Office of the Secretary of State must be attached.
3. Street (No PO Boxes) address of principal office of the corporation:  
5616 COURT I BIRMINGHAM, AL 35208  
Mailing address of principal office (if different from street address):  
\_\_\_\_\_
4. The name of the registered agent (only one agent): RAHIM A KARIM  
Street (No PO Boxes) address of registered office (must be located in Alabama):  
5616 COURT I Birmingham, AL 35208  
\*COUNTY of above address: JEFFERSON  
Mailing address in Alabama of registered office (if different from street address):  
149 HAYESBURY CT PELHAM, AL 35124 SHELBY

(For SOS Office Use Only)

Alabama  
Sec. Of State  
001-027-678 D/C  
Date 06/30/2022  
Time 00:21:00  
File \$100.00  
County \$100.00  
-----  
Total \$200.00

The name(s) of the Incorporator(s): \_\_\_\_\_

Street (No PO Boxes) address of Incorporator(s): \_\_\_\_\_

Mailing address of Incorporator(s) – (if different from street address): \_\_\_\_\_

The name(s) of the Incorporator(s): \_\_\_\_\_

Street (No PO Boxes) address of Incorporator(s): \_\_\_\_\_

Mailing address of Incorporator(s) – (if different from street address): \_\_\_\_\_

The name(s) of the Incorporator(s): \_\_\_\_\_

Street (No PO Boxes) address of Incorporator(s): \_\_\_\_\_

Mailing address of Incorporator(s) – (if different from street address): \_\_\_\_\_

9 A director has no liability to the corporation or its stockholders for money damages for any action taken, or any failure to take any action, as a director, except liability for (A) the amount of financial benefit received by a director to which he or she is not entitled; (B) an intentional infliction of harm on the corporation or the stockholders; (C) a violation of Section 10A-2A-8.32; (D) an intentional violation of criminal law; or (E) a breach of the director's duty of loyalty to the corporation or its stockholders.

Attached are any other provisions that are not inconsistent with law relating to organization, ownership, governance, business, or affairs of the corporation.

\*County of Registered Agent is requested in order to determine distribution of County filing fees.

6 / 30 / 2022  
Date (MM/DD/YYYY)

RAHIM A KARIM  
Signature as required by 10A-2A-1.20  
PRESIDENT  
Title



John H. Merrill  
Secretary of State

P.O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that**

pursuant to the provisions of Title 10A, Chapter 1, Article 5, Code of Alabama 1975, and upon an examination of the entity records on file in this office, the following entity name is reserved as available:

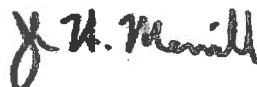
**BABAJAN FOOD MART INC.**

This name reservation is for the exclusive use of RAHIM KARIM, 5616 COURT I, BIRMINGHAM, AL 35208 for a period of one year beginning June 29, 2022 and expiring June 29, 2023

**In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.**

June 29, 2022


Date



RES031878

John H. Merrill

Secretary of State

 **DEPARTMENT OF THE TREASURY**  
**INTERNAL REVENUE SERVICE**  
CINCINNATI OH 45999-0023

Date of this notice: 06-30-2022

Employer Identification Number:  
88-3052625

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at:  
1-800-829-4933

BABAJAN FOOD MART INC  
G STORE  
5616 COURT I  
BIRMINGHAM, AL 35208

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER**

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 88-3052625. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did not apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following forms by the dates shown.

Form 941	10/31/2022
Form 940	01/31/2023
Form 1120	04/15/2023

If you have questions about the forms or the due dates shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification (corporation, partnership, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2020-1, 2020-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

**IMPORTANT INFORMATION FOR S CORPORATION ELECTION:**  
If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S, U.S. Income Tax Return for an S Corporation, must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, Election by a Small Business Corporation.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents or other payroll service providers, are available to assist you. Visit [www.irs.gov/mefbusproviders](http://www.irs.gov/mefbusproviders) for a list of companies that offer IRS e-file for business products and services.

**IMPORTANT REMINDERS:**

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.
- \* Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is BABA. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, *Safeguarding Taxpayer Data: A Guide for Your Business*.

You can get any of the forms or publications mentioned in this letter by visiting our website at [www.irs.gov/forms-pubs](http://www.irs.gov/forms-pubs) or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter.

Thank you for your cooperation.

Keep this part for your records.

CP 575 A (Rev. 7-2007)

Return this part with any correspondence  
so we may identify your account. Please  
correct any errors in your name or address.

CP 575 A

999999999

Your Telephone Number Best Time to Call  
( ) -

DATE OF THIS NOTICE: 06-30-2022  
EMPLOYER IDENTIFICATION NUMBER: 88-3052625  
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023  
██

BABAJAN FOOD MART INC  
G STORE  
5616 COURT I  
BIRMINGHAM, AL 35208



JEFFERSON COUNTY, ALABAMA. CITIZEN ACCESS PORTAL

#E: COME PROPERTY TAX BOE PERSONAL PROPERTY RECEIPI/CN

- Search
- Pay Tax
- Assessment
- Forms

PARCEL #: 30 00 12 4 039 007.000  
 OWNER: KARIM RAHIM A  
 ADDRESS: 149 HAYESBURY COURT PELHAM AL 35124  
 LOCATION: 5612 COURT I AL 35208

[ 500-00 ] Baths: 1.0 H/C Sqft: 2,628  
 50-013.0 Bed Rooms: 0 Land Sch: S165  
 Land: 25,600 Imp: 274,900 Total: 300,500  
 Acres: 0.336 Sales Info: 07/21/2021 \$10

<< Prev Next >> [ 3 / 4 Records ] Processing...

Tax Year: 2022 v

SUMMARY LAND BUILDINGS SALES PHOTOGRAPHS MAPS

SUMMARY

ASSESSMENT

PROPERTY CLASS: 2 OVER 65 CODE:  
 EXEMPT CODE: DISABILITY CODE:  
 MUN CODE: 35 BIRMINGHAM HS YEAR: 0  
 SCHOOL DIST: EXM OVERRIDE AMT: \$0.00  
 OVR ASD VALUE: \$0.00 TOTAL MILLAGE: 72.5

CLASS USE:  
 FOREST ACRES: 0 TAX SALE:  
 PREV YEAR VALUE: \$304,400.00 BOE VALUE: 0

VALUE

LAND VALUE 10% \$0  
 LAND VALUE 20% \$25,620  
 CURRENT USE VALUE [DEACTIVATED] \$0

CLASS 2  
 PAVING CONCRETE 34PCR04 \$10,500  
 CANOPY STEEL FR 36CSFLC \$17,800  
 BLDG 001 590 \$246,600

TOTAL MARKET VALUE [APPR. VALUE: \$300,500]: \$300,520

Assessment Override:

MARKET VALUE:  
 CU VALUE:  
 PENALTY:  
 ASSESSED VALUE:

QUICK LINKS

- BOE
- Property Tax
- Assessment
- Collection
- Millage Rate
- Contact Us
- County Site
- News

Disclaimer: Information and data provided by any section of this website are being provided "as-is" without warranty of any kind. The information and data may be subject to errors and omissions.

Jefferson County  
 716 Richard Arrington Jr Blvd N  
 Birmingham, AL 35208  
 (205) 328-2500

TAX INFO

	CLASS	MUNCODE	ASSD. VALUE	TAX	EXEMPTION	TAX EXEMPTION	TOTAL TAX
STATE	2	35	\$60,100	\$390.65	\$0	\$0.00	\$390.65
COUNTY	2	35	\$60,100	\$811.35	\$0	\$0.00	\$811.35
SCHOOL	2	35	\$60,100	\$492.82	\$0	\$0.00	\$492.82
DIST SCHOOL	2	35	\$60,100	\$0.00	\$0	\$0.00	\$0.00
CITY	2	35	\$60,100	\$1,712.85	\$0	\$0.00	\$1,712.85
FOREST	2	35	\$0	\$0.00	\$0	\$0.00	\$0.00
SPC SCHOOL1	2	35	\$60,100	\$342.57	\$0	\$0.00	\$342.57
SPC SCHOOL2	2	35	\$60,100	\$607.01	\$0	\$0.00	\$607.01

ASSD. VALUE: \$60,100.00

\$4,357.25

TOTAL FEE & INTEREST: (Detail) \$65.61

GRAND TOTAL: \$4,422.86

Payoff Quote

DEEDS

INSTRUMENT NUMBER

INSTRUMENT NUMBER	DATE
<a href="#">2021084078</a>	7/21/2021
<a href="#">2021084077</a>	7/9/2021
<a href="#">200102-9633</a>	1/1/1900

PAYMENT INFO

PAY DATE	TAX YEAR	PAID BY	AMOUNT
	2022		\$0.00
11/18/2021	2021	DANISH FOOD MART	\$4,443.63
1/16/2021	2020	GEORGE CLARENCE R	\$4,443.63
12/31/2019	2019	CLARENCE R GEORGE	\$4,443.63
1/23/2019	2018	NEW FRONTIER OIL LLC	\$2,796.22
1/9/2018	2017	GEORGE CLARENCE	\$2,776.13
	2016		\$0.00
	2015		\$0.00
1/21/2015	2014	NEW FRONTIER OIL	\$2,600.40
1/17/2014	2013	G-STORE	\$2,600.40
1/16/2013	2012	G STORE	\$2,614.09
6/22/2013	2012	PRIOR YEAR LITIGATIONS - FINAL SETTLEMENT	\$2,647.67
20111231	2011	***	\$2,647.67
	2010	***	\$2,647.67
20100119	2009	***	\$2,664.42
20081231	2008	***	\$2,828.37

UTILITY ACCESS PORTAL

20071231	2007	***	\$4,647.67
20061231	2006	***	\$2,576.77
20051230	2005	***	\$2,443.33
20050223	2004	***	\$1,456.49
20040217	2003	***	\$106.37
20021230	2002	***	\$94.23
20011228	2001	***	\$94.23
20001231	2000	***	\$384.73
19991231	1999	***	\$384.73
19981211	1998	***	\$339.43
19971206	1997	***	\$339.43
19961231	1996	***	\$324.43



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# Neighborhood Voting Form: Liquor Applications

Date:  
8/15/22

Application Type: New Application – Beer/Wine (Off Premise)

Subject:           Applicant's Entity   S & A Investment LLC  
                           Name  
                           Business Name        The Late Rollers Convenience Store  
                           Business Address     1101 3<sup>rd</sup> Ave W Ste B

### Type of License/Permit Applying For:

- |   |  |
|---|--|
| <input type="checkbox"/> Lounge Retail Liquor Class I           | <input type="checkbox"/> Lounge Retail Liquor Class II (Package Store) |
| <input type="checkbox"/> Club Liquor Class I                    | <input type="checkbox"/> Club Liquor Class II (Private)                |
| <input checked="" type="checkbox"/> Beer Off Premise            | <input type="checkbox"/> Beer On & Off Premise                         |
| <input checked="" type="checkbox"/> Wine Off Premise            | <input type="checkbox"/> Wine On & Off Premise                         |
| <input type="checkbox"/> Restaurant Retail Liquor               | <input type="checkbox"/> Special Retail License (over 30 days)         |
| <input type="checkbox"/> Special Retail License (under 30 days) | <input type="checkbox"/> Pool Table Permit                             |
| <input type="checkbox"/> Division I Dance Permit (customers)    | <input type="checkbox"/> Division II Dance Permit                      |

The Bisimla-West Princeton Neighborhood Association met on 9-12-22 and voted about the above-named license application. The concerns of the Neighborhood regarding the granting of this license are indicated as follows: (Please check one)

22 Attendance    7  Oppose    5 Support         No Recommendation

Reason for Opposition Safety and violence in neighborhood. A package store is 3 blocks away from the above location

Applicant:     attended NA meeting                     did not attend NA meeting

C. Adams-Jerrell  
President/Officer

Neighborhood Officers: (Please return this form to the of attention Latonya Tate /Public Safety; City of Birmingham; 710 North 20<sup>th</sup> Street, Birmingham, AL 35203; City Council Chambers; 3<sup>rd</sup> Floor)

Failure to attend the neighborhood meeting may result in a delay in the liquor process.





**New Application: Beer-Type 050/ Wine – Type 070 (Off Premise Only)**

The following applicant has applied to the City of Birmingham for an alcohol, dance or pool table license:

Name of Applicant: S & A Investment LLC

Mailing Address: 1101 3<sup>rd</sup> Ave W, Ste B  
Birmingham, AL 35204

Trade Name: The Late Rollers Convenience Store

Location Address: 1101 3<sup>rd</sup> Ave W, Ste B

Contact Number: (205)602-4903

Contact Person:  
Cache Steelwell

New Application       Transfer

**Type of License**

- |   |  |
|---|--|
| <input type="checkbox"/> Lounge Retail Liquor Class I                 | <input type="checkbox"/> Lounge Retail Liquor Class II (Package Store) |
| <input type="checkbox"/> Club Liquor Class I (Fraternal)              | <input type="checkbox"/> Club Liquor Class II (Private)                |
| <input checked="" type="checkbox"/> Beer Off Premise                  | <input type="checkbox"/> Beer On & Off Premise                         |
| <input checked="" type="checkbox"/> Wine Off Premise                  | <input type="checkbox"/> Wine On & Off Premise                         |
| <input type="checkbox"/> Restaurant Retail Liquor                     | <input type="checkbox"/> Special Retail Liquor (7 days or less)        |
| <input type="checkbox"/> Special Retail Liquor (over 30 days)         | <input type="checkbox"/> Special Retail Liquor (under 30 days)         |
| <input type="checkbox"/> Division I Dance Permit (customer)           | <input type="checkbox"/> Division II Dance Permit (entertainers)       |
| <input type="checkbox"/> Pool Table Permit (send copy of application) |  |

Kitchen equipped: yes  no

Number of table and chairs N/A

Date Applied: 8/15/22

Revenue Examiner: GS

Copy: Fire Prevention  
Health Department  
Community Development  
Operation New Birmingham  
Melanie Genkin (pool tables)  
Katrina Thomas (PEP)

**City of Birmingham  
Application for  
Alcoholic Beverage License**

**New Application**   
**Transfer**

**BEER-TYPE 050/WINE-TYPE 070(OFF PREMISE ONLY)**

**By: GS**

(Enter Type of License Applied For)

(Revenue Official)

1. Name of Applicant (s) S & A Investment LLC

(Indicate whether Individual, Partnership, Corporation, LLC, LLP, etc)

2. Name and address of individual applicant or all partners and members if partnership or assoc., or all officers and directors, if corporation  
(Attach separate sheet if necessary)

Social Security Number Drivers License Number Name of Owner, Officer or Partner	Title	Date of Birth Place of Birth	Present Residence Address	Length of Residence at Place Named
ALDL: [REDACTED] Cache Dominique Steelwell	Member	[REDACTED] Chicago, IL	3314 Cliff RD, Apt H Birmingham, AL 35205	4 months

Note: If a corporation, LLC or LLP, give place and date of incorporation or issuance of certificate of authority to do business in Alabama:

Book 001-030 Page: 1 of 3 Date: 07/19/2022 County: Jefferson  
345

Foreign Corporation: certificate of Authority Date:  (get copy of original papers)

3. Trade Name The Late Rollers Convenience Store

4(a) Location 1101 3<sup>rd</sup> Ave W Ste B  
Exact Street Number, or if on Highway, give details as to Location  
Birmingham, Alabama Zip Code 35204 County  Jefferson  Shelby

(b) Length of time at this location

(c) Mailing Address: **1101 3<sup>rd</sup> Ave W Ste B Birmingham, AL 35204**

(d) Business Phone \_\_\_\_\_ Fax: \_\_\_\_\_ Other Contact: **(205)602-4903**

5. Name, trade name and License number of last or previous licensee: **Hong Kong Seafood Inc**  
Trade name Hong Kong Crown Year 2019 Type 150K 150N Taxpayer ID 480653

6 (a) Owner of real estate for which license is desired Thi Do Hoa  
817 8<sup>th</sup> Ave W Birmingham, AL 35204

Address

(b) Give a full description of the premises for which a license is desired: New Construction  Existing Structure   
Description  1 Story Bldg

(c) Is establishment equipped with tables and chairs? Yes  No  If "Yes", how many?

7. Has a liquor, malt or brewed beverage license for premises ever been denied, suspended or revoked?  Yes  No  
If "Yes", explain fully \_\_\_\_\_

8 (a) Pool Tables? Yes  No  Coin Operated? Yes  No  Standard Provider:

(b) Video Games? Yes  No  Juke Box or Slot Musical Equipment? Yes  No

(c) Vending Machines (Snacks/Sodas)? Yes  No  Cigarettes or Tobacco Products? Yes  No  Other?

9 (a) Will you allow dancing? Yes  No  If "Yes": Customer/Patron?  Div I Exhibition/Performance?  Div II

- (b) Independent Contract Employees (Disc Jockey, Band, Bartenders, Servers)? Yes  No
- 10 (a) Are these premises kitchen equipped? Yes  No  Not Applicable
- (b) Is kitchen apart from but convenient to the dining room? Yes  No
- (c) Is place of business habitually and principally used for providing food to the public? Yes  No
- (d) If not kitchen equipped, is any type of food served? Yes  No  If "Yes", explain Grocery Items
- (e) Are these premises equipped for on premises consumption of liquor? Yes  No
- (f) Will this business be operating primarily as a package store? Yes  No
- (g) Seating Capacity: \_\_\_\_\_
- (h) For a SPECIAL RETAIL LICENSE, less than thirty (30) days: Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_
- (i) For a SPECIAL RETAIL LICENSE, more than thirty (30) days: Starting Date \_\_\_\_\_ Ending Dec. 31, \_\_\_\_\_
- (j) For a SPECIAL EVENTS RETAIL LICENSE, not to exceed seven (7) days: Starting \_\_\_\_\_ Ending \_\_\_\_\_  
**(Note: Application must be filed 120 days in advance of event for which license is applied for)**
- (k) Event Sponsor \_\_\_\_\_ Phone Number \_\_\_\_\_
- (1) Sponsor Letter of Designation? Yes  No
- (2) Multi-Vendor Sponsorship? Yes  No
- (3) Street Closing Required? Yes  No
- (4) Park Board Permission? Yes  No

- 11 (a) Does the club charge and collect dues from elected members? Yes  No
- (b) How many paid-up members are there in the club? \_\_\_\_\_
- (c) Are regular meetings held? Yes  No  If so, when? \_\_\_\_\_
- (d) Is business conducted through officers regularly elected? Yes  No
- (e) Are members admitted by written application, investigation, and ballot? Yes  No
- (f) For what purpose is the club organized and operated? Social  Patriotic  Political  Athletic  Other

12. List below the court records for law violations in the last ten (10) years, if any, of each person interested in this application, including the manager, whether as sole applicant, partner, officer, member, or landlord. (Do not include traffic violations, except D.U.I. and reckless driving. If no record, state "None".)

Name	Violation Charged	Name of Court	Date	Disposition of Case
<u>No - Applicant</u>				

Applicant for the Alcoholic Beverage license requested by the aforementioned applicant hereby swears or affirms that he or she has read said application and that all the statements therein and the facts set forth therein are true and correct, and that the applicant is the only person interested in the business for which said license is requested.

Sworn and subscribed before me this 15<sup>th</sup> day of August, 2007

[Signature]  
 Signature of Affiant

[Signature]  
 Signature of Revenue Official

**This application will not be processed until all fees due at the time of application are paid and receipts are on file.**

For zoning purposes only;  
Beer/Wine (Off Premise)

TAXPAYER IDENTIFICATION NUMBER  
(City Office Use Only)

CITY OF BIRMINGHAM  
APPLICATION FOR TAX CERTIFICATE

The information that you provide in this application is protected by the confidentiality provisions outlined in Ordinance No. 97-183, "The Business License Code of the City of Birmingham", Article II, Section 14. Please type or print. This application should be completed fully to avoid delays in processing.

Section 1 - WHAT WOULD YOU LIKE TO DO?

- Register a new business (Please complete all sections)
- Add a New Location or Tax Type to your current registration (Please complete Sections 2, 3, 5-10, 12, 13, and 14)
- Change Business Ownership of your current registration (Please complete all sections)
- Change the Mailing Address only for your current registration (Please complete Sections 2, 8-10, 12, 13 and 14)
- Change the Location Address of your current registration (Please complete Sections 2, 3, 5-13, and 14)
- Change in Corporate Officers, Members, or Partners (Please complete Sections 2, 5, 7-9,, 11-13, and 14)
- Provide a general "update" of your current registration information (Please complete all sections)

Section 2 - LEGAL NAME AND MAILING ADDRESS to which tax forms are to be sent:

(Note: If mailing address is a post office box, the street address of the business must also be indicated.)

Full Legal Name: S & A Investment LLC  
 Attention: \_\_\_\_\_  
 Address: 1101 3<sup>rd</sup> Ave W, Ste B  
 City: Birmingham State: AL Zip Code: 35204  
 Area Code and Phone Number: (205) 602-4903  
 Area Code and Fax Number: \_\_\_\_\_  
 Name of Contact Person: Cache Steelwell  
 E-Mail: \_\_\_\_\_ Website Address: \_\_\_\_\_

Section 3 - TRADE NAME AND LOCATION ADDRESS of office in Birmingham. If you are registering more than one location, please see reverse side of this form. (Important Note: All business locations are subject to zoning approval.)

Please select:  Commercial Establishment  Private Residence  No Physical Birmingham Location

Trade Name (d/b/a): The Late Rollers Convenience Store  
 Attention: \_\_\_\_\_  
 Address: 1101 3<sup>rd</sup> Ave W, Ste B  
 City: Birmingham State: AL Zip: 35204  
 Area Code and Phone Number of Business Location: \_\_\_\_\_  
 Area Code and Fax Number of Business Location: \_\_\_\_\_  
 Name of Contact Person at Business Location: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Website Address: \_\_\_\_\_

Section 4 - CHANGE OF OWNERSHIP resulting from merger, purchase or acquisition of an existing business. If applicable, this section MUST be completed.

Former Owner: \_\_\_\_\_  
 Trade Name (d/b/a) \_\_\_\_\_  
 Mailing Address of Former Owner \_\_\_\_\_  
 Address (es) of Former Location(s) \_\_\_\_\_  
 Area Code and Phone Number of Former Owner: \_\_\_\_\_

**Section 5 - TYPE OF OWNERSHIP**

Please indicate the form of organization. NOTE: Please refer to the accompanying "General Information for Preparing an Application for Tax Certificate Form" instruction sheet for a listing of supplemental documentation to be included with this application.

- 1. Alabama Corporation (Incorporated in Alabama)
- 2. Partnership (two or more owners)
- 3. Sole Proprietor (one owner)
- 4. Unincorporated Association (i.e., PA)
- 5. Other \_\_\_\_\_
- 6. Limited Liability Partnership (LLP)
- 7. Limited Liability Company (LLC)
- 1. Foreign Corporation (Incorporated in another state)

**Section 6 - TYPE OF BUSINESS**

Please indicate the principal business activity category.

- 1. Manufacturer
- 2. Contractor (Please Specify) \_\_\_\_\_
- 3. Wholesaler
- 4. Retailer
- 5. Other (Please Specify) \_\_\_\_\_
- 6. Food/Eating Establishment
- 7. Day Care Center
- 8. Home Occupation/Home Office  
(Please Specify the type of occupation or office) \_\_\_\_\_
- 9. State Certified, State Regulated, or State Licensed Occupations, (Please Specify) \_\_\_\_\_
- 10. Transient Vendors/Special Events:  
Date(s) of the Event \_\_\_\_\_  
Event Location \_\_\_\_\_

**Section 7 - PRINCIPAL BUSINESS ACTIVITY AND PRODUCT**

You should indicate the one business activity that accounts for the largest percentage of gross income. State the broad field of business activity as well as the product or service. For example-Activity: Wholesale Sales / Product: Pharmaceuticals OR Activity: Manufacturing / Product: Automobiles. Note: This information should be the same information as required by the Internal Revenue Service on Schedule c of Form 1040 for Sole Proprietorships.

Activity: Convenience Store Product: Alcohol/Gas/Grocery/Tobacco

**Section 8 - FEDERAL TAX ID NUMBER / NUMBER OF EMPLOYEES**

Enter Federal Identification Number (REQUIRED) and the number of employees that will be working in Birmingham.

Federal ID Tax Number 88-3305305 Number of Employees in Birmingham (Required) \_\_\_\_\_

**Section 9 - COMMENCEMENT OF BUSINESS ACTIVITY**

Enter Date Business Activity Will Begin in Birmingham: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Enter Date City of Birmingham Taxpayer ID Applied For: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Section 10 - Tax Liabilities** Check the taxes for which you are liable.

- Sales Tax
  - Sellers Use Tax
  - Consumers Use Tax
  - Lease Tax
  - Occupational Tax- Employers
  - Lodgings Tax
  - Business License Tax
- TAX IDENTIFICATION NUMBERS NOW ASSIGNED TO YOU: (Write "None" if no number assigned)
- State of Alabama Sales Tax Number \_\_\_\_\_
  - State of Alabama Sellers Use Tax Number \_\_\_\_\_
  - State of Alabama Consumers Use Tax Number \_\_\_\_\_
  - State of Alabama Lease Tax Number \_\_\_\_\_
  - State of Alabama Lodgings Tax Number \_\_\_\_\_
  - State of Alabama Unemployment Tax Number \_\_\_\_\_

If you have more than one business location, it is assumed that you will file consolidated returns for each of the taxes for which you may be liable, including sales, use, lease, occupational and lodgings taxes. Each separate business location requires a separate business license.

**Section 11 - OWNER, PARTNERS, MEMBERS, OR CORPORATE OFFICERS**  
 This information REQUIRED. (Attach additional sheets if necessary.)

NAME	TITLE	SOCIAL SECURITY NUMBER
Steelwell, Cache	Member	[REDACTED]

**Section 12 - CORPORATE RESIDENT AGENT OR LOCAL MANAGER**

Name: \_\_\_\_\_  
 Address of Residence: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Area Code and Phone Number of Residence: \_\_\_\_\_

**Section 13- STATEMENT OF ACKNOWLEDGEMENT AND ACCEPTANCE OF CONDITIONS** -Please read carefully, then sign.

I declare, under the penalty of making a false declaration, that I am authorized to complete this form and to the best of my knowledge and belief all questions answered are true, correct, and complete statements, made in good faith. I understand and agree that the granting of this license requires my compliance with all applicable City of Birmingham Tax Code provisions, and state laws, as well as with all conditions set forth in any and all applicable City of Birmingham Laws, Ordinances, Rules and Regulations, and that any failure or refusal to comply with said laws, ordinances, rules and regulations may result in the revocation of any license issued pursuant to this application. I also understand that disclosure of any false or misleading information will result in automatic denial of any license issued pursuant to this application, or in the revocation of the license if such has already been issued. I understand that it is unlawful for any person to commence or engage in any business, vocation, occupation or profession, who is not otherwise exempt therefrom under the provisions of the City of Birmingham Business License Tax Code (Ordinance No. 97-183), without first having procured a license therefore, and that it is unlawful for any person to continue in any business, vocation, occupation, or profession after the expiration of a license previously issued without obtaining a new license. I further understand that it is unlawful for any person to engage in or continue in any business, vocation, occupation, or profession at any location within the corporate limits of the City of Birmingham without approval from the City of Birmingham Department of Planning, Engineering, and Permits (Zoning Division).

Signed:

[Signature] \_\_\_\_\_ 8.15.2022 \_\_\_\_\_  
 Signature of Person Completing This Application Date

Cache Steelwell \_\_\_\_\_ 205.602.4903 \_\_\_\_\_  
 Print the Name of the Person Completing This Application Phone Number of Person Completing Application

**CITY OFFICE USE ONLY** Location

**ZONING APPROVAL AND COMMENTS:**  
 OK-AD-ADS-8-15-2022  
 Must be approved by City Council 15/1  
**HOME OCCUPATION CERTIFICATE EXECUTED**  
 YES  NO  NOT APPLICABLE

**SIC OR NAICS** \_\_\_\_\_  
**BLIC** \_\_\_\_\_  
**TERRITORY** \_\_\_\_\_  
**ANNEX** \_\_\_\_\_  
**HEALTH DEPT PERMIT** \_\_\_\_\_  
**OTHER REQUIRED PERMIT** \_\_\_\_\_  
**ARTICLES OF INCORPORATION** \_\_\_\_\_  
**CERTIFICATE OF AUTHORITY** \_\_\_\_\_  
**TAX FORMS ORDERED**  **NBL ORDERED**

APPLICATION FOR TAX CERTIFICATE (CITY OF BIRMINGHAM, ALABAMA)  
SECTION 14 - ADDITIONAL TAXABLE LOCATIONS

Trade Name and Location Address of office in Birmingham. If you are registering more than one location, please use this section. Attach additional sheets if necessary. (Important Note: All business locations are subject to zoning approval.)  
Location

Please select:  Commercial Establishment  Private Residence  No Physical Birmingham Location

Trade Name (d/b/a): \_\_\_\_\_  
Attention: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Area Code and Phone Number of Business Location: \_\_\_\_\_  
Area Code and Fax Number of Business Location: \_\_\_\_\_  
Name of Contact Person at Business Location: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Website Address: \_\_\_\_\_

CITY OFFICE USE ONLY - Location

ZONING APPROVAL AND COMMENTS: _____ _____ _____	SIC OR NAICS _____ BLIC _____ TERRITORY _____ ANNEX _____ HEALTH DEPT PERMIT _____ OTHER REQUIRED PERMIT _____ ARTICLES OF INCORPORATION _____ CERTIFICATE OF AUTHORITY _____ TAX FORMS ORDERED <input type="checkbox"/> NBL ORDERED <input type="checkbox"/>
--	---

Trade Name and Location Address of office in Birmingham. If you are registering more than one location, please use this section. Attach additional sheets if necessary. (Important Note: All business locations are subject to zoning approval.)  
Location

Please select:  Commercial Establishment  Private Residence  No Physical Birmingham Location

Trade Name (d/b/a): \_\_\_\_\_  
Attention: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Area Code and Phone Number of Business Location: \_\_\_\_\_  
Area Code and Fax Number of Business Location: \_\_\_\_\_  
Name of Contact Person at Business Location: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Website Address: \_\_\_\_\_

CITY OFFICE USE ONLY - Location

ZONING APPROVAL AND COMMENTS: _____ _____ _____	SIC OR NAICS _____ BLIC _____ TERRITORY _____ ANNEX _____ HEALTH DEPT PERMIT _____ OTHER REQUIRED PERMIT _____ ARTICLES OF INCORPORATION _____ CERTIFICATE OF AUTHORITY _____ TAX FORMS ORDERED <input type="checkbox"/> NBL ORDERED <input type="checkbox"/>
--	---

DRIVER LICENSE



# ALABAMA

D.O.B. MOBILE CLASS D  
GAGHE DOMINIQUE  
STERLWELL

1709 WILDWOOD CROSSES  
BIRMINGHAM AL 35216-6400

ISS: [redacted] EXP: [redacted] HT: 5-03 WT: 125 HA: BRN

Signature







[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

CERTIFICATION OF BIRTH

STATE FILE NUMBER: [REDACTED]

NAME: CACHE' DOMINIQUE STEELWELL

DATE OF BIRTH: [REDACTED]

SEX: FEMALE

PLACE OF BIRTH: CHICAGO, COOK COUNTY, ILLINOIS

NAME OF MOTHER/CO-PARENT (MAIDEN): IRENE WARREN

PLACE OF BIRTH OF MOTHER/CO-PARENT: ILLINOIS, UNITED STATES AGE: 21

NAME OF FATHER/CO-PARENT (MAIDEN):

PLACE OF BIRTH OF FATHER/CO-PARENT:

AGE:

DATE FILED: [REDACTED]

DATE ISSUED: [REDACTED]



County of Cook  
State of Illinois

Office of County Clerk  
Karen A. Yarbrough

  
KAREN A. YARBROUGH  
COOK COUNTY CLERK



This copy is not valid unless displaying embossed seals of Cook County and County Clerk signature.

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED

# ALABAMA COMMERCIAL LEASE AGREEMENT

This Lease Agreement made the 1st day of August, 2022, by and between Hoa Thi Do [name of lessor], of 1101-3rd Avenue West [street address], State of Alabama, hereinafter referred to as "Lessor", and S & A Investment LLC [name of lessee], of 1101-3rd Avenue West [street address], State of Alabama, hereinafter referred to as "Lessee", collectively referred to herein as the "Parties", agree as follows:

1. **DESCRIPTION OF LEASED PREMISES:** The Lessor agrees to lease to the Lessee the following described                      square feet (SF) of                      [type of space] located at 1101 3rd Ave West, Birmingham, AL 35204 [street address], State of Alabama.

Additional Description: Suite B

Hereinafter known as the "Premises".

2. **USE OF LEASED PREMISES:** The Lessor is leasing the Premises to the Lessee and the Lessee is hereby agreeing to lease the Premises for the following use and purpose:

The Late Rollers Convenience Store

Any change in use or purpose the Premises other than as described above shall be upon prior written consent of Lessor only.

3. **TERM OF LEASE:** The term of this Lease shall be for a period of 3 year(s) 36 month(s) commencing on the 31st day of July, 2022 and expiring at Midnight on the            day of           , 2025. ("Initial Term")

4. **BASE RENT:** The net monthly payment shall be Three Thousand dollars (\$3000.00), payable monthly with the first payment due upon the commencement of the Lease and each monthly installment payable thereafter on the 1st day of each month. Said net monthly payment is hereafter referred to as the "Base Rent". Rent for any period during the term hereon, which is for less than 1 month shall be a pro-rata portion of the monthly rent.

5. **OPTION TO RENEW:** (Check One)

- Lessee may not renew the Lease.

- Lessee may have the right to renew the Lease with a total of 3 renewal period(s) with each term being            year(s)            month(s) which may be exercised by giving written notice to Lessor no less than 60 days prior to the expiration of the Lease or renewal period.

Rent for each option period shall: (Check One)

- Not increase.

**DOMESTIC LIMITED LIABILITY COMPANY (LLC)  
CERTIFICATE OF FORMATION**

**PURPOSE:** In order to form a Limited Liability Company (LLC) under Section 10A-5A-2.01 of the *Code of Alabama 1975*, this Certificate of Formation and the appropriate filing fees must be filed with the Office of the Secretary of State. The information required in this form is required by Title 10A.

1. The name of the limited liability company (must contain the words "Limited Liability Company" or the abbreviation "L.L.C." or "LLC," and comply with *Code of Alabama*, Section 10A-1-5.06. You may use Professional or Series before Limited Liability Company or LLC (or PLLC or SLLC) if they apply:

S & A Investment LLC

2. A copy of the Name Reservation Certificate from the Office of the Secretary of State must be attached.

3. The name of the registered agent (only one agent): Cache Steelwell

Street (no PO Boxes) address of registered office (must be located in Alabama):

1103 3rd Ave W ste B Birmingham, AL 35205

\*COUNTY of above address: JEFFERSON

Mailing address in Alabama of registered office (if different from street address):

4. The undersigned certify that there is at least one member of the limited liability company.

(For SOS Office Use Only)

Alabama  
Sec. Of State  
001-030-345      DLL  
Date      07/19/2022  
Time      10:24:00  
File      \$100.00  
County      \$100.00  
            -----  
Total      \$200.00

**DOMESTIC LIMITED LIABILITY COMPANY (LLC) CERTIFICATE OF FORMATION**

5. Check only if the type applies to the Limited Liability Company being formed:

Series LLC complying with Title 10A, Chapter 5A, Article 11

Professional LLC complying with Title 10A, Chapter 5A, Article 8

Non-Profit LLC complying with Section 10A-5A-1.04(c)

6. The filing of the limited liability company is effective immediately on the date received by the office of the Secretary of State, Business Services Division or at the delayed filing date (cannot be prior to the filing date) specified in this filing complying with Section 10A-1-4.12

The undersigned specify 7 / 20 / 2022 as the effective date (must be on or after the date filed in the office of the Secretary of State, but no later than the 90th day after the date this instrument was signed) and the time of filing to be 0 : 0  AM or  PM. (cannot be noon or midnight – 12:00)

Attached are any other matters the members determine to include herein (if this item is checked there must be attachments with the filing).

7 / 19 / 2022  
Date (MM/DD/YYYY)

Cache Steelwell

Signature as required by 10A-5A-2.04

Member

Typed title (organizer or attorney-in-fact)

\*County of Registered Agent is requested in order to determine distribution of County filing fees.

John H. Merrill  
Secretary of State

P.O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that**

pursuant to the provisions of Title 10A, Chapter 1, Article 5, Code of Alabama 1975, and upon an examination of the entity records on file in this office, the following entity name is reserved as available:

**S & A Investment LLC**

This name reservation is for the exclusive use of Cache Steelwell, 1101 3rd Ave W Ste B, Birmingham, AL 35205 for a period of one year beginning July 19, 2022 and expiring July 19, 2023



RES034989


**In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.**

July 19, 2022

Date

John H. Merrill

Secretary of State

 **DEPARTMENT OF THE TREASURY**  
**INTERNAL REVENUE SERVICE**  
CINCINNATI OH 45999-0023

Date of this notice: 07-19-2022

Employer Identification Number:  
88-3305305

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at:  
1-800-829-4933

S & A INVESTMENT LLC  
CACHE STEELWELL MBR  
1101 3RD AVE W STE B  
BIRMINGHAM, AL 35204

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER**

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 88-3305305. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following forms by the dates shown.

Form 941	01/31/2023
Form 940	01/31/2023
Form 1065	03/15/2023

If you have questions about the forms or the due dates shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification (corporation, partnership, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2020-1, 2020-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

**IMPORTANT INFORMATION FOR S CORPORATION ELECTION:**

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S, U.S. Income Tax Return for an S Corporation, must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents or other payroll service providers, are available to assist you. Visit [www.irs.gov/mefbusproviders](http://www.irs.gov/mefbusproviders) for a list of companies that offer IRS e-file for business products and services.

**IMPORTANT REMINDERS:**

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.
- \* Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is S&AI. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, *Safeguarding Taxpayer Data: A Guide for Your Business*.

You can get any of the forms or publications mentioned in this letter by visiting our website at [www.irs.gov/forms-pubs](http://www.irs.gov/forms-pubs) or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter.

Thank you for your cooperation.





### EIN Assistant

Your Progress: 1 Identity 2. Authentication 3. Address 4. Details 5. EIN Confirmation

#### Summary of your information

Please review the information you are about to submit. If any of the information below is incorrect, you will need to [start a new application](#).  
Click the "Submit" button at the bottom of the page to receive your EIN.

#### Help Topics

[What is Form 1128?](#)

#### Organization Type: LLC

##### LLC Information

Legal name:	S & A INVESTMENT LLC
County:	JEFFERSON
State/Territory:	AL
Start date:	AUGUST 2022
Closing month of accounting year:	DECEMBER (The closing month of the accounting year is defaulted to December due to your organization type. To change your closing month of accounting year, complete Form 1128.)
State/Territory where articles of organization are (or will be) filed:	AL

##### Addresses

Physical Location:	1101 3RD AVE W STE B BIRMINGHAM AL 35204
Phone Number:	205-602-4903

##### Responsible Party

Name:	CACHE STEELWELL MBR
SSN/ITIN:	XXX-XX-4012

##### Employee Information

Date wages or annuities will be paid:	OCTOBER 2022
Number of agricultural employees:	0
Number of other employees:	2
Tax Liability of \$1000 or less during calendar year:	NO

##### Principal Business Activity

What your business/organization does:	OTHER
Principal products/services:	GAS STATION AND CONVENIENCE STORE

##### Additional LLC Information

Owens a 55,000 pounds or greater highway motor vehicle:	NO
Involves gambling/wagering:	NO
Involves alcohol, tobacco or firearms:	NO
Files Form 720 (Quarterly Federal Excise Tax Return):	NO
Hires employees who receive Forms W-2:	YES
Reason for Applying:	STARTED A NEW BUSINESS

We strongly recommend you print this summary page for your records as this will be your only copy of the application. You will not be able to return to this page after you click the "Submit" button.

Click "Submit" to send your request and receive your EIN.

Once you submit, please wait while your application is being processed. It can take up to two minutes for your application to be processed.



# Neighborhood Voting Form: Liquor Applications

Date:

8/15/22

Application Type: New Application - Lounge Retail Liquor - Class II (Package)

Subject: Applicant's Entity Name S & A Investment LLC

Business Name The Late Rollers Package Store

Business Address 1101 3<sup>rd</sup> Ave W Ste C

### Type of License/Permit Applying For:

- Lounge Retail Liquor Class I
- Club Liquor Class I
- Beer Off Premise
- Wine Off Premise
- Restaurant Retail Liquor
- Special Retail License (under 30 days)
- Division I Dance Permit (customers)
- Lounge Retail Liquor Class II (Package Store)
- Club Liquor Class II (Private)
- Beer On & Off Premise
- Wine On & Off Premise
- Special Retail License (over 30 days)
- Pool Table Permit
- Division II Dance Permit

The Rising-West PRINCETON Neighborhood Association met on 9-12-22 and voted about the above-named license application. The concerns of the Neighborhood regarding the granting of this license are indicated as follows: (Please check one)

22 Attendance 11X Oppose 0 Support      No Recommendation

Reason for Opposition SAFETY AND VIOLENCE IN NEIGHBORHOOD, WE ALREADY HAVE A PACKAGE STORE THREE (3) BLOCKS AWAY FROM THIS LOCATION THAT IS ALREADY ENOUGH OF A PROBLEM.

Applicant: X attended NA meeting      did not attend NA meeting

C. Adams-Serrell  
President/Officer

Neighborhood Officers: (Please return this form to the of attention Latonya Tate /Public Safety; City of Birmingham; 710 North 20<sup>th</sup> Street, Birmingham, AL 35203; City Council Chambers; 3<sup>rd</sup> Floor)  
Failure to attend the neighborhood meeting may result in a delay in the liquor process.



**New Application: Lounge Retail Liquor – Class II – Type 011 (Package)**

The following applicant has applied to the City of Birmingham for an alcohol, dance or pool table license:

Name of Applicant: S & A Investment LLC

Mailing Address: 1101 3<sup>rd</sup> Ave W, Ste B  
Birmingham, AL 35204

Trade Name: The Late Rollers Package Store

Location Address: 1101 3<sup>rd</sup> Ave W, Ste C

Contact Number: (205)602-4903

Contact Person:  
Cache Steelwell

New Application

Transfer

Type of License

- Lounge Retail Liquor Class I
- Club Liquor Class I (Fraternal)
- Beer Off Premise
- Wine Off Premise
- Restaurant Retail Liquor
- Special Retail Liquor (over 30 days)

- Lounge Retail Liquor Class II (Package Store)
- Club Liquor Class II (Private)
- Beer On & Off Premise
- Wine On & Off Premise
- Special Retail Liquor (7 days or less)
- Special Retail Liquor (under 30 days)

Division I Dance Permit (customer)

Division II Dance Permit (entertainers)

Pool Table Permit (send copy of application)

Kitchen equipped: yes  no

Number of table and chairs N/A

Date Applied: 8/15/22

Revenue Examiner: GS

Copy: Fire Prevention  
Health Department  
Community Development  
Operation New Birmingham  
Melanie Genkin (pool tables)  
Katrina Thomas (PEP)

**City of Birmingham  
Application for  
Alcoholic Beverage License**

**New Application**   
**Transfer**

**LOUNGE RETAIL LIQUOR-CLASS II-TYPE 011 (PACKAG**

**By: GS**  
**(Revenue Official)**

**(Enter Type of License Applied For)**

1. Name of Applicant (s) S & A Investment LLC

(Indicate whether Individual, Partnership, Corporation, LLC, LLP, etc)

2. Name and address of individual applicant or all partners and members if partnership or assoc., or all officers and directors, if corporation  
(Attach separate sheet if necessary)

Social Security Number Drivers License Number Name of Owner, Officer or Partner	Title	Date of Birth Place of Birth	Present Residence Address	Length of Residence at Place Named
<u>Cache Dominique Steelwell</u> ALDL# <u>[REDACTED]</u>	Member	<u>Chicago, IL</u>	<u>3314 Cliff RD, Apt H Birmingham, AL 35205</u>	<u>4 months</u>

Note: If a corporation, LLC or LLP, give place and date of incorporation or issuance of certificate of authority to do business in Alabama:

Book 001-030 Page: 1 of 3 Date: 07/19/2022 County: Jefferson  
345

Foreign Corporation: certificate of Authority Date:  (get copy of original papers)

3. Trade Name The Late Rollers Package Store

4(a) Location 1101 3<sup>rd</sup> Ave W Ste C  
Exact Street Number, or if on Highway, give details as to Location  
Birmingham, Alabama Zip Code 35204 County  Jefferson  Shelby

(b) Length of time at this location

(c) Mailing Address: 1101 3<sup>rd</sup> Ave W Ste B Birmingham, AL 35204

(d) Business Phone \_\_\_\_\_ Fax: \_\_\_\_\_ Other Contact: (205)602-4903

5. Name, trade name and License number of last or previous licensee: Hong Kong Seafood Inc  
Trade name Hong Kong Crown Year 2019 Type 150K 150N Taxpayer ID 480653

6 (a) Owner of real estate for which license is desired Thi Do Hoa  
817 8<sup>th</sup> Ave W Birmingham, AL 35204

(b) Give a full description of the premises for which a license is desired: New Construction  Existing Structure   
Description  1 Story Bldg

(c) Is establishment equipped with tables and chairs? Yes  No  If "Yes", how many?

7. Has a liquor, malt or brewed beverage license for premises ever been denied, suspended or revoked?  Yes  No  
If "Yes", explain fully \_\_\_\_\_

8 (a) Pool Tables? Yes  No  Coin Operated? Yes  No  Standard Provider:

(b) Video Games? Yes  No  Juke Box or Slot Musical Equipment? Yes  No

(c) Vending Machines (Snacks/Sodas)? Yes  No  Cigarettes or Tobacco Products? Yes  No  Other?

9 (a) Will you allow dancing? Yes  No  If "Yes": Customer/Patron?  Div I Exhibition/Performance?  Div II

- (b) Independent Contract Employees (Disc Jockey, Band, Bartenders, Servers)? Yes  No
- 10 (a) Are these premises kitchen equipped? Yes  No  Not Applicable
- (b) Is kitchen apart from but convenient to the dining room? Yes  No
- (c) Is place of business habitually and principally used for providing food to the public? Yes  No
- (d) If not kitchen equipped, is any type of food served? Yes  No  If "Yes", explain \_\_\_\_\_
- (e) Are these premises equipped for on premises consumption of liquor? Yes  No
- (f) Will this business be operating primarily as a package store? Yes  No
- (g) Seating Capacity: \_\_\_\_\_
- (h) For a SPECIAL RETAIL LICENSE, less than thirty (30) days: Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_
- (i) For a SPECIAL RETAIL LICENSE, more than thirty (30) days: Starting Date \_\_\_\_\_ Ending Dec. 31, \_\_\_\_\_
- (j) For a SPECIAL EVENTS RETAIL LICENSE, not to exceed seven (7) days: Starting \_\_\_\_\_ Ending \_\_\_\_\_  
**(Note: Application must be filed 120 days in advance of event for which license is applied for)**
- (k) Event Sponsor \_\_\_\_\_ Phone Number \_\_\_\_\_
- (1) Sponsor Letter of Designation? Yes  No
- (2) Multi-Vendor Sponsorship? Yes  No
- (3) Street Closing Required? Yes  No
- (4) Park Board Permission? Yes  No

- 11 (a) Does the club charge and collect dues from elected members? Yes  No
- (b) How many paid-up members are there in the club? \_\_\_\_\_
- (c) Are regular meetings held? Yes  No  If so, when? \_\_\_\_\_
- (d) Is business conducted through officers regularly elected? Yes  No
- (e) Are members admitted by written application, investigation, and ballot? Yes  No
- (f) For what purpose is the club organized and operated? Social  Patriotic  Political  Athletic  Other

12. List below the court records for law violations in the last ten (10) years, if any, of each person interested in this application, including the manager, whether as sole applicant, partner, officer, member, or landlord. (Do not include traffic violations, except D.U.I. and reckless driving. If no record, state "None".)

Name	Violation Charged	Name of Court	Date	Disposition of Case
NO-Applicant				

Applicant for the Alcoholic Beverage license requested by the aforementioned applicant hereby swears or affirms that he or she has read said application and that all the statements therein and the facts set forth therein are true and correct, and that the applicant is the only person interested in the business for which said license is requested.

Sworn and subscribed before me this 15th day of August, 2022

Coen Ste

Signature of Affiant

Mary Stanley

Signature of Revenue Official

**This application will not be processed until all fees due at the time of application are paid and receipts are on file.**

101 Zoning Purposes Only:  
Lounge Retail Liquor - Class II (Package)

TAXPAYER IDENTIFICATION NUMBER  
(City Office Use Only)

CITY OF BIRMINGHAM  
APPLICATION FOR TAX CERTIFICATE

The information that you provide in this application is protected by the confidentiality provisions outlined in Ordinance No. 97-183, "The Business License Code of the City of Birmingham", Article II, Section 14. Please type or print. This application should be completed fully to avoid delays in processing.

Section 1 - WHAT WOULD YOU LIKE TO DO?

- Register a new business (Please complete all sections)
- Add a New Location or Tax Type to your current registration (Please complete Sections 2, 3, 5-10, 12, 13, and 14)
- Change Business Ownership of your current registration (Please complete all sections)
- Change the Mailing Address only for your current registration (Please complete Sections 2, 8-10, 12, 13 and 14)
- Change the Location Address of your current registration (Please complete Sections 2, 3, 5-13, and 14)
- Change in Corporate Officers, Members, or Partners (Please complete Sections 2, 5, 7-9, 11-13, and 14)
- Provide a general "update" of your current registration information (Please complete all sections)

Section 2 - LEGAL NAME AND MAILING ADDRESS to which tax forms are to be sent:

(Note: If mailing address is a post office box, the street address of the business must also be indicated.)

Full Legal Name: S & A Investment LLC  
Attention: \_\_\_\_\_  
Address: 1101 3<sup>rd</sup> Ave W, Ste B  
City: Birmingham State: AL Zip Code: 35204  
Area Code and Phone Number: (205) 602-4903  
Area Code and Fax Number: \_\_\_\_\_  
Name of Contact Person: Cache Steelwell  
E-Mail: \_\_\_\_\_ Website Address: \_\_\_\_\_

Section 3 - TRADE NAME AND LOCATION ADDRESS of office in Birmingham. If you are registering more than one location, please see reverse side of this form. (Important Note: All business locations are subject to zoning approval.)

Please select:  Commercial Establishment  Private Residence  No Physical Birmingham Location

Trade Name (d/b/a): The Late Rollers Package Store  
Attention: \_\_\_\_\_  
Address: 1101 3<sup>rd</sup> Ave W, Ste C  
City: Birmingham State: AL Zip: 35204  
Area Code and Phone Number of Business Location: \_\_\_\_\_  
Area Code and Fax Number of Business Location: \_\_\_\_\_  
Name of Contact Person at Business Location: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Website Address: \_\_\_\_\_

Section 4 - CHANGE OF OWNERSHIP resulting from merger, purchase or acquisition of an existing business. If applicable, this section MUST be completed.

Former Owner: \_\_\_\_\_  
Trade Name (d/b/a) \_\_\_\_\_  
Mailing Address of Former Owner \_\_\_\_\_  
Address (es) of Former Location(s) \_\_\_\_\_  
Area Code and Phone Number of Former Owner: \_\_\_\_\_



APPLICATION FOR TAX CERTIFICATE (CITY OF BIRMINGHAM, ALABAMA)

Section 5 - TYPE OF OWNERSHIP

Please indicate the form of organization. NOTE: Please refer to the accompanying "General Information for Preparing an Application for Tax Certificate Form" instruction sheet for a listing of supplemental documentation to be included with this application.

- 1. Alabama Corporation (Incorporated in Alabama)
2. Partnership (two or more owners)
3. Sole Proprietor (one owner)
4. Unincorporated Association (i.e., PA)
5. Other
6. Limited Liability Partnership (LLP)
7. Limited Liability Company (LLC)
8. Foreign Corporation (Incorporated in another state)

Section 6 - TYPE OF BUSINESS

Please indicate the principal business activity category.

- 1. Manufacturer
2. Contractor (Please Specify)
3. Wholesaler
4. Retailer
5. Other (Please Specify)
6. Food/Eating Establishment
7. Day Care Center
8. Home Occupation/Home Office
9. State Certified, State Regulated, or State Licensed Occupations, (Please Specify)
10. Transient Vendors/Special Events: Date(s) of the Event, Event Location

Section 7 - PRINCIPAL BUSINESS ACTIVITY AND PRODUCT

You should indicate the one business activity that accounts for the largest percentage of gross income. State the broad field of business activity as well as the product or service. For example-Activity: Wholesale Sales / Product: Pharmaceuticals OR Activity: Manufacturing / Product: Automobiles. Note: This information should be the same information as required by the Internal Revenue Service on Schedule c of Form 1040 for Sole Proprietorships.

Activity: Package Store Product: Liquor

Section 8 - FEDERAL TAX ID NUMBER / NUMBER OF EMPLOYEES

Enter Federal Identification Number (REQUIRED) and the number of employees that will be working in Birmingham.

Federal ID Tax Number 88-3305305 Number of Employees in Birmingham (Required)

Section 9 - COMMENCEMENT OF BUSINESS ACTIVITY

Enter Date Business Activity Will Begin in Birmingham: Month Day Year
Enter Date City of Birmingham Taxpayer ID Applied For: Month Day Year

Section 10 - Tax Liabilities Check the taxes for which you are liable.

- Sales Tax
Sellers Use Tax
Consumers Use Tax
Lease Tax
Occupational Tax- Employers
Lodgings Tax
Business License Tax

TAX IDENTIFICATION NUMBERS NOW ASSIGNED TO YOU: (Write "None" if no number assigned)

- State of Alabama Sales Tax Number
State of Alabama Sellers Use Tax Number
State of Alabama Consumers Use Tax Number
State of Alabama Lease Tax Number
State of Alabama Lodgings Tax Number
State of Alabama Unemployment Tax Number

If you have more than one business location, it is assumed that you will file consolidated returns for each of the taxes for which you may be liable, including sales, use, lease, occupational, and lodgings taxes. Each separate business location requires a separate business license.

APPLICATION FOR TAX CERTIFICATE (CITY OF BIRMINGHAM, ALABAMA)

Section 11 - OWNER, PARTNERS, MEMBERS, OR CORPORATE OFFICERS  
This information REQUIRED. (Attach additional sheets if necessary.)

NAME	TITLE	SOCIAL SECURITY NUMBER
Steelwell, Cache	Member	[REDACTED]

Section 12 - CORPORATE RESIDENT AGENT OR LOCAL MANAGER

Name: \_\_\_\_\_  
Address of Residence: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Area Code and Phone Number of Residence: \_\_\_\_\_

Section 13- STATEMENT OF ACKNOWLEDGEMENT AND ACCEPTANCE OF CONDITIONS -Please read carefully, then sign.

I declare, under the penalty of making a false declaration, that I am authorized to complete this form and to the best of my knowledge and belief all questions answered are true, correct, and complete statements, made in good faith. I understand and agree that the granting of this license requires my compliance with all applicable City of Birmingham Tax Code provisions, and state laws, as well as with all conditions set forth in any and all applicable City of Birmingham Laws, Ordinances, Rules and Regulations, and that any failure or refusal to comply with said laws, ordinances, rules and regulations may result in the revocation of any license issued pursuant to this application. I also understand that disclosure of any false or misleading information will result in automatic denial of any license issued pursuant to this application, or in the revocation of the license if such has already been issued. I understand that it is unlawful for any person to commence or engage in any business, vocation, occupation or profession, who is not otherwise exempt therefrom under the provisions of the City of Birmingham Business License Tax Code (Ordinance No. 97-183), without first having procured a license therefore, and that it is unlawful for any person to continue in any business, vocation, occupation, or profession after the expiration of a license previously issued without obtaining a new license. I further understand that it is unlawful for any person to engage in or continue in any business, vocation, occupation, or profession at any location within the corporate limits of the City of Birmingham without approval from the City of Birmingham Department of Planning, Engineering, and Permits (Zoning Division).

Signed:

*Cache Steelwell*

Signature of Person Completing This Application

*08-15-2022*

Date

*Cache Steelwell*

Print the Name of the Person Completing This Application

*205-602-4903*

Phone Number of Person Completing Application

CITY OFFICE USE ONLY Location

ZONING APPROVAL AND COMMENTS:  
*OK-B2-ADS-8-15-2022*  
*Must be approved by*  
*City Council 1st.*

HOME OCCUPATION CERTIFICATE EXECUTED  
 YES  NO  NOT APPLICABLE

SIC OR NAICS \_\_\_\_\_  
BLIC \_\_\_\_\_  
TERRITORY \_\_\_\_\_  
ANNEX \_\_\_\_\_  
HEALTH DEPT PERMIT \_\_\_\_\_  
OTHER REQUIRED PERMIT \_\_\_\_\_  
ARTICLES OF INCORPORATION \_\_\_\_\_  
CERTIFICATE OF AUTHORITY \_\_\_\_\_  
TAX FORMS ORDERED  NBL ORDERED

APPLICATION FOR TAX CERTIFICATE (CITY OF BIRMINGHAM, ALABAMA)  
SECTION 14 - ADDITIONAL TAXABLE LOCATIONS

Trade Name and Location Address of office in Birmingham. If you are registering more than one location, please use this section. Attach additional sheets if necessary. (Important Note: All business locations are subject to zoning approval.)

Location

Please select:  Commercial Establishment  Private Residence  No Physical Birmingham Location

Trade Name (d/b/a): \_\_\_\_\_  
Attention: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Area Code and Phone Number of Business Location: \_\_\_\_\_  
Area Code and Fax Number of Business Location: \_\_\_\_\_  
Name of Contact Person at Business Location: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Website Address: \_\_\_\_\_

CITY OFFICE USE ONLY Location

ZONING APPROVAL AND COMMENTS: _____ _____ _____	SIC OR NAICS _____ BLIC _____ TERRITORY _____ ANNEX _____ HEALTH DEPT PERMIT _____ OTHER REQUIRED PERMIT _____ ARTICLES OF INCORPORATION _____ CERTIFICATE OF AUTHORITY _____ TAX FORMS ORDERED <input type="checkbox"/> NBL ORDERED <input type="checkbox"/>
--	---

Trade Name and Location Address of office in Birmingham. If you are registering more than one location, please use this section. Attach additional sheets if necessary. (Important Note: All business locations are subject to zoning approval.)

Location

Please select:  Commercial Establishment  Private Residence  No Physical Birmingham Location

Trade Name (d/b/a): \_\_\_\_\_  
Attention: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Area Code and Phone Number of Business Location: \_\_\_\_\_  
Area Code and Fax Number of Business Location: \_\_\_\_\_  
Name of Contact Person at Business Location: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Website Address: \_\_\_\_\_

CITY OFFICE USE ONLY Location

ZONING APPROVAL AND COMMENTS: _____ _____ _____	SIC OR NAICS _____ BLIC _____ TERRITORY _____ ANNEX _____ HEALTH DEPT PERMIT _____ OTHER REQUIRED PERMIT _____ ARTICLES OF INCORPORATION _____ CERTIFICATE OF AUTHORITY _____ TAX FORMS ORDERED <input type="checkbox"/> NBL ORDERED <input type="checkbox"/>
--	---

DRIVER LICENSE



ALABAMA

NO. [REDACTED] CLASS D

DOMINIQUE STEINWELL

1789 WILLOW CREEK DR  
BIRMINGHAM, AL 35211-1500

ISS. [REDACTED] EXP. [REDACTED]

SEX: M HT: 5'11" WT: 175 EYES: BRN HAIR: BRN

CLASS: D

CLASS D - OPERATING  
OPERATING CLASS D - OPERATING

ALABAMA DEPARTMENT OF REVENUE



[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

CERTIFICATION OF BIRTH

STATE FILE NUMBER: [REDACTED]

NAME: CACHE' DOMINIQUE STEELWELL

DATE OF BIRTH: [REDACTED]

SEX: FEMALE

PLACE OF BIRTH: CHICAGO, COOK COUNTY, ILLINOIS

NAME OF MOTHER/CO-PARENT (MAIDEN): IRENE WARREN

PLACE OF BIRTH OF MOTHER/CO-PARENT: ILLINOIS, UNITED STATES AGE: 21

NAME OF FATHER/CO-PARENT (MAIDEN):

PLACE OF BIRTH OF FATHER/CO-PARENT:

AGE:

DATE FILED: [REDACTED]

DATE ISSUED: [REDACTED]



County of Cook  
State of Illinois

Office of County Clerk  
Karen A. Yarbrough

*Karen A. Yarbrough*  
KAREN A. YARBROUGH  
COOK COUNTY CLERK



This copy is not valid unless displaying embossed seals of Cook County and County Clerk signature.

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED

**DOMESTIC LIMITED LIABILITY COMPANY (LLC)  
CERTIFICATE OF FORMATION**

**PURPOSE:** In order to form a Limited Liability Company (LLC) under Section 10A-5A-2.01 of the *Code of Alabama 1975*, this Certificate of Formation and the appropriate filing fees must be filed with the Office of the Secretary of State. The information required in this form is required by Title 10A.

1. The name of the limited liability company (must contain the words "Limited Liability Company" or the abbreviation "L.L.C." or "LLC," and comply with *Code of Alabama*, Section 10A-1-5.06. You may use Professional or Series before Limited Liability Company or LLC (or PLLC or SLLC) if they apply:  
S & A Investment LLC
2. A copy of the Name Reservation Certificate from the Office of the Secretary of State must be attached.
3. The name of the registered agent (only one agent): Cache Steelwell  
Street (no PO Boxes) address of registered office (must be located in Alabama):  
1103 3rd Ave W ste B Birmingham, AL 35205  
\*COUNTY of above address: JEFFERSON  
Mailing address in Alabama of registered office (if different from street address):
4. The undersigned certify that there is at least one member of the limited liability company.

(For SOS Office Use Only)

Alabama  
Sec. Of State  
001-030-345      DLL  
Date      07/19/2022  
Time      10:24:00  
File      \$100.00  
County    \$100.00  
Total      -----  
            \$200.00

MEMBER LIMITED LIABILITY COMPANY (LLC) CERTIFICATE OF FORMATION

5. Check only if the type applies to the Limited Liability Company being formed:

Series LLC complying with Title 10A, Chapter 5A, Article 11

Professional LLC complying with Title 10A, Chapter 5A, Article 8

Non-Profit LLC complying with Section 10A-5A-1.04(c)

6. The filing of the limited liability company is effective immediately on the date received by the office of the Secretary of State, Business Services Division or at the delayed filing date (cannot be prior to the filing date) specified in this filing complying with Section 10A-1-4.12. The undersigned specify 7 / 20 / 2022 as the effective date (must be on or after the date filed in the office of the Secretary of State, but no later than the 90th day after the date this instrument was signed) and the time of filing to be 0 : 0  AM or  PM. (cannot be noon or midnight - 12:00)

Attached are any other matters the members determine to include herein (if this item is checked there must be attachments with the filing).

7 / 19 / 2022  
Date (MM/DD/YYYY)

Cache Steehwell

Signature as required by 10A-5A-2.04

Member

Typed title (organizer or attorney-in-fact)

\*County of Registered Agent is requested in order to determine distribution of County filing fees.



John H. Merrill  
Secretary of State

P.O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

pursuant to the provisions of Title 10A, Chapter 1, Article 5, Code of Alabama 1975, and upon an examination of the entity records on file in this office, the following entity name is reserved as available:

**S & A Investment LLC**

This name reservation is for the exclusive use of Cache Steelwell, 1101 3rd Ave W Ste B, Birmingham, AL 35205 for a period of one year beginning July 19, 2022 and expiring July 19, 2023



RES034989

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

July 19, 2022

Date

A handwritten signature in black ink that reads "John H. Merrill".

John H. Merrill

Secretary of State

# ALABAMA COMMERCIAL LEASE AGREEMENT

This Lease Agreement made the 1st day of August, 2022, by and between Hogarth Do [name of lessor], of 1101 - 3rd Avenue West [street address], State of Alabama, hereinafter referred to as "Lessor", and S&A Investment LLC [name of lessee], of 1101 - 3rd Avenue West [street address], State of Alabama, hereinafter referred to as "Lessee", collectively referred to herein as the "Parties", agree as follows:

**1. DESCRIPTION OF LEASED PREMISES:** The Lessor agrees to lease to the Lessee the following described 1101 3rd Ave West, Bham, AL 35204 square feet (SF) of [type of space] located at 1101 3rd Ave West, Bham, AL 35204 [street address], State of Alabama.

Additional Description: Suite C  
Hereinafter known as the "Premises".

**2. USE OF LEASED PREMISES:** The Lessor is leasing the Premises to the Lessee and the Lessee is hereby agreeing to lease the Premises for the following use and purpose:

The Late Rollers Package Store

Any change in use or purpose the Premises other than as described above shall be upon prior written consent of Lessor only.

**3. TERM OF LEASE:** The term of this Lease shall be for a period of 3 year(s) 36 month(s) commencing on the 31st day of July, 2025 and expiring at Midnight on the \_\_\_ day of \_\_\_, 2025. ("Initial Term")

**4. BASE RENT:** The net monthly payment shall be Three Thousand dollars (\$3000.00), payable monthly with the first payment due upon the commencement of the Lease and each monthly installment payable thereafter on the 1st day of each month. Said net monthly payment is hereafter referred to as the "Base Rent". Rent for any period during the term hereon, which is for less than 1 month shall be a pro-rata portion of the monthly rent.


**5. OPTION TO RENEW:** (Check One)

- Lessee may not renew the Lease.

- Lessee may have the right to renew the Lease with a total of 3 renewal period(s) with each term being \_\_\_ year(s) \_\_\_ month(s) which may be exercised by giving written notice to Lessor no less than 60 days prior to the expiration of the Lease or renewal period.

Rent for each option period shall: (Check One)

- Not increase.

 **IRS** DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

Date of this notice: 07-19-2022

Employer Identification Number:  
88-3305305

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

S & A INVESTMENT LLC  
CACHE STEELWELL MBR  
1101 3RD AVE W STE B  
BIRMINGHAM, AL 35204

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER**

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 88-3305305. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did not apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following forms by the dates shown.

Form 941  
Form 940  
Form 1065

01/31/2023  
01/31/2023  
03/15/2023

If you have questions about the forms or the due dates shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification (corporation, partnership, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2020-1, 2020-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

**IMPORTANT INFORMATION FOR S CORPORATION ELECTION:**  
If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S, U.S. Income Tax Return for an S Corporation, must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, Election by a Small Business Corporation.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents or other payroll service providers, are available to assist you. Visit [www.irs.gov/efbusproviders](http://www.irs.gov/efbusproviders) for a list of companies that offer IRS e-file for business products and services.

**IMPORTANT REMINDERS:**

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.
- \* Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is S&AI. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, *Safeguarding Taxpayer Data: A Guide for Your Business*.

You can get any of the forms or publications mentioned in this letter by visiting our website at [www.irs.gov/forms-pubs](http://www.irs.gov/forms-pubs) or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter.

Thank you for your cooperation.



**EIN Assistant**

Your Progress: 1 Identify 2 Authenticate 3 Address 4 Details 5. EIN Confirmation

**Summary of your information**

Please review the information you are about to submit. If any of the information below is incorrect, you will need to [start a new application](#).  
Click the "Submit" button at the bottom of this page to receive your EIN.

Help Topics  
What is Form 1128?

**Organization Type: LLC**

**LLC Information**

Legal name: **S & A INVESTMENT LLC**  
County: **JEFFERSON**  
State/Territory: **AL**  
Start date: **AUGUST 2022**  
Closing month of accounting year: **DECEMBER** (The closing month of the accounting year is defaulted to December due to your organization type. To change your closing month of accounting year, complete Form 1128.)  
State/Territory where articles of organization are (or will be) filed: **AL**

**Addresses**

Physical Location: **1101 3RD AVE W STE 8**  
**BIRMINGHAM AL 35204**  
Phone Number: **205-602-4903**

**Responsible Party**

Name: **CACHE STEELWELL MBR**  
SSN/TIN: **XXX-XX-6012**

**Employee Information**

Date wages or benefits will be paid: **OCTOBER 2022**  
Number of agricultural employees: **0**  
Number of other employees: **2**  
Tax Liability of \$1000 or less during calendar year: **NO**

**Principal Business Activity**

What your business/organization does:  
Principal products/services: **OTHER**  
**GAS STATION AND CONVENIENCE STORE**

**Additional LLC Information**

Owens 55,000 pounds or greater highway motor vehicle: **NO**  
Involves gambling/wagering: **NO**  
Involves alcohol, tobacco or firearms: **NO**  
Files Form 720 (Quarterly Federal Excise Tax Return): **NO**  
Has employees who receive Forms W-2: **YES**  
Reason for Applying: **STARTED A NEW BUSINESS**

We strongly recommend you print this summary page for your records as this will be your only copy of the application. You will not be able to return to this page after you click the "Submit" button.

Click "Submit" to send your request and receive your EIN.

**Submit**

Once you submit, please wait while your application is being processed. It can take up to two minutes for your application to be processed.

**PARCEL ID:** 012900041015009000

**SOURCE:** TAX ASSESSOR RECORDS **TAX YEAR:** 2021

**DATE:** Monday, August 15, 2022 9:43:33 AM

**OWNER:** DO HOA THI

**ADDRESS:** 817 8TH AVE W

**CITY/STATE:** BIRMINGHAM AL

**ZIP+4:** 35204--3415

**SITE ADDR:** 1101 3RD AVE W

**CITY/STATE:** , AL

**ZIP:** 35204

**LAND:** \$136,100.00

**AREA:** 49,432.35

**BLDG:** \$1,054,000.00

**ACRES:** 1.13

**OTHER:** \$0.00

**SUBDIVISION INFORMATION:**

**NAME** HOA PHI DO RESUR 29-4-1

**BLOCK:** 10

**LOT:** 6-A

**Section:** 4-18-3W

**Land Slide Zones:** Not in Land Slide Zones

**Historic Districts:** Not in Historic Districts

**Commercial Revitalization District:** Not in Commercial Revitalization District

**Fire District:** Not in Fire District

**Flood Zones:** Not in Flood Zones

**Tax Increment Financing District:** Not in Tax Increment Financing District

**Neighborhoods:** Rising - W. Princeton (2004)

**Communities:** West End (20)

**Council Districts:** District - 8 (Councilor: Carol Clarke)

**Zoning Outline:** B2

**Demolition Quadrants:** DEM Quadrant - 1

**Impaired Watersheds:** Not in Impaired Watersheds

**Strategic Opportunity Area:** Not in Strategic Opportunity Area

**RISE Focus Area:** In RISE Focus Area

**Tax Delinquent Property:** Not in Tax Delinquent Property

**EPA Superfund:** Not in EPA Superfund

**Opportunity Zones:** In Opportunity Zones

**Judicial Boundaries:** JEFFERSON



Parcel mapping and description information is obtained from the Jefferson County Tax Assessor's Office. This site does not provide real-time information and may contain errors. All data should be verified with the official source. The City of Birmingham makes no warranty as to the accuracy of the data and assumes no responsibility for any errors. Data from the Tax Assessor's Office may not be available for all parcels.

# Neighborhood Voting Form: Liquor Applications

Date: 7/27/22

## Application Type: Transfer Application – Restaurant Retail Liquor

Subject: Applicant's Entity Name D and M Pita Stop LLC  
Business Name Pita Stop  
Business Address 1106 12<sup>th</sup> St S

### Type of License/Permit Applying For:

- |   |  |
|---|--|
| <input type="checkbox"/> Lounge Retail Liquor Class I           | <input type="checkbox"/> Lounge Retail Liquor Class II (Package Store) |
| <input type="checkbox"/> Club Liquor Class I                    | <input type="checkbox"/> Club Liquor Class II (Private)                |
| <input type="checkbox"/> Beer Off Premise                       | <input type="checkbox"/> Beer On & Off Premise                         |
| <input type="checkbox"/> Wine Off Premise                       | <input type="checkbox"/> Wine On & Off Premise                         |
| <input checked="" type="checkbox"/> Restaurant Retail Liquor    | <input type="checkbox"/> Special Retail License (over 30 days)         |
| <input type="checkbox"/> Special Retail License (under 30 days) | <input type="checkbox"/> Pool Table Permit                             |
| <input type="checkbox"/> Division I Dance Permit (customers)    | <input type="checkbox"/> Division II Dance Permit                      |

The Five Points South Neighborhood Association met on \_\_\_\_\_ and voted about the above-named license application. The concerns of the Neighborhood regarding the granting of this license are indicated as follows: (Please check one)

\_\_\_\_\_ Attendance    \_\_\_\_\_ Oppose    \_\_\_\_\_ Support    \_\_\_\_\_ No Recommendation

Reason for Opposition \_\_\_\_\_

Form Forthcoming

Applicant: \_\_\_\_\_ attended NA meeting    \_\_\_\_\_ did not attend NA meeting

\_\_\_\_\_  
President/Officer

**Neighborhood Officers: (Please return this form to the of attention Latonya Tate /Public Safety; City of Birmingham; 710 North 20<sup>th</sup> Street, Birmingham, AL 35203; City Council Chambers; 3<sup>rd</sup> Floor)**

**Failure to attend the neighborhood meeting may result in a delay in the liquor process.**





**Transfer Application: Restaurant Retail Liquor – Type 020**

The following applicant has applied to the City of Birmingham for an alcohol, dance or pool table license:

Name of Applicant: D and M Pita Stop LLC

Mailing Address: 1106 12<sup>th</sup> St S  
Birmingham, AL 35205

Trade Name: Pita Stop

Location Address: 1106 12<sup>th</sup> St S

Contact Number: (205)396-4637

Contact Person:  
Daniel Machua

New Application

Transfer

Type of License

- |   |  |
|---|--|
| <input type="checkbox"/> Lounge Retail Liquor Class I                 | <input type="checkbox"/> Lounge Retail Liquor Class II (Package Store) |
| <input type="checkbox"/> Club Liquor Class I (Fraternal)              | <input type="checkbox"/> Club Liquor Class II (Private)                |
| <input type="checkbox"/> Beer Off Premise                             | <input type="checkbox"/> Beer On & Off Premise                         |
| <input type="checkbox"/> Wine Off Premise                             | <input type="checkbox"/> Wine On & Off Premise                         |
| <input checked="" type="checkbox"/> Restaurant Retail Liquor          | <input type="checkbox"/> Special Retail Liquor (7 days or less)        |
| <input type="checkbox"/> Special Retail Liquor (over 30 days)         | <input type="checkbox"/> Special Retail Liquor (under 30 days)         |
| <input type="checkbox"/> Division I Dance Permit (customer)           | <input type="checkbox"/> Division II Dance Permit (entertainers)       |
| <input type="checkbox"/> Pool Table Permit (send copy of application) |  |

Kitchen equipped: yes  no

Number of table and chairs 38TBS/70CHS

Date Applied: 7/27/22

Revenue Examiner: GS

Copy: Fire Prevention  
Health Department  
Community Development  
Operation New Birmingham  
Melanie Genkin (pool tables)  
Katrina Thomas (PEP)

**City of Birmingham  
Application for  
Alcoholic Beverage License**

**New Application**   
**Transfer**

**RESTAURANT RETAIL LIQUOR-TYPE 020**

**By: GS**

(Enter Type of License Applied For)

(Revenue Official)

1. Name of Applicant (s) D and M Pita Stop LLC  
(Indicate whether Individual, Partnership, Corporation, LLC, LLP, etc)
2. Name and address of individual applicant or all partners and members if partnership or assoc., or all officers and directors, if corporation  
(Attach separate sheet if necessary)

Social Security Number Drivers License Number Name of Owner, Officer or Partner	Title	Date of Birth Place of Birth	Present Residence Address	Length of Residence at Place Named
ALDL# [REDACTED] Daniel Kiarie Machua	Member	[REDACTED] Kenya	911 Timberline Cir Calera, AL 35040	2 years

Note: If a corporation, LLC or LLP, give place and date of incorporation or issuance of certificate of authority to do business in Alabama:

Book 001-026 Page: 1 of 2 Date: 6/22/2022 County: Jefferson  
399

Foreign Corporation: certificate of Authority Date:  (get copy of original papers)

3. Trade Name Pita Stop
- 4(a) Location 1106 12<sup>th</sup> St S  
Exact Street Number, or if on Highway, give details as to Location  
Birmingham, Alabama Zip Code 35205 County Jefferson Shelby
- (b) Length of time at this location
- (c) Mailing Address: **1106 12<sup>th</sup> St S Birmingham, AL 35205**
- (d) Business Phone \_\_\_\_\_ Fax: \_\_\_\_\_ Other Contact: **(205)396-4637**
5. Name, trade name and License number of last or previous licensee: **The Pita Stop Inc**  
Trade name Pita Stop Year 2014 Type 150I 150L Taxpayer ID 463698  
150M

- 6 (a) Owner of real estate for which license is desired The UAB Educational Foundation  
1717 11<sup>th</sup> Ave S, Ste 103A Birmingham, AL 35205  
Address
- (b) Give a full description of the premises for which a license is desired: New Construction  Existing Structure   
Description  1 Story Bldg
- (c) Is establishment equipped with tables and chairs? Yes  No  If "Yes", how many? **38TBS/70CHS**
7. Has a liquor, malt or brewed beverage license for premises ever been denied, suspended or revoked?  Yes  No  
If "Yes", explain fully \_\_\_\_\_
- 8 (a) Pool Tables? Yes  No  Coin Operated? Yes  No  Standard Provider:  
(b) Video Games? Yes  No  Juke Box or Slot Musical Equipment? Yes  No   
(c) Vending Machines (Snacks/Sodas)? Yes  No  Cigarettes or Tobacco Products? Yes  No  Other?

- 9 (a) Will you allow dancing? Yes  No  If "Yes": Customer/Patron?  Div I Exhibition/Performance?  Div II  
 (b) Independent Contract Employees (Disc Jockey, Band, Bartenders, Servers)? Yes  No
- 10 (a) Are these premises kitchen equipped? Yes  No  Not Applicable
- (b) Is kitchen apart from but convenient to the dining room? Yes  No
- (c) Is place of business habitually and principally used for providing food to the public? Yes  No
- (d) If not kitchen equipped, is any type of food served? Yes  No  If "Yes", explain \_\_\_\_\_
- (e) Are these premises equipped for on premises consumption of liquor? Yes  No
- (f) Will this business be operating primarily as a package store? Yes  No
- (g) Seating Capacity: \_\_\_\_\_
- (h) For a SPECIAL RETAIL LICENSE, less than thirty (30) days: Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_
- (i) For a SPECIAL RETAIL LICENSE, more than thirty (30) days: Starting Date \_\_\_\_\_ Ending Dec. 31, \_\_\_\_\_
- (j) For a SPECIAL EVENTS RETAIL LICENSE, not to exceed seven (7) days: Starting \_\_\_\_\_ Ending \_\_\_\_\_  
 (Note: Application must be filed 120 days in advance of event for which license is applied for)
- (k) Event Sponsor \_\_\_\_\_ Phone Number \_\_\_\_\_
- (1) Sponsor Letter of Designation? Yes  No
- (2) Multi-Vendor Sponsorship? Yes  No
- (3) Street Closing Required Yes  No
- (4) Park Board Permission Yes  No

- 11 (a) Does the club charge and collect dues from elected members? Yes  No
- (b) How many paid-up members are there in the club? \_\_\_\_\_
- (c) Are regular meetings held? Yes  No  If so, when? \_\_\_\_\_
- (d) Is business conducted through officers regularly elected? Yes  No
- (e) Are members admitted by written application, investigation, and ballot? Yes  No
- (f) For what purpose is the club organized and operated? Social  Patriotic  Political  Athletic  Other

12. List below the court records for law violations in the last ten (10) years, if any, of each person interested in this application, including the manager, whether as sole applicant, partner, officer, member, or landlord. (Do not include traffic violations, except D.U.I. and reckless driving. If no record, state "None".)

Name	Violation Charged	Name of Court	Date	Disposition of Case
NO-Applicant				

Applicant for the Alcoholic Beverage license requested by the aforementioned applicant hereby swears or affirms that he or she has read said application and that all the statements therein and the facts set forth therein are true and correct, and that the applicant is the only person interested in the business for which said license is requested.

Sworn and subscribed before me this 27<sup>th</sup> day of July, 2022

[Signature]  
 Signature of Affiant

[Signature]  
 Signature of Revenue Official

**This application will not be processed until all fees due at the time of application are paid and receipts are on file.**

Transfer - For Zoning Purposes  
Restaurant Retail Liquor

TAXPAYER IDENTIFICATION NUMBER  
(City Office Use Only)

CITY OF BIRMINGHAM  
APPLICATION FOR TAX CERTIFICATE

The information that you provide in this application is protected by the confidentiality provisions outlined in Ordinance No. 97-183, "The Business License Code of the City of Birmingham", Article II, Section 14. Please type or print. This application should be completed fully to avoid delays in processing.

Section 1 - WHAT WOULD YOU LIKE TO DO?

- Register a new business (Please complete all sections)
- Add a New Location or Tax Type to your current registration (Please complete Sections 2, 3, 5-10, 12, 13, and 14)
- Change Business Ownership of your current registration (Please complete all sections)
- Change the Mailing Address only for your current registration (Please complete Sections 2, 8-10, 12, 13 and 14)
- Change the Location Address of your current registration (Please complete Sections 2, 3, 5-13, and 14)
- Change in Corporate Officers, Members, or Partners (Please complete Sections 2, 5, 7-9,, 11-13, and 14)
- Provide a general "update" of your current registration information (Please complete all sections)

Section 2 - LEGAL NAME AND MAILING ADDRESS to which tax forms are to be sent:

(Note: If mailing address is a post office box, the street address of the business must also be indicated.)

Full Legal Name: D and M Pita Stop LLC  
Attention: \_\_\_\_\_  
Address: 1106 12<sup>th</sup> St S  
City: Birmingham State: AL Zip Code: 35205  
Area Code and Phone Number: (205)396-4637  
Area Code and Fax Number: \_\_\_\_\_  
Name of Contact Person: Daniel Machua  
E-Mail: \_\_\_\_\_ Website Address: \_\_\_\_\_

Section 3 - TRADE NAME AND LOCATION ADDRESS of office in Birmingham. If you are registering more than one location, please see reverse side of this form. (Important Note: All business locations are subject to zoning approval.)

Please select:  Commercial Establishment  Private Residence  No Physical Birmingham Location

Trade Name (d/b/a): Pita Stop  
Attention: \_\_\_\_\_  
Address: 1106 12<sup>th</sup> St S  
City: Birmingham State: AL Zip: 35205  
Area Code and Phone Number of Business Location: \_\_\_\_\_  
Area Code and Fax Number of Business Location: \_\_\_\_\_  
Name of Contact Person at Business Location: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Website Address: \_\_\_\_\_

Section 4 - CHANGE OF OWNERSHIP resulting from merger, purchase or acquisition of an existing business.

If applicable, this section MUST be completed.

Former Owner: \_\_\_\_\_  
Trade Name (d/b/a) \_\_\_\_\_  
Mailing Address of Former Owner \_\_\_\_\_  
Address (es) of Former Location(s) \_\_\_\_\_  
Area Code and Phone Number of Former Owner: \_\_\_\_\_

B6 - pending approval of city council - JBM 7/27/22

**Section 5 - TYPE OF OWNERSHIP**

Please indicate the form of organization. NOTE: Please refer to the accompanying "General Information for Preparing an Application for Tax Certificate Form" instruction sheet for a listing of supplemental documentation to be included with this application.

1. Alabama Corporation (Incorporated in Alabama)       1. Foreign Corporation (Incorporated in another state)
2. Partnership (two or more owners)
3. Sole Proprietor (one owner)
4. Unincorporated Association (i.e., PA)
5. Other \_\_\_\_\_
6. Limited Liability Partnership (LLP)
7. Limited Liability Company (LLC)

**Section 6 - TYPE OF BUSINESS**

Please indicate the principal business activity category.

1. Manufacturer
2. Contractor (Please Specify)
3. Wholesaler
4. Retailer
5. Other (Please Specify)
6. Food/Eating Establishment
7. Day Care Center
8. Home Occupation/Home Office  
(Please Specify the type of occupation or office)
9. State Certified, State Regulated, or State Licensed Occupations, (Please Specify)
10. Transient Vendors/Special Events:  
Date(s) of the Event \_\_\_\_\_  
Event Location \_\_\_\_\_

**Section 7 - PRINCIPAL BUSINESS ACTIVITY AND PRODUCT**

You should indicate the one business activity that accounts for the largest percentage of gross income. State the broad field of business activity as well as the product or service. For example-Activity: Wholesale Sales / Product: Pharmaceuticals OR Activity: Manufacturing / Product: Automobiles. Note: This information should be the same information as required by the Internal Revenue Service on Schedule c of Form 1040 for Sole Proprietorships.

Activity: Restaurant      Product: Alcohol/Food

**Section 8 - FEDERAL TAX ID NUMBER / NUMBER OF EMPLOYEES**

Enter Federal Identification Number (REQUIRED) and the number of employees that will be working in Birmingham.

Federal ID Tax Number 88-2920081      Number of Employees in Birmingham (Required) \_\_\_\_\_

**Section 9 - COMMENCEMENT OF BUSINESS ACTIVITY**

Enter Date Business Activity Will Begin in Birmingham:    Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
Enter Date City of Birmingham Taxpayer ID Applied For:    Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Section 10 - Tax Liabilities** Check the taxes for which you are liable.

- Sales Tax      TAX IDENTIFICATION NUMBERS NOW ASSIGNED TO YOU: (Write "None" if no number assigned)
- Sellers Use Tax      State of Alabama Sales Tax Number \_\_\_\_\_
- Consumers Use Tax      State of Alabama Sellers Use Tax Number \_\_\_\_\_
- Lease Tax      State of Alabama Consumers Use Tax Number \_\_\_\_\_
- Occupational Tax- Employers      State of Alabama Lease Tax Number \_\_\_\_\_
- Lodgings Tax      State of Alabama Lodgings Tax Number \_\_\_\_\_
- Business License Tax      State of Alabama Unemployment Tax Number \_\_\_\_\_

If you have more than one business location, it is assumed that you will file consolidated returns for each of the taxes for which you may be liable, including sales, use, lease, occupational, and lodgings taxes. Each separate business location requires a separate business license

APPLICATION FOR TAX CERTIFICATE (CITY OF BIRMINGHAM, ALABAMA)

Section 11 - OWNER, PARTNERS, MEMBERS, OR CORPORATE OFFICERS  
 This information REQUIRED. (Attach additional sheets if necessary.)

NAME	TITLE	SOCIAL SECURITY NUMBER
Machua, Daniel	Member	[REDACTED]

Section 12 - CORPORATE RESIDENT AGENT OR LOCAL MANAGER

Name: \_\_\_\_\_  
 Address of Residence: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Area Code and Phone Number of Residence: \_\_\_\_\_

Section 13- STATEMENT OF ACKNOWLEDGEMENT AND ACCEPTANCE OF CONDITIONS -Please read carefully, then sign.

I declare, under the penalty of making a false declaration, that I am authorized to complete this form and to the best of my knowledge and belief all questions answered are true, correct, and complete statements, made in good faith. I understand and agree that the granting of this license requires my compliance with all applicable City of Birmingham Tax Code provisions, and state laws, as well as with all conditions set forth in any and all applicable City of Birmingham Laws, Ordinances, Rules and Regulations, and that any failure or refusal to comply with said laws, ordinances, rules and regulations may result in the revocation of any license issued pursuant to this application. I also understand that disclosure of any false or misleading information will result in automatic denial of any license issued pursuant to this application, or in the revocation of the license if such has already been issued. I understand that it is unlawful for any person to commence or engage in any business, vocation, occupation or profession, who is not otherwise exempt therefrom under the provisions of the City of Birmingham Business License Tax Code (Ordinance No. 97-183), without first having procured a license therefore, and that it is unlawful for any person to continue in any business, vocation, occupation, or profession after the expiration of a license previously issued without obtaining a new license. I further understand that it is unlawful for any person to engage in or continue in any business, vocation, occupation, or profession at any location within the corporate limits of the City of Birmingham without approval from the City of Birmingham Department of Planning, Engineering, and Permits (Zoning Division).

Signed:

[Signature] \_\_\_\_\_ 7/27/22 \_\_\_\_\_  
 Signature of Person Completing This Application Date

DANIEL MACHUA \_\_\_\_\_ 205-396-4637 \_\_\_\_\_  
 Print the Name of the Person Completing This Application Phone Number of Person Completing Application

CITY OFFICE USE ONLY - Location

ZONING APPROVAL AND COMMENTS:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 HOME OCCUPATION CERTIFICATE EXECUTED  
 YES  NO  NOT APPLICABLE

SIC OR NAICS \_\_\_\_\_  
 BLIC \_\_\_\_\_  
 TERRITORY \_\_\_\_\_  
 ANNEX \_\_\_\_\_  
 HEALTH DEPT PERMIT \_\_\_\_\_  
 OTHER REQUIRED PERMIT \_\_\_\_\_  
 ARTICLES OF INCORPORATION \_\_\_\_\_  
 CERTIFICATE OF AUTHORITY \_\_\_\_\_  
 TAX FORMS ORDERED  NBL ORDERED

APPLICATION FOR TAX CERTIFICATE (CITY OF BIRMINGHAM, ALABAMA)

SECTION 14 - ADDITIONAL TAXABLE LOCATIONS

Trade Name and Location Address of office in Birmingham. If you are registering more than one location, please use this section. Attach additional sheets if necessary. (Important Note: All business locations are subject to zoning approval.)

Location

Please select: [ ] Commercial Establishment [ ] Private Residence [ ] No Physical Birmingham Location

Trade Name (d/b/a):
Attention:
Address:
City: State: Zip:
Area Code and Phone Number of Business Location:
Area Code and Fax Number of Business Location:
Name of Contact Person at Business Location:
E-Mail: Website Address:

CITY OFFICE USE ONLY - Location

ZONING APPROVAL AND COMMENTS:
HOME OCCUPATION CERTIFICATE EXECUTED
[ ] YES [ ] NO [ ] NOT APPLICABLE

SIC OR NAICS
BLIC
TERRITORY
ANNEX
HEALTH DEPT PERMIT
OTHER REQUIRED PERMIT
ARTICLES OF INCORPORATION
CERTIFICATE OF AUTHORITY
TAX FORMS ORDERED [ ] NBL ORDERED [ ]

Trade Name and Location Address of office in Birmingham. If you are registering more than one location, please use this section. Attach additional sheets if necessary. (Important Note: All business locations are subject to zoning approval.)

Location

Please select: [ ] Commercial Establishment [ ] Private Residence [ ] No Physical Birmingham Location

Trade Name (d/b/a):
Attention:
Address:
City: State: Zip:
Area Code and Phone Number of Business Location:
Area Code and Fax Number of Business Location:
Name of Contact Person at Business Location:
E-Mail: Website Address:

CITY OFFICE USE ONLY - Location

ZONING APPROVAL AND COMMENTS:
HOME OCCUPATION CERTIFICATE EXECUTED
[ ] YES [ ] NO [ ] NOT APPLICABLE

SIC OR NAICS
BLIC
TERRITORY
ANNEX
HEALTH DEPT PERMIT
OTHER REQUIRED PERMIT
ARTICLES OF INCORPORATION
CERTIFICATE OF AUTHORITY
TAX FORMS ORDERED [ ] NBL ORDERED [ ]

**TRANSFER OF CITY OF BIRMINGHAM BUSINESS LICENSE  
(CONTROLLED)**

I, The Pita Stop Inc holding City of Birmingham  
(current taxpayer)

License ID# [REDACTED] located at 1106 12<sup>th</sup> St S  
(six-digit City ID) (business address)

Birmingham, AL 35205, hereby agree that said License be

transferred to D and M Pita Stop LLC  
(applicant)

provided D and M Pita Stop LLC obtains approval  
(applicant)

from the local governing body and meets all the requirements of the

ABC Board. I understand that I am responsible for the operation of

this licensed establishment and for all taxes due until D and M Pita Stop LLC  
(applicant) obtains his/her license from the ABC Board.

I also understand that if for any reason this transfer is not approved by the local governing body or the ABC Board, I must take over complete control, operation, and responsibility of these licensed premises. If I do not continue operating this licensed establishment, then, I will turn in my ABC Board License to the local ABC Board Field Office and all my City of Birmingham licenses to the Revenue Division of the Finance Department of the City of Birmingham.

I further understand that this license will not be transferred until all taxes and licenses are paid and current.

LICENSEE Nedim B Shunnarah

DATE 7-27-22

APPLICANT [Signature]

DATE 7/27/22

Witness [Signature]

DATE 7/27/22

NOTARY [Signature]



**SOCIAL SECURITY**

THIS NUMBER HAS BEEN ESTABLISHED FOR  
**DANIEL KIARIE**  
**MACHUA**

SIGNATURE: *[Signature]*

11/18/2019

**DRIVER LICENSE**

**ALABAMA**

NO. [REDACTED] CLASS D

DOB: [REDACTED] EXPI: [REDACTED]

**DANIEL KIARIE**

**MACHUA**

917 TIMBERLINE DR  
 GADSDEN, AL 35940-7681

ISS: [REDACTED] EXPI: [REDACTED]

SEX: M HT: 5'00" WGT: 150 EYES: BRO HAIR: BLK

11/18/2019

This lease made on or about this 29<sup>th</sup> day of June 2022, by and between **The UAB Educational Foundation**, hereinafter called "**LESSOR**", and **D and M Pita Stop, LLC.**, hereinafter called "**LESSEE**".

**WITNESSETH:** That the Lessor does hereby demise and let unto the Lessee the following described premises in the City of Birmingham, Alabama, to-wit, 3,640 square feet located at 1106 12<sup>th</sup> Street South, Birmingham, Alabama 35205. The lease constitutes a renewal and complete replacement of the existing lease between Pita Stop, Inc., and HealthSouth Corporation, last amended on April 12, 2010. All terms and conditions of the existing lease shall be replaced with this lease.

**Use**

Subject to existing easement, if any, and the regulatory laws and ordinance of the political subdivision in which the property is situated, for use and occupation by the Lessee for the operation of a restaurant/sandwich shop and catering service serving the public.

**Americans with Disabilities Act**

Lessee understands that Lessor's property is subject to the Americans with Disabilities Act (ADA). Lessee specifically agrees to comply with, and to pay all costs of compliance with laws, regulations and any ordinances that may apply to Lessee's business or locations, including, but not limited to, the ADA requirements as it may relate to the Premises. The Lessee will hold harmless and protect the Lessor in the event the Lessee is found to be in violation of its obligation to comply with the ADA.

**Term**

The duration of this agreement is for and during the term of three (3) years beginning July 1, 2022 and ending June 30, 2025. Renewal Term of this Lease shall be three (3) one year options and shall be upon the same terms and conditions contained in this Lease, with the exception that the rent for any Renewal Term shall be negotiated between the parties and documented in a written amendment to the Lease once Tenant exercises its option to renew, and such negotiations shall take place no later than sixty (60) days prior to commencement of the Renewal Term.

**Rent**

Commencement of rent shall begin at the beginning of execution of the lease. In consideration whereof, the Lessee agrees to pay the Lessor's agent at office of said agent, on the first day of each month of said term. Rent is to be paid in advance to **The UAB Educational Foundation, Attention: Tonya Zwiebel, 1717 11<sup>th</sup> Avenue S., Suite 103-A, Birmingham, Alabama 35205** for said premise, the sum of Forty-Two Thousand Two Hundred Seventy-One DOLLARS and Twenty CENTS (\$42,271.20) per annum,, being at the rate of Three Thousand Five Hundred Twenty-Two DOLLARS and Sixty CENTS (\$3,522.60) per month.

**Deposit**

A deposit of three-thousand, five hundred twenty-two and 60/100 (\$3,522.60) is due within ten (10) days of the signing of this lease agreement or prior to occupancy, whichever event occurs first. This deposit will be held for the duration of the original lease term or any extension thereof. At the end of this lease agreement the deposit, less the cost of repairs other than normal wear and tear, will be refunded to the Lessee providing all lease payments are current.

**Late Fee**

Lessee agrees that a Service and Bookkeeping charge of 1.5% shall become due and payable each and every month that the rent has not been received in the office of **The UAB Educational Foundation** by the 10th of the month, or if a check accepted as rent or other payment is returned unpaid to agent for any reason.

**Termination**

Either the Lessor or Lessee may terminate this lease during the original term hereof, or any extensions thereof, by giving the other party at least ninety (90) days written notice of its intention to terminate. During the initial term, Lessor agrees not to terminate the lease unless it intends to use the space for internal purposes.

**Transfer or Assignment**

Each and every transfer or assignment of this lease, or any interest therein, and each and every sub-letting of said premises, or any part thereof, or any interest therein, shall be null and void, unless the written consent of the Lessor be first obtained.

**Quiet Enjoyment/Condition of Premises**

This lease is made upon the following terms, conditions, and covenants: The Lessor covenants to keep the Lessee in possession of said premises during said term, but shall not be liable for the loss of use by eminent domain nor the failure or inability of the Lessee to obtain possession thereof provided by the Lessor shall exercise due diligence and effort to place the Lessee in possession. Nothing herein contained shall be construed as a warranty that said premises are in good condition or are fit or suitable for the use or purpose for which they are let. The Lessor or Lessor's agent has made no representations or promises with respect to said building or the demised premises except as herein expressly set forth. The

STATE OF ALABAMA

DOMESTIC LIMITED LIABILITY COMPANY (LLC)  
CERTIFICATE OF FORMATION

PURPOSE: In order to form a Limited Liability Company (LLC) under Section 10A-5A-2.01 of the *Code of Alabama 1975*, this Certificate of Formation and the appropriate filing fees must be filed with the Office of the Secretary of State. The information required in this form is required by Title 10A.

1. The name of the limited liability company (must contain the words "Limited Liability Company" or the abbreviation "L.L.C." or "LLC," and comply with *Code of Alabama*, Section 10A-1-5.06. You may use Professional or Series before Limited Liability Company or LLC (or PLLC or SLLC) if they apply:

D and M Pita Stop LLC

2. A copy of the Name Reservation Certificate from the Office of the Secretary of State must be attached.

3. The name of the registered agent (only one agent): Daniel K Machua

Street (no PO Boxes) address of registered office (must be located in Alabama):

911 Timberline Circle Calera, AL 35040

\*COUNTY of above address: JEFFERSON

Mailing address in Alabama of registered office (if different from street address):

4. The undersigned certify that there is at least one member of the limited liability company.

(For SOS Office Use Only)

Alabama	
Sec. Of State	
001-026-399	DLL
Date	06/22/2022
Time	13:24:00
File	\$100.00
County	\$100.00
Total	\$200.00

**DOMESTIC LIMITED LIABILITY COMPANY (LLC) CERTIFICATE OF FORMATION**

5. Check only if the type applies to the Limited Liability Company being formed:

Series LLC complying with Title 10A, Chapter 5A, Article 11

Professional LLC complying with Title 10A, Chapter 5A, Article 8

Non-Profit LLC complying with Section 10A-5A-1.04(c)

6. The filing of the limited liability company is effective immediately on the date received by the office of the Secretary of State, Business Services Division or at the delayed filing date (cannot be prior to the filing date) specified in this filing complying with Section 10A-1-4.12

The undersigned specify 6 / 23 / 2022 as the effective date (must be on or after the date filed in the office of the Secretary of State, but no later than the 90th day after the date this instrument was signed) and the time of filing to be 1 : 19  AM or  PM. (cannot be noon or midnight - 12:00)

Attached are any other matters the members determine to include herein (if this item is checked there must be attachments with the filing).

6 / 22 / 2022  
Date (MM/DD/YYYY)

Daniel K Machua  
Signature as required by 10A-5A-2.04

President

Typed title (organizer or attorney-in-fact)

\*County of Registered Agent is requested in order to determine distribution of County filing fees.

## Additional Details

### Organizers

Organizer	Street Address	Mailing Address
Mohammad A Islam	4251 Oak Street Pinson, AL 35126	4251 Oak Street Pinson, AL 35126

John H. Merrill  
Secretary of State

P.O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that**

pursuant to the provisions of Title 10A, Chapter 1, Article 5, Code of Alabama 1975, and upon an examination of the entity records on file in this office, the following entity name is reserved as available:

**D and M Pita Stop LLC**

This name reservation is for the exclusive use of Daniel K Machua, 911 Timberline Circle, Calera, AL 35040 for a period of one year beginning June 22, 2022 and expiring June 22, 2023

**In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.**



RES030402

June 22, 2022

Date

John H. Merrill

Secretary of State

# JEFFERSON COUNTY DEPARTMENT OF HEALTH

## FOOD PERMIT

PERMIT NO. 27680

DATE ISSUED 06/30/2022

AN INSPECTION BY AN AUTHORIZED REPRESENTATIVE OF THE DEPARTMENT OF HEALTH HAS DETERMINED REASONABLE COMPLIANCE WITH THE REQUIREMENTS OF JEFFERSON COUNTY REGULATIONS GOVERNING THE MANUFACTURE, PREPARATION, DISPLAY, AND SERVICE OF FOODS, CONFECTIONS, AND BEVERAGES; THEREFORE A FOOD PERMIT IS ISSUED TO:

**THE PITA STOP**  
**LOCATED AT: 1106 12TH ST S**  
**BIRMINGHAM, AL 35205**

TO ENGAGE IN THE BUSINESS OF MANUFACTURING, PREPARING, HANDLING, SERVING, OR DISTRIBUTING FOOD INTENDED FOR HUMAN CONSUMPTION IN THE COUNTY OF JEFFERSON IN ACCORDANCE WITH THE LAWS AND REGULATIONS OF THE COUNTY AND THE STATE OF ALABAMA.

THE NATURE OF THE BUSINESS IS CLASSIFIED AS FOLLOWS:

### FOOD PERMIT - LEVEL 3

THIS PERMIT IS VALID FROM DATE OF ISSUE, IS NOT TRANSFERABLE AND IS RENEWABLE IN ACCORDANCE WITH THE LAWS PERTAINING THERETO UNLESS SUSPENDED OR REVOKED. IT SHALL BE CONSPICUOUSLY POSTED ON THE PREMISES FOR WHICH ISSUED.

\* NON TRANSFERABLE \*      EXPIRATION DATE 9/30/2022



Approved by:  
Mark E. Wilson, M.D.  
Health Officer

Jonathan Stanton, Director  
Environmental Health Services



JEFFERSON COUNTY  
DEPARTMENT OF HEALTH  
1400 Sixth Avenue South  
Birmingham, Alabama 35202

Invoice Number: 104222204068

06/30/2022

Payment For: Food Permit - Level 3

Received From: D & M Pita Stop LLC

Amount: \$275.00

Received by

**PARCEL ID:** 012900013010001000

**SOURCE:** TAX ASSESSOR RECORDS      **TAX YEAR:** 2021

**DATE:** Tuesday, July 26, 2022 3:30:28 PM

**OWNER:** UAB EDUCATIONAL FOUNDATION THE

**ADDRESS:** 1717 11TH AVE S STE 103A

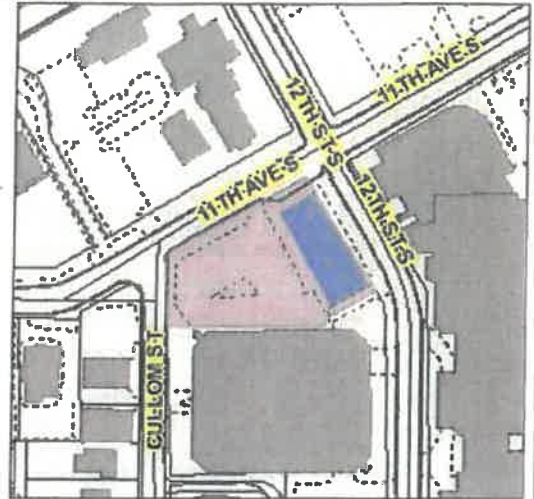
**CITY/STATE:** BIRMINGHAM AL

**ZIP+4:** 35205--4717

**SITE ADDR:** 1100 12TH ST S

**CITY/STATE:** BHAM, AL

**ZIP:** 35205



**LAND:** \$480,400.00

**BLDG:** \$390,400.00

**OTHER:** \$0.00

**AREA:** 35,769.14

**ACRES:** 0.82

**SUBDIVISION INFORMATION:**

**NAME** UAB WEST

29-1-3

**BLOCK:** 0000

**LOT:** 1

:

**Section:** 1-18-3W

**Land Slide Zones:** In Land Slide Zones

**Historic Districts:** Not in Historic Districts

**Commercial Revitalization District:** Not in Commercial Revitalization District

**Fire District:** Not in Fire District

**Flood Zones:** Not in Flood Zones

**Tax Increment Financing District:** Not in Tax Increment Financing District

**Neighborhoods:** Five Pts So (1701)

**Communities:** Southside (17)

**Council Districts:** District - 3 (Councilor: Valerie A. Abbott)

**Zoning Outline:** B6

**Demolition Quadrants:** DEM Quadrant - 1

**Impaired Watersheds:** Not in Impaired Watersheds

**Strategic Opportunity Area:** Not in Strategic Opportunity Area

**RISE Focus Area:** In RISE Focus Area

**Tax Delinquent Property:** Not in Tax Delinquent Property

**EPA Superfund:** Not in EPA Superfund

**Opportunity Zones:** Not in Opportunity Zones

**Judicial Boundaries:** JEFFERSON

Parcel mapping and description information is obtained from the Jefferson County Tax Assessor's Office. This site does not provide real-time information and may contain errors. All data should be verified with the official source. The City of Birmingham makes no warranty as to the accuracy of the data and assumes no responsibility for any errors. Data from the Tax Assessor's Office may not be available for all parcels.



# Neighborhood Voting Form: Liquor Applications

Date: 9/7/22

## Application Type: New Application: Manufacturer of Alcohol

Subject: Applicant's Entity Name Uproot, LLC

Business Name Uproot

Business Address 2616 3<sup>rd</sup> Ave S

### Type of License/Permit Applying For:

- |   |  |
|---|--|
| <input type="checkbox"/> Lounge Retail Liquor Class I           | <input type="checkbox"/> Lounge Retail Liquor Class II (Package Store) |
| <input type="checkbox"/> Club Liquor Class I                    | <input type="checkbox"/> Club Liquor Class II (Private)                |
| <input type="checkbox"/> Beer Off Premise                       | <input type="checkbox"/> Beer On & Off Premise                         |
| <input type="checkbox"/> Wine Off Premise                       | <input type="checkbox"/> Wine On & Off Premise                         |
| <input type="checkbox"/> Restaurant Retail Liquor               | <input type="checkbox"/> Special Retail License (over 30 days)         |
| <input type="checkbox"/> Special Retail License (under 30 days) | <input type="checkbox"/> Pool Table Permit                             |
| <input type="checkbox"/> Division I Dance Permit (customers)    | <input type="checkbox"/> Division II Dance Permit                      |

Manufacturer - Alcohol

The \_\_\_\_\_ Neighborhood Association met on \_\_\_\_\_ and voted about the above-named license application. The concerns of the Neighborhood regarding the granting of this license are indicated as follows: (Please check one)

\_\_\_\_\_ Attendance    \_\_\_\_\_ Oppose    \_\_\_\_\_ Support    \_\_\_\_\_ No Recommendation

Reason for Opposition \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant: \_\_\_\_\_ attended NA meeting    \_\_\_\_\_ did not attend NA meeting

\_\_\_\_\_  
President/Officer

**Neighborhood Officers: (Please return this form to the of attention Latonya Tate /Public Safety; City of Birmingham; 710 North 20<sup>th</sup> Street, Birmingham, AL 35203; City Council Chambers; 3<sup>rd</sup> Floor)**  
**Failure to attend the neighborhood meeting may result in a delay in the liquor process.**



**New Application: Manufacturer - Alcohol**

The following applicant has applied to the City of Birmingham for an alcohol, dance or pool table license:

Name of Applicant: Uproot, LLC

Mailing Address: 3845 6<sup>th</sup> Ave [REDACTED]  
Birmingham, AL 35222

Trade Name: Uproot

Location Address: 2616 3<sup>rd</sup> Ave S

Contact Number: (901)647-2043

Contact Person:  
Nathan Darnell

New Application

Transfer

Type of License

- |   |  |
|---|--|
| <input type="checkbox"/> Lounge Retail Liquor Class I                 | <input type="checkbox"/> Lounge Retail Liquor Class II (Package Store) |
| <input type="checkbox"/> Club Liquor Class I (Fraternal)              | <input type="checkbox"/> Club Liquor Class II (Private)                |
| <input type="checkbox"/> Beer Off Premise                             | <input type="checkbox"/> Beer On & Off Premise                         |
| <input type="checkbox"/> Wine Off Premise                             | <input type="checkbox"/> Wine On & Off Premise                         |
| <input type="checkbox"/> Restaurant Retail Liquor                     | <input type="checkbox"/> Special Retail Liquor (7 days or less)        |
| <input type="checkbox"/> Special Retail Liquor (over 30 days)         | <input type="checkbox"/> Special Retail Liquor (under 30 days)         |
| <input checked="" type="checkbox"/> <i>Manufacturer - Alcohol</i>     | <input type="checkbox"/> Division II Dance Permit (entertainers)       |
| <input type="checkbox"/> Division I Dance Permit (customer)           |  |
| <input type="checkbox"/> Pool Table Permit (send copy of application) |  |

Kitchen equipped: yes  no

Number of table and chairs 10TBS/50CHS

Date Applied: 9/7/22

Revenue Examiner: GS

Copy: Fire Prevention  
Health Department  
Community Development  
Operation New Birmingham  
Melanie Genkin (pool tables)  
Katrina Thomas (PEP)

**City of Birmingham  
Application for  
Alcoholic Beverage License**

**New Application**   
**Transfer**

**SELECT ONE:** Manufacturer - Alcohol  
(Enter Type of License Applied For)

**By: GS**  
(Revenue Official)

1. Name of Applicant (s) Uproot, LLC  
(Indicate whether Individual, Partnership, Corporation, LLC, LLP, etc)  
2. Name and address of individual applicant or all partners and members if partnership or assoc., or all officers and directors, if corporation  
(Attach separate sheet if necessary)

Social Security Number Drivers License Number Name of Owner, Officer or Partner	Title	Date of Birth Place of Birth	Present Residence Address	Length of Residence at Place Named
ALDL# [REDACTED] Nathan Alan Darnell	Member	[REDACTED] Austin, TX	3845 6 <sup>th</sup> Ave S Birmingham, AL 35222	7 years

Note: If a corporation, LLC or LLP, give place and date of incorporation or issuance of certificate of authority to do business in Alabama:

Book 949-038 Page: 1 of 3 Date: 10/21/2021 County: Jefferson  
Foreign Corporation: certificate of Authority Date:  (get copy of original papers)

3. Trade Name Uproot

4(a) Location 2616 3<sup>rd</sup> Ave S  
Exact Street Number, or if on Highway, give details as to Location  
Birmingham, Alabama Zip Code 35233 County  Jefferson  Shelby

(b) Length of time at this location \_\_\_\_\_

(c) Mailing Address: 3845 6<sup>th</sup> Ave S Birmingham, AL 35222

(d) Business Phone \_\_\_\_\_ Fax: \_\_\_\_\_ Other Contact: (901)647-2043

5. Name, trade name and License number of last or previous licensee:  
Trade name \_\_\_\_\_ Year  Type \_\_\_\_\_ Taxpayer ID \_\_\_\_\_

6 (a) Owner of real estate for which license is desired Merle H Howard  
1261 Greystone Park DR Birmingham, AL 35242  
Address \_\_\_\_\_

(b) Give a full description of the premises for which a license is desired: New Construction  Existing Structure   
Description  1 Story Bldg

(c) Is establishment equipped with tables and chairs? Yes  No  If "Yes", how many? 10TBS/50CHS

7. Has a liquor, malt or brewed beverage license for premises ever been denied, suspended or revoked?  Yes  No  
If "Yes", explain fully \_\_\_\_\_

8 (a) Pool Tables? Yes  No  Coin Operated? Yes  No  Standard Provider:  
(b) Video Games? Yes  No  Juke Box or Slot Musical Equipment? Yes  No   
(c) Vending Machines (Snacks/Sodas)? Yes  No  Cigarettes or Tobacco Products? Yes  No  Other?

9 (a) Will you allow dancing? Yes  No  If "Yes": Customer/Patron?  Div I Exhibition/Performance?  Div II  
(b) Independent Contract Employees (Disc Jockey, Band, Bartenders, Servers)? Yes  No

- 10 (a) Are these premises kitchen equipped? Yes  No  Not Applicable
- (b) Is kitchen apart from but convenient to the dining room? Yes  No
- (c) Is place of business habitually and principally used for providing food to the public? Yes  No
- (d) If not kitchen equipped, is any type of food served? Yes  No  If "Yes", explain \_\_\_\_\_
- (e) Are these premises equipped for on premises consumption of liquor? Yes  No
- (f) Will this business be operating primarily as a package store? Yes  No
- (g) Seating Capacity: \_\_\_\_\_
- (h) For a SPECIAL RETAIL LICENSE, less than thirty (30) days: Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_
- (i) For a SPECIAL RETAIL LICENSE, more than thirty (30) days: Starting Date \_\_\_\_\_ Ending Dec. 31, \_\_\_\_\_
- (j) For a SPECIAL EVENTS RETAIL LICENSE, not to exceed seven (7) days: Starting \_\_\_\_\_ Ending \_\_\_\_\_  
**(Note: Application must be filed 120 days in advance of event for which license is applied for)**
- (k) Event Sponsor \_\_\_\_\_ Phone Number \_\_\_\_\_
- (1) Sponsor Letter of Designation? Yes  No
- (2) Multi-Vendor Sponsorship? Yes  No
- (3) Street Closing Required? Yes  No
- (4) Park Board Permission? Yes  No

- 11 (a) Does the club charge and collect dues from elected members? Yes  No
- (b) How many paid-up members are there in the club? \_\_\_\_\_
- (c) Are regular meetings held? Yes  No  If so, when? \_\_\_\_\_
- (d) Is business conducted through officers regularly elected? Yes  No
- (e) Are members admitted by written application, investigation, and ballot? Yes  No
- (f) For what purpose is the club organized and operated? Social  Patriotic  Political  Athletic  Other

12. List below the court records for law violations in the last ten (10) years, if any, of each person interested in this application, including the manager, whether as sole applicant, partner, officer, member, or landlord. (Do not include traffic violations, except D.U.I. and reckless driving. If no record, state "None".)

Name	Violation Charged	Name of Court	Date	Disposition of Case
No Applicant				

Applicant for the Alcoholic Beverage license requested by the aforementioned applicant hereby swears or affirms that he or she has read said application and that all the statements therein and the facts set forth therein are true and correct, and that the applicant is the only person interested in the business for which said license is requested.

Sworn and subscribed before me this 7<sup>th</sup> day of September, 2022

[Signature]  
Signature of Affiant

[Signature]  
Signature of Revenue Official

**This application will not be processed until all fees due at the time of application are paid and receipts are on file.**

Manufacturer - Alcohol

COMPLETE AND RETURN THIS FORM TO:  
City of Birmingham-Revenue Division  
710 North 20th Street-Room TL 100  
Birmingham, AL 35203  
(205) 254-2198 Office  
(205) 254-2963 Fax  
www.informationbirmingham.com

TAXPAYER IDENTIFICATION NUMBER  
(City Office Use Only)

CITY OF BIRMINGHAM  
APPLICATION FOR TAX CERTIFICATE

The information that you provide in this application is protected by the confidentiality provisions outlined in Ordinance No. 97-183, "The Business License Code of the City of Birmingham", Article II, Section 14. Please type or print. This application should be completed fully to avoid delays in processing.

Section 1 - WHAT WOULD YOU LIKE TO DO?

- Register a new business (Please complete all sections)
- Add a New Location or Tax Type to your current registration (Please complete Sections 2, 3, 5-10, 12, 13, and 14)
- Change Business Ownership of your current registration (Please complete all sections)
- Change the Mailing Address only for your current registration (Please complete Sections 2, 8-10, 12, 13 and 14)
- Change the Location Address of your current registration (Please complete Sections 2, 3, 5-13, and 14)
- Change in Corporate Officers, Members, or Partners (Please complete Sections 2, 5, 7-9, 11-13, and 14)
- Provide a general "update" of your current registration information (Please complete all sections)

Section 2 - LEGAL NAME AND MAILING ADDRESS to which tax forms are to be sent:

(Note: If mailing address is a post office box, the street address of the business must also be indicated.)

Full Legal Name Uproot, LLC  
 Attention: \_\_\_\_\_  
 Address 3845 Lot 1 Ave. S.  
 City Birmingham State AL Zip Code 35222  
 Area Code and Phone Number 901 647 2043  
 Area Code and Fax Number \_\_\_\_\_  
 Name of Contact Person Nathan Darnell  
 E-Mail Nate@uprootbrews.com Website Address \_\_\_\_\_

Section 3 - TRADE NAME AND LOCATION ADDRESS of office in Birmingham. If you are registering more than one location, please see reverse side of this form. (Important Note: All business locations are subject to zoning approval.)

Please select:  Commercial Establishment     Private Residence     No Physical Birmingham Location

Trade (d/b/a) Name \_\_\_\_\_  
 Attention: \_\_\_\_\_  
 Address 2616 3rd Ave S.  
 City Birmingham State AL Zip Code 35233  
 Area Code and Phone Number of Business Location \_\_\_\_\_  
 Area Code and Fax Number of Business Location \_\_\_\_\_  
 Name of Contact Person at Business Location Nathan Darnell  
 E-Mail Nate@uprootbrews.com Website Address \_\_\_\_\_

Section 4 - CHANGE OF OWNERSHIP resulting from merger, purchase or acquisition of an existing business. If applicable, this section MUST be completed.

Former Owner \_\_\_\_\_ Birmingham Taxpayer ID Number \_\_\_\_\_  
 Trade (d/b/a) Name \_\_\_\_\_  
 Mailing Address of Former Owner \_\_\_\_\_  
 Address(es) of Former Location(s) \_\_\_\_\_  
 Area Code and Phone Number of Former Owner \_\_\_\_\_

APPLICATION FOR TAX CERTIFICATE (CITY OF BIRMINGHAM, ALABAMA)

Section 5 - TYPE OF OWNERSHIP

Please indicate the form of organization. NOTE: Please refer to the accompanying "General Information for Preparing an Application for Tax Certificate Form" instruction sheet for a listing of supplemental documentation to be included with this application.

- 1. Alabama Corporation (Incorporated in Alabama)
- 2. Partnership (two or more owners)
- 3. Sole Proprietor (one owner)
- 4. Unincorporated Association (i.e., PA)
- 5. Other \_\_\_\_\_
- 6. Limited Liability Partnership (LLP)
- 7. Limited Liability Company (LLC)
- 8. Foreign Corporation (Incorporated in another state)

Section 6 - TYPE OF BUSINESS

Please indicate the principal business activity category.

- 1. Manufacturer
- 2. Contractor (Please specify) \_\_\_\_\_
- 3. Wholesaler
- 4. Retailer
- 5. Other (Please specify) \_\_\_\_\_
- 6. Food/Eating Establishment
- 7. Day Care Center
- 8. Home Occupation/Home Office (Please specify the type of occupation or office) \_\_\_\_\_
- 9. State Certified, State Regulated, or State Licensed Occupations (Please specify) \_\_\_\_\_
- 10. Transient Vendors/Special Events: Date(s) of the Event \_\_\_\_\_ Event Location \_\_\_\_\_

Section 7 - PRINCIPAL BUSINESS ACTIVITY AND PRODUCT

You should indicate the one business activity that accounts for the largest percentage of gross income. State the broad field of business activity as well as the product or service. For example—Activity: Wholesale Sales / Product: Pharmaceuticals OR Activity: Manufacturing / Product: Automobiles. Note: This information should be the same information as required by the Internal Revenue Service on Schedule C of Form 1040 for Sole Proprietorships.

Activity Manufacturing Product Beer

Section 8 - FEDERAL TAX ID NUMBER / NUMBER OF EMPLOYEES

Enter Federal Identification Number (REQUIRED) and the number of employees that will be working in Birmingham.

Federal ID Tax Number 87-3259465 Number of Employees in Birmingham (Required) 5

Section 9 - COMMENCEMENT OF BUSINESS ACTIVITY

Enter Date Business Activity Will Begin in Birmingham: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Enter Date City of Birmingham Taxpayer Identification Number Applied For: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Section 10 - TAX LIABILITIES Check the taxes for which you are liable.

- Sales Tax
- Sellers Use Tax
- Consumers Use Tax
- Lease Tax
- Occupational Tax —Employer's
- Lodgings Tax
- Business License Tax

TAX IDENTIFICATION NUMBERS NOW ASSIGNED TO YOU: (Write "None" if no number assigned)

- State of Alabama Sales Tax Number \_\_\_\_\_
- State of Alabama Sellers Use Tax Number \_\_\_\_\_
- State of Alabama Consumers Use Tax Number \_\_\_\_\_
- State of Alabama Lease Tax Number \_\_\_\_\_
- State of Alabama Lodgings Tax Number \_\_\_\_\_
- State of Alabama Unemployment Tax Number \_\_\_\_\_

If you have more than one business location, it is assumed that you will file consolidated returns for each of the taxes for which you may be liable, including sales, use, lease, occupational, and lodgings taxes. Each separate business location requires a separate business license.

**APPLICATION FOR TAX CERTIFICATE (CITY OF BIRMINGHAM, ALABAMA)**

**Section 11 – OWNER, PARTNERS, MEMBERS, OR CORPORATE OFFICERS**  
 This information REQUIRED. (Attach additional sheets if necessary.)

NAME	TITLE	SOCIAL SECURITY NUMBER
Nathan Darnell	Owner	[REDACTED]

**Section 12 – CORPORATE RESIDENT AGENT OR LOCAL MANAGER**

Name \_\_\_\_\_  
 Address of Residence \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Area Code and Phone Number of Residence \_\_\_\_\_

**Section 13 – STATEMENT OF ACKNOWLEDGEMENT AND ACCEPTANCE OF CONDITIONS – Please read carefully, then sign.**

I declare, under the penalty of making a false declaration, that I am authorized to complete this form and to the best of my knowledge and belief all questions answered are true, correct, and complete statements, made in good faith. I understand and agree that the granting of this license requires my compliance with all applicable City of Birmingham Tax Code provisions, and state laws, as well as with all conditions set forth in any and all applicable City of Birmingham Laws, Ordinances, Rules and Regulations, and that any failure or refusal to comply with said laws, ordinances, rules and regulations may result in the revocation of any license issued pursuant to this application. I also understand that disclosure of any false or misleading information will result in automatic denial of any license issued pursuant to this application, or in the revocation of the license if such has already been issued. I understand that it is unlawful for any person to commence or engage in any business, vocation, occupation or profession, who is not otherwise exempt therefrom under the provisions of the City of Birmingham Business License Tax Code (Ordinance No. 97-183), without first having procured a license therefor, and that it is unlawful for any person to continue in any business, vocation, occupation, or profession after the expiration of a license previously issued, without obtaining a new license. I further understand that it is unlawful for any person to engage in or to continue in any business, vocation, occupation, or profession at any location within the corporate limits of the City of Birmingham without approval from the City of Birmingham Department of Planning, Engineering, and Permits (Zoning Division).

**Signed:**

Nathan Darnell  
 Signature of the Person Completing This Application

09/01/22  
 Date

Nathan Darnell  
 Print the Name of the Person Completing This Application

901.647.2043  
 Phone Number of Person Completing Application

**CITY OFFICE USE ONLY – Location \_\_\_\_\_**

**ZONING APPROVAL AND COMMENTS:**  
 OK - M1 - AOS - 9-7-2022  
 Must be approved by City Council 1st

HOME OCCUPATION CERTIFICATE EXECUTED  
 YES     NO     NOT APPLICABLE

SIC OR NAICS \_\_\_\_\_  
 BLIC \_\_\_\_\_  
 TERRITORY \_\_\_\_\_  
 ANNEX \_\_\_\_\_  
 HEALTH DEPT PERMIT \_\_\_\_\_  
 OTHER REQUIRED PERMIT \_\_\_\_\_  
 ARTICLES OF INCORPORATION \_\_\_\_\_  
 CERTIFICATE OF AUTHORITY \_\_\_\_\_  
 TAX FORMS ORDERED     NBL ORDERED



DRIVER LICENSE

ALABAMA



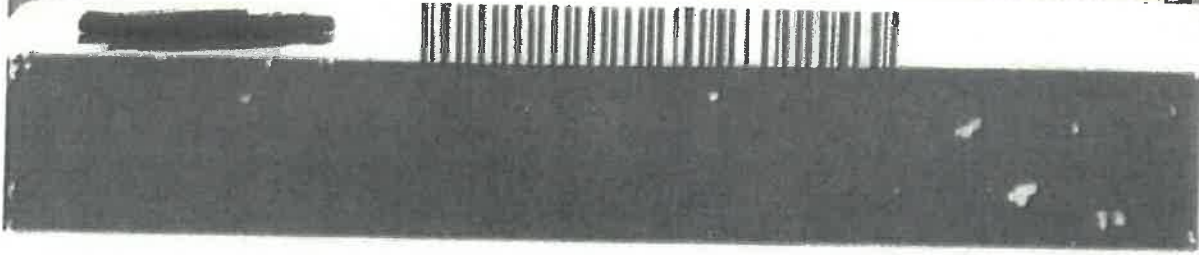
NO. [REDACTED] CLASS D  
D.O.B. [REDACTED] SEX [REDACTED]

**NATHAN ALAN  
DARNELL**  
3845 6TH AVE S  
BIRMINGHAM AL 35222-3301

ENDORSEMENTS [REDACTED] REST [REDACTED]  
ISS [REDACTED] SEX M HT 5-11 EYES BLU  
WT 165 HAIR BRO

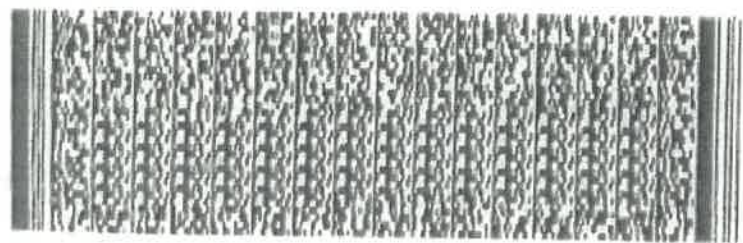
Secretary Hal Taylor  
Secretary of Law Enforcement

*Nathan Darnell*



**NATHAN ALAN DARNELL**  
**CLASS: D-Regular Operators License**

**ENDORSEMENTS:**  
**RESTRICTIONS:**



SECTION 14 - ADDITIONAL TAXABLE LOCATIONS

Trade Name and Location Address of office in Birmingham. If you are registering more than one location, please use this section. Attach additional sheets if necessary. (Important Note: All business locations are subject to zoning approval.) Location \_\_\_\_\_

Please select:  Commercial Establishment  Private Residence  No Physical Birmingham Location

Trade (d/b/a) Name \_\_\_\_\_

Attention: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Area Code and Phone Number of Business Location \_\_\_\_\_

Area Code and Fax Number of Business Location \_\_\_\_\_

Name of Contact Person at Business Location \_\_\_\_\_

E-Mail \_\_\_\_\_ Website Address \_\_\_\_\_

CITY OFFICE USE ONLY - Location \_\_\_\_\_

**ZONING APPROVAL AND COMMENTS:**

\_\_\_\_\_

\_\_\_\_\_

HOME OCCUPATION CERTIFICATE EXECUTED

YES  NO  NOT APPLICABLE

SIC OR NAICS \_\_\_\_\_

BLIC \_\_\_\_\_

TERRITORY \_\_\_\_\_

ANNEX \_\_\_\_\_

HEALTH DEPT PERMIT \_\_\_\_\_

OTHER REQUIRED PERMIT \_\_\_\_\_

ARTICLES OF INCORPORATION \_\_\_\_\_

CERTIFICATE OF AUTHORITY \_\_\_\_\_

TAX FORMS ORDERED  NBL ORDERED

Trade Name and Location Address of office in Birmingham. If you are registering more than one location, use this section. Attach additional sheets if necessary. (Important Note: All business locations are subject to zoning approval.) Location \_\_\_\_\_

Please select:  Commercial Establishment  Private Residence  No Physical Birmingham Location

Trade (d/b/a) Name \_\_\_\_\_

Attention: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Area Code and Phone Number of Business Location \_\_\_\_\_

Area Code and Fax Number of Business Location \_\_\_\_\_

Name of Contact Person at Business Location \_\_\_\_\_

E-Mail \_\_\_\_\_ Website Address \_\_\_\_\_

CITY OFFICE USE ONLY - Location \_\_\_\_\_

**ZONING APPROVAL AND COMMENTS:**

\_\_\_\_\_

\_\_\_\_\_

HOME OCCUPATION CERTIFICATE EXECUTED

YES  NO  NOT APPLICABLE

SIC OR NAICS \_\_\_\_\_

BLIC \_\_\_\_\_

TERRITORY \_\_\_\_\_

ANNEX \_\_\_\_\_

HEALTH DEPT PERMIT \_\_\_\_\_

OTHER REQUIRED PERMIT \_\_\_\_\_

ARTICLES OF INCORPORATION \_\_\_\_\_

CERTIFICATE OF AUTHORITY \_\_\_\_\_

TAX FORMS ORDERED  NBL ORDERED



# STATE OF ALABAMA

## DOMESTIC LIMITED LIABILITY COMPANY (LLC) CERTIFICATE OF FORMATION

1. THE NAME OF THE LIMITED LIABILITY COMPANY

**Uproot, LLC**

2. THIS FORM WAS PREPARED BY:

**Nathan Demell**

3. THE NAME AND STREET (NO PO BOXES) ADDRESS OF THE REGISTERED AGENT LOCATED AT THE REGISTERED OFFICE (MUST BE LOCATED IN ALABAMA):

**Nathan A Demell  
3845 6th Ave S  
Birmingham, AL 35222  
JEFFERSON**

MAILING ADDRESS IN ALABAMA OF REGISTERED OFFICE (IF DIFFERENT FROM STREET ADDRESS):

4. THE UNDERSIGNED CERTIFY THAT THERE IS AT LEAST ONE MEMBER OF THE LIMITED LIABILITY COMPANY.

5. CHECK ONLY IF THE TYPE APPLIES TO THE LIMITED LIABILITY COMPANY BEING FORMED:

- NON-PROFIT LLC
- NON-PROFIT SERIES LLC
- PROFESSIONAL SERIES LLC
- PROFESSIONAL LLC COMPLYING WITH TITLE 10A, CHAPTER 5A, ARTICLE 6
- SERIES LLC COMPLYING WITH TITLE 10A, CHAPTER 5A, ARTICLE 11

(FOR SOS OFFICE USE ONLY)

Alabama  
Sec. Of State

949-038      DLI

Date	10/21/2021
Time	11:00:00
File	\$100.00
County	\$100.00
Exp	\$0.00
	-----
Total	\$200.00

6. THE UNDERSIGNED SPECIFY **10/21/2021 11:00:33** AS THE EFFECTIVE DATE AND THE TIME OF FILING

ATTACHED ARE ANY OTHER MATTERS THE MEMBERS DETERMINE TO INCLUDE HEREIN

7. ORGANIZER(S) - OPTIONAL

<u>Organizer</u>	<u>Office Address</u>	<u>Mailing Address</u>
Legalzoom.com, Inc.	101 N Brand, 11th Fl Glendale, CA 91203	101 N Brand, 11th Fl Glendale, CA 91203
	<u>10/21/2021</u> DATE	<u>Cheyenne Moseley Assistant Secretary</u> ELECTRONIC SIGNATURE & TITLE

John H. Merrill  
Secretary of State

P.O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that**

**pursuant to the provisions of Title 10A, Chapter 1, Article 5, Code of Alabama 1975, and upon an examination of the entity records on file in this office, the following entity name is reserved as available:**

**Uproot, LLC**

**This name reservation is for the exclusive use of Nathan Darnell, 3845 6th Ave S, Birmingham, AL 35222-0000 for a period of one year beginning September 24, 2021 and expiring September 24, 2022**

**In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.**

September 24, 2021

Date

*J. H. Merrill*



RES977567

John H. Merrill

Secretary of State



**COMMERCIAL LEASE**

Revised June 2008 (Previous forms obsolete)

This is a legally binding contract. Seek competent advice prior to execution.

STATE OF ALABAMA

JEFFERSON COUNTY

This Commercial Lease (the "Lease") is made this 12th day of August, 2022, between and among the following:

NAME OF LANDLORD: Merle H Howard

whose address is: 1261 Greystone Park Drive Birmingham AL 35242

(hereinafter called "Landlord"),

and

NAME OF AGENT: Alan Howard

whose address is: 847 Bishops Court Birmingham AL 35242

as agent for Landlord (hereinafter called "Agent"),

and

NAME OF TENANT: Nathan Darnell (Uproot Brewing Co. Uproot, LLC)

whose address is: 3845 6th Ave S Birmingham AL 35222

(hereinafter called "Tenant").

NOW THEREFORE, in consideration of the mutual covenants and agreements contained herein, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto hereby agree as follows:

1. **LEASED PREMISES.**

(a) **Description.** Landlord does hereby demise and let unto Tenant the following described premises located in the City of Birmingham County of JEFFERSON, State of Alabama, to wit:

**DESCRIPTION OF THE LEASED PREMISES:**  
8,000 square foot Office and Warehouse located at 2616 3rd Avenue South Birmingham, AL 35233

existing easements, if any, and the regulatory laws and ordinances of the political subdivision in which the Leased Premises is situated. (the "Leased Premises") subject to all

(b) **Use.** The Leased Premises shall be used by Tenant as Production Brewery, Brew Pub and Cafe and for no other or different use or purpose. Tenant shall not use or occupy the Leased Premises, or permit the Leased Premises to be used or occupied, in violation of any ordinance, law or regulation of any governmental body, or in any manner which would vitiate or increase the premium charged for insurance on the Leased Premises or the building in which it is located, if applicable.

2. **TERM.** The Term of this Lease is for 5 Years (60 Months) (the "Term") beginning on the 1st day of October, 2022 ("Commencement Date") and ending on the 31st day of October, 2027, unless sooner terminated pursuant to the terms and conditions provided for herein.

The Birmingham Association of Realtors® is not engaged in rendering legal, accounting or other professional service. This form is published as a service to real estate professionals and an explanation of its various provisions should be obtained from the appropriate professional. Because of varying state and local laws, competent legal or other advice should be secured before using any form.

This contract is for use by Alan Howard. Use by any other party is illegal and voids the contract. InstantFORMS

# Uproot Brewing Company Safety Plan

## Section 1: Management Commitment to Safety and Health

Uproot Brewing Company strives to have the safest possible place of employment for our employees.

The goals for our Safety Program are to:

- ✓ Develop, implement, and maintain a safe workplace for our employees consistent with all applicable state and federal regulations.
- ✓ Control the costs related to workers' compensation insurance coverage.
- ✓ Consistently improve the safety program to minimize incidents, therefore ensuring our employees' long-term safety and wellness.
- ✓ Have zero incidents and celebrate a great safety record.

The person responsible for implementing and monitoring the Safety Program at this location is Nate Darnell.

A copy of this Safety Program is located here: 2616 3rd Ave S. Birmingham, AL 35233

Owner: Nate Darnell

Date: 09/01/22

## Section 2: Roles and Responsibilities

### Employer Responsibilities

Under the Occupational Safety and Health Act (OSH Act), it is the employer's responsibility to provide employees with a workplace free recognized hazards that may cause illness or serious physical harm and to comply with standards, rules, and regulations issued under the OSH Act.

Management must lead by using a variety of techniques to demonstrate the company's commitment to workplace safety and health.

Managers may demonstrate their commitment in a variety of ways, such as:

- Attending safety meetings.
- Participating in volunteer groups promoting various safety topics.
- Setting an example by following safety rules and regulations.
- Allowing employees free access to tools and equipment necessary to do a job safely.
- Providing employees with training on specific safety issues and equipment.
- Attending employee training programs if appropriate to reinforce employee training.
- Participating in or leading safety and health committees.
- Making presentations on safety and health topics.
- Regularly emphasizing to the community the organization's concern with safety and health.
- Conducting regular inspections.
- Following up after safety incidents with thorough accident investigations, correcting problems and post-accident employee training.
- Recognizing and rewarding employees with the best safety and health suggestions and practices.

The Company will provide the necessary medical examinations for employees as required by OSHA standards to maintain a healthy workforce. All testing results will be kept on file and maintained in accordance with federal rules and regulations relating to safety and privacy.

### Employee Responsibilities

As much as it is Uproot Brewing Company's responsibility to provide a safe work environment for everyone, each employee plays a critical role in the success of the safety program. We ask employees to accept this important responsibility and commit to work in the safest manner possible to ensure their own individual health and wellness for the future. We encourage all employees to communicate freely about safety concerns and offer suggestions to improve safety conditions without the fear of reprisal.

Employee rights are protected under the [OSH Act](#) and the law's [antiretaliation protections](#).

All employees are responsible to comply with all OSHA standards (federal and state) as well as with the company's safety and health rules, including the following:

- Handling equipment and work processes in accordance with established procedures and documented protocols.
- Reporting any unsafe conditions, deficiencies in equipment, or injuries (no matter how minor) to management immediately.
- Complying with all management instructions for safe conduct.



- Attending accident prevention and safety training and instruction, including practice drills.
- Obtaining permission and training before operating machinery or equipment unless part of the employee's regular duties. Employees must be trained/certified prior to using any powered industrial trucks, such as forklifts.
- Following the company's safe working rules and policies at all times.
- Wearing necessary safety and protective equipment at all times in specified work locations.
- Asking for clarification or assistance if unsure about the safety of a particular task and stopping the work immediately until there is clear guidance to proceed.
- Never participating in horseplay, scuffling, and other acts that endanger the safety or well-being of the work team.
- Not reporting to work under the influence of alcohol and/or drugs or being impaired by fatigue, illness, or other causes that may expose the employee or others to injury or unsafe working conditions.
- Lifting heavy objects using proper lifting techniques to prevent injuries.

All employees have the right to access safety records maintained by the Company that document the employee's exposure to hazardous substances and individual medical records relating to evaluations, testing or exposures with certain exceptions.

### Employee Injury and Illness Reporting

All injuries should be reported promptly to the supervisor, manager, or company emergency response team (if available) so that arrangements can be made for medical and/or first-aid treatment.

First-aid materials are located in the storage area; emergency, fire, ambulance, rescue squad, and doctors' telephone numbers are located in the storage area; and fire extinguishers are located in the storage area.

Emergency clinic location: Ascension St Vincent's Birmingham

In case of a fire, accident, or other emergency, employees should gather at this location: Outside corner of 3rd Ave S and 27th St. See your location evacuation maps for more details.

**Report any hazards immediately to your supervisor, manager, or safety committee representative.**

Manager/Supervisor Name: Nate Darnell

Phone Number: 901.647.2043

Email: Nate@uprootbrews.com

After hours/weekends: TBD

## Section 3: Incident Investigation

It is company policy to investigate all injuries and illnesses in order to understand why the incident occurred and how it can be prevented from recurring. It will also serve to continuously improve our processes/procedures to create a safer workplace for all associates.

The procedure for investigating employee incidents is outlined below:

1. **In an emergency situation, remember to dial 911 immediately.**
2. The **immediate supervisor or manager** should report any injury or illness immediately (or when safe to do so) and complete the appropriate paperwork for safety team follow up, human resources actions, and insurance carrier needs. All injuries and illnesses should be reported, no matter how large or small.
3. Use the company Incident Reporting Form or the [OSHA reporting form](#) that includes the employee's report, the supervisor's report, and the investigation report. Document the injury/illness completely while doing a thorough root cause analysis of the incident so that corrective action can be determined to prevent future incidents.
4. Review the incident investigation report with the safety committee and/or management to determine appropriate corrective action, training, or other changes in the safety program in that work area. Any corrective actions should be communicated clearly, with responsibility for follow up tasks assigned to the appropriate person(s), and adjustments made to the job hazard analysis if needed.
5. Part of the safety corrections may include employee coaching and counseling to correct unsafe behaviors, prevent injuries, and improve safety. Follow the company procedure for corrective action and focus on changing behavior instead of punishment. However, in some instances, after consultation with human resources and legal counsel, egregious or willfully negligent behavior may be cause for immediate disciplinary action up to and including termination of employment.

### Injury and Illness Reporting

In the case of serious injuries or fatalities, there are time-sensitive reporting requirements. Any serious injury should be reported as soon as possible in order to comply with OSHA's reporting rules or the company may face severe penalties. The company safety manager or human resources manager will handle OSHA reporting; however, if needed to meet the OSHA deadlines, you can call the OSHA reporting line at 1-800-321-6742, TTY 1-877-889-5627:

- For work-related fatalities, report within eight hours.
- For work-related inpatient hospitalizations, all amputations, and all losses of an eye, report within 24 hours.

## Section 4: Hazard Identification and Assessment

Part of our ongoing commitment to the Safety Program includes hazard identification and assessment. It is our responsibility under the OSHA general duty clause to assess any potential hazards our employees may encounter through the normal course of their workdays. Our company follows the federal OSHA guidelines (listed below) for evaluating potential hazards in the workplace and will review the information as needed to prioritize action items for completion.

OSHA recommends that employers collect, organize, and review information with employees to determine what types of hazards may be present and which employees may be exposed or potentially exposed. Information available in the workplace may include:

- Equipment and machinery operating manuals.
- Safety data sheets (SDS) provided by chemical manufacturers.
- Self-inspection reports and inspection reports from insurance carriers, government agencies, and consultants. **Note:** Include the frequency your company conducts self-inspections with the documented reports. Frequency may vary and could be daily, weekly, monthly, or at other intervals depending upon the environment.
- Records of previous injuries and illnesses, such as OSHA 300 and 301 logs and reports of incident investigations.
- Workers' compensation records and reports.
- Patterns/trends of frequently occurring injuries and illnesses.
- Exposure monitoring results, industrial hygiene assessments, and medical records (appropriately redacted to ensure patient/worker privacy).
- Existing safety and health programs, such as lockout/tagout, confined spaces, process safety management, personal protective equipment, and others. See list of programs below.
- Input from workers, including surveys or minutes from safety and health committee meetings. Documenting that input and including copies of your safety suggestion and hazard correction forms is a best practice.
- Results of job hazard analyses, also known as job safety analyses.

Information about hazards may be available from outside sources, such as:

- OSHA, National Institute for Occupational Safety and Health (NIOSH), and Centers for Disease Control and Prevention (CDC) websites, publications, and alerts.
- Trade associations.
- Labor unions, state and local occupational safety and health committees/coalitions, and worker advocacy groups.
- Safety and health consultants.

## Job Hazard Analysis

A job hazard analysis will be conducted as needed and will outline the steps and tasks of a job and any controls that are in place to avoid the potential hazard(s). They may also be used to build, update, and maintain the safety training and education program. Company safety representatives should identify the work process, list the steps used in performing the process, identify the possible hazards within each of those steps, and then develop an action plan for the correction of any hazards, prioritizing the list with the most critical items first.

### Job Hazard Analysis for (List Job or Work Process)

Date of evaluation: \_\_\_\_\_

Steps to perform the job/work process	Description of the hazards in each step	Action plan for hazard control	Degree of importance (Low, Med, High)	Other comments
Step 1				
Step 2				
Step 3				

Job hazard analyses will be updated at the following times:

- When occupational injuries and illnesses occur that may warrant a review.
- When new substances, processes, procedures, or equipment are introduced into the workplace that may be hazardous.
- When new or previously unidentified hazards are recognized.
- When employees provide feedback/suggestions that will lead to safety improvements.

## Personal Protective Equipment, Tools, and Hazard Communications

All personal protective equipment (PPE) and tools to safely perform the work will be provided to employees and properly maintained in accordance with manufacturer guidelines.

All employees will be trained on the personal protective equipment that is required to do their jobs effectively. The Company will review any employee feedback on the use of this equipment and potential improvements that can be made.

Copies of the Company's Hazard Communication Program and other information will be kept on file in the appropriate departments for employees to review any time. The SDS/chemical "right-to-know locations" are located here: Storage Area.

## Section 5: Hazard Prevention and Control

Regular inspections and surveys, along with employee reports/feedback, allow us to keep hazard information current. With hazards continuously identified, they can be controlled or prevented using the following standard methods:

- **Safe Work Practices.** Implementation of special workplace rules may be necessary to continue to protect employees from hazards. Such special rules include specific procedures regarding the use of potentially hazardous equipment or materials, identification of safe acts or behaviors, lockout/tagout procedures, requirements for personal protective devices, and good housekeeping practices. The supervisor or safety representative will make sure that these special safety and health rules are written, posted, and discussed with affected employees.
- **Engineering Controls.** The Company strives to ensure the work environment and the job itself are designed to **eliminate or reduce** employee exposure to hazards. This can be done by completely removing the hazard from facilities, equipment, or processes through design whenever possible. When hazards cannot be eliminated or replaced with less-hazardous alternatives, they may be enclosed. For example, moving parts of machinery or heat-producing processes may be enclosed with special materials. Finally, if hazards cannot be removed or enclosed, barriers will be put between employees and the hazards in the form of machine guards, ventilation hoods, or isolation of a process. These engineering controls will be regularly reviewed with affected employees.
- **Training.** Employees are taught to identify and avoid hazards during orientation as well as ongoing safety training based on their position within the company and any potential hazards they may encounter during the course of their job. Managers and safety representatives will highlight safe work procedures and recognizing employees or groups of employees through our “catch me at my best” program, which demonstrates and enforces positive safety behaviors. Examples of these types of best safety practices include rewards for employees who are lifting properly, wearing the proper safety equipment, or making suggestions that are implemented and/or improve safety.
- **Enforcement.** Safe work practices are a condition of employment and any violation of workplace safety and health rules will be cause for corrective action, discipline, or termination of employment based on the seriousness of the violation. Enforcement will be based on letting employees know what is expected of them regarding workplace safety and health and giving them a chance to correct their own behavior.
- **Personal Protective Equipment.** Engineering controls and safe work practices may not completely eliminate hazards. Personal protective equipment — such as face shields, steel-toed boots, safety glasses, or hardhats — may be required, and will be provided at no cost to the employees. Employees will be trained in the need for and proper use of such equipment and the limitations of this equipment will be made clear to all employees.
- **Administrative Controls.** Administrative controls such as lengthened rest breaks, additional relief workers, exercise breaks to various body motions, and rotation of workers through different jobs to reduce exposure to hazards may also be employed to help with the continuing control of

hazards. Administrative controls should be used in conjunction with other controls that work to eliminate hazards and control exposure more directly.

- **Preventive Maintenance.** Preventive maintenance is designed to eliminate possible equipment problems and plays a major role in ensuring that hazard controls continue to function effectively and that equipment malfunctions do not cause additional hazards. Our preventive maintenance is continuous and performed in accordance with manufacturer's recommendations. Records of all maintenance performed will be maintained by the appropriate designated safety personnel in their respective departments and kept on file in **(list location)**, either by a computerized system or simply by dating the posted work schedule.

## Section 6: Communication

Communication on safety issues is vital for the success of the program. Here are some of the ways the Company communicates with employees:

- Review of the safety program upon hiring or during onboarding orientation.
- Training topics covered in classroom or tailgate talks/standup meetings.
- Posters/signage/distributed content for compliance with all applicable state and federal regulations as well as company-specific exposures.
- Safety meetings are held at least every year on January 31st. The meetings may take place at different intervals if the occurrence of injuries and/or illnesses prompts immediate action. Copies of the safety meeting minutes are reviewed with follow up action planning.
- If applicable, include other means used to ensure safety communications with employees.

The Company has instituted a procedure to communicate any hazards or safety issues without the fear of reprisal (anonymously if needed). In addition to communicating safety concerns with management or safety committee representatives directly, employees may submit their concerns through (list the types of communications methods you make available to your employees, such as the following:

- Safety suggestion boxes (include a list of locations).
- Telephone "care line."
- Online safety site on the Internet.
- Third-party hotline.)

## Section 7: Training and Education Programs

Initial and ongoing safety training and education is necessary to ensure the safety of our employees. Our safety orientation is the backbone of our program and introduces new employees to our culture and commitment to safety. Ongoing training will also be conducted based on the employee department/position and any requirements, such as personal protective equipment, controls, and medical testing, etc.

The purpose of our training program is to provide employees with:

- Knowledge and skills needed to do their work safely and avoid creating hazards that could place themselves or others at risk.
- Provide awareness and understanding of workplace hazards and how to identify, report, and control them.
- Specialized training, when their work involves unique hazards.

Safety training will be provided for employees:

- During new hire onboarding.
- When beginning new job assignments.
- When cross training on new types of machinery/equipment.
- When new substances, processes, procedures, or equipment are introduced to the workplace and represent a new hazard.
- Periodically, in the form of refresher training (this may be following a near miss or incident, which can be required).

Depending upon the topic, the training may be conducted with one of the following methods:

- Tailgate talks.
- Classroom training.
- Peer to peer training/shadowing.
- Online training.
- Coaching/counseling.
- Safety observations/evaluations.



## Section 8: Program Evaluation and Improvement

The main goal of our safety program evaluation is to ensure that the Company is providing a safe workplace to meet and exceed our safety goals while continuously improving our safety culture. At regular intervals annually, we will review the safety program or individual programs with those goals in mind and to remain compliant with all applicable regulations/laws.

The evaluation may also:

- Verify that the core elements of the program have been fully implemented.
- Involve employees in some aspects of program evaluation, including reviewing information (such as incident reports and exposure monitoring results), establishing and tracking performance indicators, and identifying opportunities to improve the program.
- Ensure that the following key processes are in place and operating as intended:
  - Reporting injuries, illnesses, incidents, hazards, and concerns.
  - Conducting workplace inspections and incident investigations.
  - Tracking progress in controlling identified hazards and ensuring that hazard control measures remain effective and is completed promptly.
  - Collecting and reporting any data needed to monitor progress and performance.
- Review the results of any compliance audits to confirm that any program shortcomings are being identified and that actions are being taken that will prevent recurrence.
- Review and update plans/processes based on the company's loss history.

The person tasked with the overall responsibility to evaluate the Company's safety program and processes is:

Name: Nate Darnell

Contact Information: Nate@uprootbrews.com

## Section 9: Recordkeeping

The Company is responsible for maintaining records of all applicable safety-related programs. The records will be kept on file in the office by Nate Darnell.

The OSHA Form 300 log of work-related injuries and illnesses will be posted annually in the areas where other notices are posted from February 1 through April 30.

## Employee Acknowledgment Form

**SAFETY PROGRAM RESPONSIBILITIES:** I have received and read the Company's safety rules and understand that I must abide by these rules at all times. I have been given a copy of these safety rules and instructed to refer to them on a regular basis. Whenever I see an unsafe work condition, I must report it immediately to my supervisor, safety committee representative, or management.

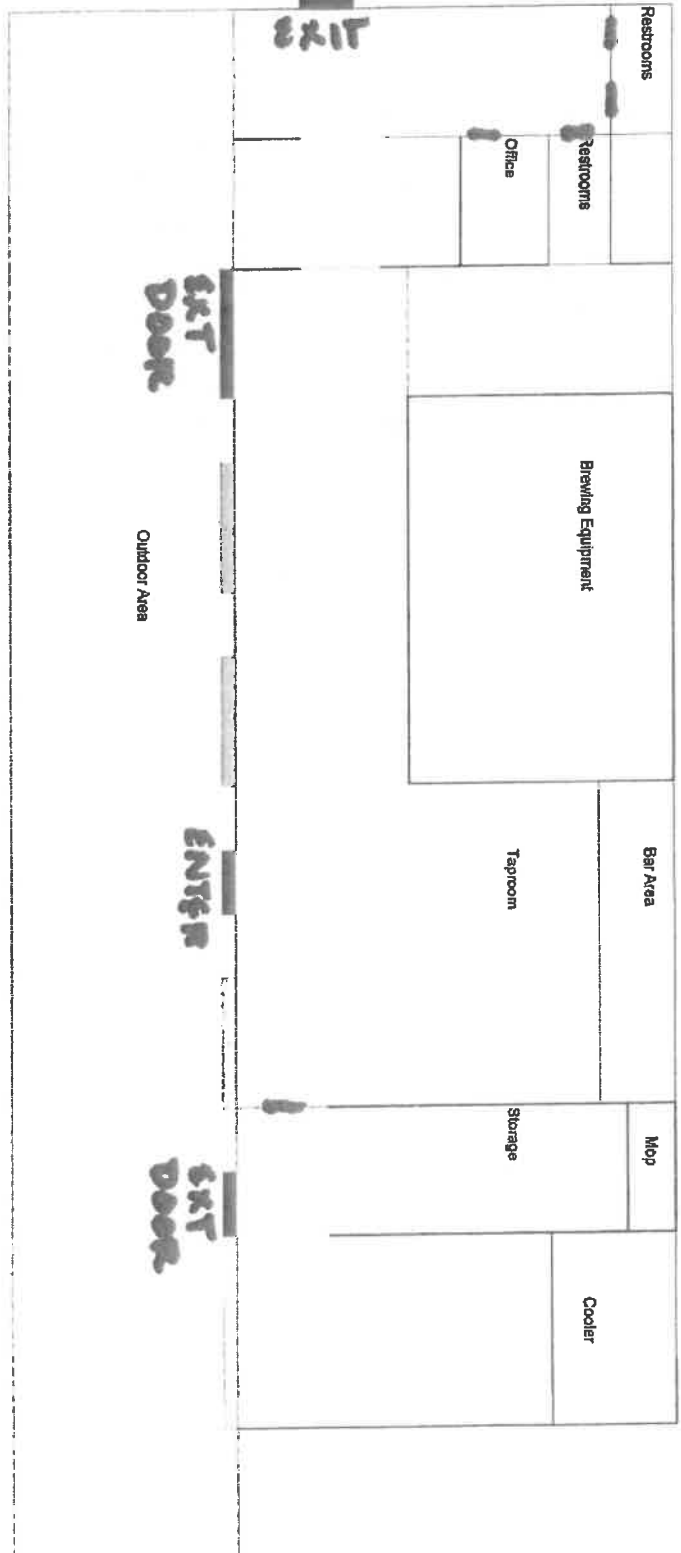
**REPORTING ACCIDENTS AND UNSAFE CONDITIONS:** I have been informed and fully understand that it is my responsibility to report all work-related incidents of injuries or accidents, both my own and other employee incidents, at the time of the incident. I also understand that it is my responsibility to notify my supervisor, safety committee representative, or management of any unsafe working conditions immediately so that the potential hazards can be assessed and corrected.

Employee Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

3rd Ave S.

SideWalk



**PARCEL ID:** 012300312035004000

**SOURCE:** TAX ASSESSOR RECORDS      **TAX YEAR:** 2021

**DATE:** Wednesday, September 7, 2022 10:29:54 AM

**OWNER:** HOWARD MERLE H

**ADDRESS:** 1261 GREYSTONE PARC DR

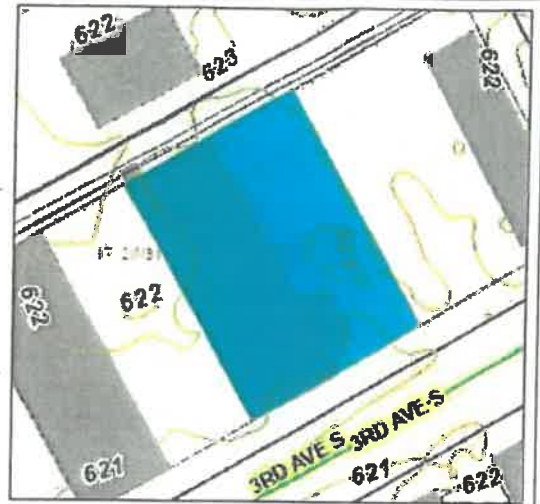
**CITY/STATE:** BIRMINGHAM AL

**ZIP+4:** 35242--7285

**SITE ADDR:** 2616 3RD AVE S - N/S Stg

**CITY/STATE:** BHAM, AL

**ZIP:** 35233



**LAND:** \$308,000.00

**BLDG:** \$200,500.00

**OTHER:** \$0.00

**AREA:** 14,235.43

**ACRES:** 0.33

**SUBDIVISION INFORMATION:**

**NAME** BIRMINGHAM BLOCKS

**BLOCK:** 198

**LOT:** 16

**Land Slide Zones:** Not in Land Slide Zones  
**Historic Districts:** Not in Historic Districts  
**Commercial Revitalization District:** Lakeview  
**Fire District:** Not in Fire District  
**Flood Zones:** Not in Flood Zones  
**Tax Increment Financing District:** Not in Tax Increment Financing District  
**Neighborhoods:** Southside (1703)  
**Communities:** Southside (17)  
**Council Districts:** District - 5 (Councilor: Darrell O'Quinn)  
**Zoning Outline:** M1  
**Demolition Quadrants:** DEM Quadrant - 3  
**Impaired Watersheds:** Not in Impaired Watersheds  
**Tax Delinquent Property:** Not in Tax Delinquent Property  
**EPA Superfund:** Not in EPA Superfund  
**Opportunity Zones:** In Opportunity Zones  
**Judicial Boundaries:** {JURISDICTION}

Parcel mapping and description information is obtained from the Jefferson County Tax Assessor's Office. This site does not provide real-time information and may contain errors. All data should be verified with the official source. The City of Birmingham makes no warranty as to the accuracy of the data and assumes no responsibility for any errors. Data from the Tax Assessor's Office may not be available for all parcels.



# Neighborhood Voting Form: Liquor Applications

Date:

8/11/22

Application Type: New Application – Restaurant Retail Liquor – Type 020

Subject: Applicant's Entity Name Carters Hookah Lounge and Grill Inc

Business Name ~~Carters Hookah Lounge and Grill~~ Carters Grill

Business Address ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~ 512 Reverend Abraham Woods Jr Blvd N

### Type of License/Permit Applying For:

- |   |  |
|---|--|
| <input type="checkbox"/> Lounge Retail Liquor Class I           | <input type="checkbox"/> Lounge Retail Liquor Class II (Package Store) |
| <input type="checkbox"/> Club Liquor Class I                    | <input type="checkbox"/> Club Liquor Class II (Private)                |
| <input type="checkbox"/> Beer Off Premise                       | <input type="checkbox"/> Beer On & Off Premise                         |
| <input type="checkbox"/> Wine Off Premise                       | <input type="checkbox"/> Wine On & Off Premise                         |
| <input checked="" type="checkbox"/> Restaurant Retail Liquor    | <input type="checkbox"/> Special Retail License (over 30 days)         |
| <input type="checkbox"/> Special Retail License (under 30 days) | <input type="checkbox"/> Pool Table Permit                             |
| <input type="checkbox"/> Division I Dance Permit (customers)    | <input type="checkbox"/> Division II Dance Permit                      |

The Smithfield Neighborhood Association met on 8-12-22 and voted about the above-named license application. The concerns of the Neighborhood regarding the granting of this license are indicated as follows: (Please check one)

14 Attendance    0 Oppose    14 Support    \_\_\_\_\_ No Recommendation

Reason for Opposition \_\_\_\_\_

Applicant:  attended NA meeting     did not attend NA meeting

Patricia Davis  
President/Officer

**Neighborhood Officers: (Please return this form to the of attention Latonya Tate /Public Safety; City of Birmingham; 710 North 20<sup>th</sup> Street, Birmingham, AL 35203; City Council Chambers; 3<sup>rd</sup> Floor)**  
Failure to attend the neighborhood meeting may result in a delay in the liquor process.





**New Application: Restaurant Retail Liquor – Type 020**

The following applicant has applied to the City of Birmingham for an alcohol, dance or pool table license:

Name of Applicant: Carters Hookah Lounge and Grill Inc

Mailing Address: 801 61<sup>st</sup> St W  
Birmingham, AL 35228

Trade Name: Carters Grill

Location Address: 512 Reverend Abraham Woods Jr Blvd N

Contact Number: (205)492-7424

Contact Person:  
Kordelle Carter

New Application

Transfer

**Type of License**

- |   |  |
|---|--|
| <input type="checkbox"/> Lounge Retail Liquor Class I                 | <input type="checkbox"/> Lounge Retail Liquor Class II (Package Store) |
| <input type="checkbox"/> Club Liquor Class I (Fraternal)              | <input type="checkbox"/> Club Liquor Class II (Private)                |
| <input type="checkbox"/> Beer Off Premise                             | <input type="checkbox"/> Beer On & Off Premise                         |
| <input type="checkbox"/> Wine Off Premise                             | <input type="checkbox"/> Wine On & Off Premise                         |
| <input checked="" type="checkbox"/> Restaurant Retail Liquor          | <input type="checkbox"/> Special Retail Liquor (7 days or less)        |
| <input type="checkbox"/> Special Retail Liquor (over 30 days)         | <input type="checkbox"/> Special Retail Liquor (under 30 days)         |
| <input type="checkbox"/> Division I Dance Permit (customer)           | <input type="checkbox"/> Division II Dance Permit (entertainers)       |
| <input type="checkbox"/> Pool Table Permit (send copy of application) |  |

Kitchen equipped: yes  no

Number of table and chairs 12TBS/50CHS

Date Applied: 8/15/22

Revenue Examiner: GS

Copy: Fire Prevention  
Health Department  
Community Development  
Operation New Birmingham  
Melanie Genkin (pool tables)  
Katrina Thomas (PEP)

**City of Birmingham  
Application for  
Alcoholic Beverage License**

**New Application**   
**Transfer**

**RESTAURANT RETAIL LIQUOR-TYPE 020**

**By: GS**

(Enter Type of License Applied For)

(Revenue Official)

1. Name of Applicant (s) Carters Hookah Lounge and Grill Inc  
(Indicate whether Individual, Partnership, Corporation, LLC, LLP, etc)
2. Name and address of individual applicant or all partners and members if partnership or assoc., or all officers and directors, if corporation  
(Attach separate sheet if necessary)

Social Security Number Drivers License Number Name of Owner, Officer or Partner	Title	Date of Birth Place of Birth	Present Residence Address	Length of Residence at Place Named
██████████ ALDL# ██████████ Kordelle Gabrielle Carter	President	██████████ Birmingham, AL	801 61 <sup>st</sup> St W Birmingham, AL 35228	21 years

Note: If a corporation, LLC or LLP, give place and date of incorporation or issuance of certificate of authority to do business in Alabama:

Book 001-019 Page: 1 of 3 Date: 5/13/2022 County: Jefferson  
861

Foreign Corporation: certificate of Authority Date:  (get copy of original papers)

3. Trade Name Carters Grill
- 4(a) Location 512 Reverend Abraham Woods Jr Blvd N  
Exact Street Number, or if on Highway, give details as to Location  
Birmingham, Alabama Zip Code 35204 County  Jefferson  Shelby
- (b) Length of time at this location \_\_\_\_\_
- (c) Mailing Address: **801 61<sup>st</sup> St W Birmingham, AL 35228**
- (d) Business Phone \_\_\_\_\_ Fax: \_\_\_\_\_ Other Contact: **(205)492-7424**
5. Name, trade name and License number of last or previous licensee: **Yolanda D Motley**  
Trade name Golden Bird Restaurant Year 2018 Type 150I 150M Taxpayer ID 178300
- 6 (a) Owner of real estate for which license is desired Curtis & Juanita Motley  
1300 24<sup>th</sup> Ave N Birmingham, AL 35204  
Address \_\_\_\_\_
- (b) Give a full description of the premises for which a license is desired: New Construction  Existing Structure   
Description  1 Story Bldg
- (c) Is establishment equipped with tables and chairs? Yes  No  If "Yes", how many? **12TBS/50CHS**
7. Has a liquor, malt or brewed beverage license for premises ever been denied, suspended or revoked?  Yes  No  
If "Yes", explain fully \_\_\_\_\_
- 8 (a) Pool Tables? Yes  No  Coin Operated? Yes  No  Standard Provider:  
(b) Video Games? Yes  No  Juke Box or Slot Musical Equipment? Yes  No   
(c) Vending Machines (Snacks/Sodas)? Yes  No  Cigarettes or Tobacco Products? Yes  No  Other?
- 9 (a) Will you allow dancing? Yes  No  If "Yes": Customer/Patron?  Div I Exhibition/Performance?  Div II

- (b) Independent Contract Employees (Disc Jockey, Band, Bartenders, Servers)? Yes  No
- 10 (a) Are these premises kitchen equipped? Yes  No  Not Applicable
- (b) Is kitchen apart from but convenient to the dining room? Yes  No
- (c) Is place of business habitually and principally used for providing food to the public? Yes  No
- (d) If not kitchen equipped, is any type of food served? Yes  No  If "Yes", explain \_\_\_\_\_
- (e) Are these premises equipped for on premises consumption of liquor? Yes  No
- (f) Will this business be operating primarily as a package store? Yes  No
- (g) Seating Capacity: \_\_\_\_\_
- (h) For a SPECIAL RETAIL LICENSE, less than thirty (30) days: Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_
- (i) For a SPECIAL RETAIL LICENSE, more than thirty (30) days: Starting Date \_\_\_\_\_ Ending Dec. 31, \_\_\_\_\_
- (j) For a SPECIAL EVENTS RETAIL LICENSE, not to exceed seven (7) days: Starting \_\_\_\_\_ Ending \_\_\_\_\_  
**(Note: Application must be filed 120 days in advance of event for which license is applied for)**
- (k) Event Sponsor \_\_\_\_\_ Phone Number \_\_\_\_\_
- (1) Sponsor Letter of Designation? Yes  No
- (2) Multi-Vendor Sponsorship? Yes  No
- (3) Street Closing Required? Yes  No
- (4) Park Board Permission? Yes  No

- 11 (a) Does the club charge and collect dues from elected members? Yes  No
- (b) How many paid-up members are there in the club? \_\_\_\_\_
- (c) Are regular meetings held? Yes  No  If so, when? \_\_\_\_\_
- (d) Is business conducted through officers regularly elected? Yes  No
- (e) Are members admitted by written application, investigation, and ballot? Yes  No
- (f) For what purpose is the club organized and operated? Social  Patriotic  Political  Athletic  Other

12. List below the court records for law violations in the last ten (10) years, if any, of each person interested in this application, including the manager, whether as sole applicant, partner, officer, member, or landlord. (Do not include traffic violations, except D.U.I. and reckless driving. If no record, state "None".)

Name	Violation Charged	Name of Court	Date	Disposition of Case
<i>NO-Applicant</i>				

Applicant for the Alcoholic Beverage license requested by the aforementioned applicant hereby swears or affirms that he or she has read said application and that all the statements therein and the facts set forth therein are true and correct, and that the applicant is the only person interested in the business for which said license is requested.

Sworn and subscribed before me this 11<sup>th</sup> day of August, 2022

*[Signature]*  
 Signature of Applicant

*[Signature]*  
 Signature of Revenue Official

**This application will not be processed until all fees due at the time of application are paid and receipts are on file.**

**Stanley, Gregory L.**

---

**From:** Precise Business <support@precisebusinessstax.com>  
**Sent:** Wednesday, August 24, 2022 10:59 AM  
**To:** Stanley, Gregory L.  
**Subject:** Carters Hookah & Grill

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hello Greg,

I wanted to add the dba to the company to Carters Grill if possible.

Thank you.

For Zoning Purposes:  
Restaurant Retail Liquor

TAXPAYER IDENTIFICATION NUMBER  
(City Office Use Only)

CITY OF BIRMINGHAM  
APPLICATION FOR TAX CERTIFICATE

The information that you provide in this application is protected by the confidentiality provisions outlined in Ordinance No. 97-183, "The Business License Code of the City of Birmingham", Article II, Section 14. Please type or print. This application should be completed fully to avoid delays in processing.

Section 1 - WHAT WOULD YOU LIKE TO DO?

- Register a new business (Please complete all sections)  
 Add a New Location or Tax Type to your current registration (Please complete Sections 2, 3, 5-10, 12, 13, and 14)  
 Change Business Ownership of your current registration (Please complete all sections)  
 Change the Mailing Address only for your current registration (Please complete Sections 2, 8-10, 12, 13 and 14)  
 Change the Location Address of your current registration (Please complete Sections 2, 3, 5-13, and 14)  
 Change in Corporate Officers, Members, or Partners (Please complete Sections 2, 5, 7-9,, 11-13, and 14)  
 Provide a general "update" of your current registration information (Please complete all sections)

Section 2 - LEGAL NAME AND MAILING ADDRESS to which tax forms are to be sent:

(Note: If mailing address is a post office box, the street address of the business must also be indicated.)

Full Legal Name: Carters Hookah Lounge and Grill Inc  
Attention: \_\_\_\_\_  
Address: 801 61<sup>st</sup> St W  
City: Birmingham State: AL Zip Code: 35228  
Area Code and Phone Number: (205) 492-7424  
Area Code and Fax Number: \_\_\_\_\_  
Name of Contact Person: Kordelle Carter  
E-Mail: support@precisebusinesstax.com Website Address: \_\_\_\_\_

Section 3 - TRADE NAME AND LOCATION ADDRESS of office in Birmingham. If you are registering more than one location, please see reverse side of this form. (Important Note: All business locations are subject to zoning approval.)

Please select:  Commercial Establishment  Private Residence  No Physical Birmingham Location

Trade Name (d/b/a): Carters <sup>LS</sup> Hookah Lounge and Grill  
Attention: \_\_\_\_\_  
Address: 512 Reverend Abraham Woods Jr Blvd N  
City: Birmingham State: AL Zip: 35228  
Area Code and Phone Number of Business Location: \_\_\_\_\_  
Area Code and Fax Number of Business Location: \_\_\_\_\_  
Name of Contact Person at Business Location: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Website Address: \_\_\_\_\_

Section 4 - CHANGE OF OWNERSHIP resulting from merger, purchase or acquisition of an existing business.  
If applicable, this section MUST be completed.

Former Owner: \_\_\_\_\_  
Trade Name (d/b/a) \_\_\_\_\_  
Mailing Address of Former Owner \_\_\_\_\_  
Address (es) of Former Location(s) \_\_\_\_\_  
Area Code and Phone Number of Former Owner: \_\_\_\_\_

B2 - Liquor license must be approved by city council  
JBM 8-15-22

**Section 5 - TYPE OF OWNERSHIP**

Please indicate the form of organization. NOTE: Please refer to the accompanying "General Information for Preparing an Application for Tax Certificate Form" instruction sheet for a listing of supplemental documentation to be included with this application.

1. Alabama Corporation (Incorporated in Alabama)       1. Foreign Corporation (Incorporated in another state)
2. Partnership (two or more owners)
3. Sole Proprietor (one owner)
4. Unincorporated Association (i.e., PA)
5. Other \_\_\_\_\_
6. Limited Liability Partnership (LLP)
7. Limited Liability Company (LLC)

**Section 6 - TYPE OF BUSINESS**

Please indicate the principal business activity category.

1. Manufacturer
2. Contractor (Please Specify) \_\_\_\_\_
3. Wholesaler
4. Retailer
5. Other (Please Specify) \_\_\_\_\_
6. Food/Eating Establishment
7. Day Care Center
8. Home Occupation/Home Office  
(Please Specify the type of occupation or office) \_\_\_\_\_
9. State Certified, State Regulated, or State Licensed Occupations, (Please Specify) \_\_\_\_\_
10. Transient Vendors/Special Events:  
Date(s) of the Event \_\_\_\_\_  
Event Location \_\_\_\_\_

**Section 7 - PRINCIPAL BUSINESS ACTIVITY AND PRODUCT**

You should indicate the one business activity that accounts for the largest percentage of gross income. State the broad field of business activity as well as the product or service. For example-Activity: Wholesale Sales / Product: Pharmaceuticals OR Activity: Manufacturing / Product: Automobiles. Note: This information should be the same information as required by the Internal Revenue Service on Schedule c of Form 1040 for Sole Proprietorships.

Activity: Restaurant/Bar      Product: Alcohol/Food/Hookah/Div I Dance

**Section 8 - FEDERAL TAX ID NUMBER / NUMBER OF EMPLOYEES**

Enter Federal Identification Number (REQUIRED) and the number of employees that will be working in Birmingham.

Federal ID Tax Number 88-2297023      Number of Employees in Birmingham (Required) \_\_\_\_\_

**Section 9 - COMMENCEMENT OF BUSINESS ACTIVITY**

Enter Date Business Activity Will Begin in Birmingham:    Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
Enter Date City of Birmingham Taxpayer ID Applied For:    Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Section 10 - Tax Liabilities** Check the taxes for which you are liable.

- Sales Tax      TAX IDENTIFICATION NUMBERS NOW ASSIGNED TO YOU: (Write "None" if no number assigned)
- Sellers Use Tax      State of Alabama Sales Tax Number \_\_\_\_\_
- Consumers Use Tax      State of Alabama Sellers Use Tax Number \_\_\_\_\_
- Lease Tax      State of Alabama Consumers Use Tax Number \_\_\_\_\_
- Occupational Tax- Employers      State of Alabama Lease Tax Number \_\_\_\_\_
- Lodgings Tax      State of Alabama Lodgings Tax Number \_\_\_\_\_
- Business License Tax      State of Alabama Unemployment Tax Number \_\_\_\_\_

If you have more than one business location, it is assumed that you will file consolidated returns for each of the taxes for which you may be liable, including sales, use, lease, occupational, and lodgings taxes. Each separate business location requires a separate business license.

Section 11 – OWNER, PARTNERS, MEMBERS, OR CORPORATE OFFICERS  
This information REQUIRED. (Attach additional sheets if necessary.)

NAME	TITLE	SOCIAL SECURITY NUMBER
Carter, Kordelle	President	419-49-8121

Section 12 – CORPORATE RESIDENT AGENT OR LOCAL MANAGER

Name: \_\_\_\_\_  
Address of Residence: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Area Code and Phone Number of Residence: \_\_\_\_\_

Section 13– STATEMENT OF ACKNOWLEDGEMENT AND ACCEPTANCE OF CONDITIONS –Please read carefully, then sign.

I declare, under the penalty of making a false declaration, that I am authorized to complete this form and to the best of my knowledge and belief all questions answered are true, correct, and complete statements, made in good faith. I understand and agree that the granting of this license requires my compliance with all applicable City of Birmingham Tax Code provisions, and state laws, as well as with all conditions set forth in any and all applicable City of Birmingham Laws, Ordinances, Rules and Regulations, and that any failure or refusal to comply with said laws, ordinances, rules and regulations may result in the revocation of any license issued pursuant to this application. I also understand that disclosure of any false or misleading information will result in automatic denial of any license issued pursuant to this application, or in the revocation of the license if such has already been issued. I understand that it is unlawful for any person to commence or engage in any business, vocation, occupation or profession, who is not otherwise exempt therefrom under the provisions of the City of Birmingham Business License Tax Code (Ordinance No. 97-183), without first having procured a license therefore, and that it is unlawful for any person to continue in any business, vocation, occupation, or profession after the expiration of a license previously issued without obtaining a new license. I further understand that it is unlawful for any person to engage in or continue in any business, vocation, occupation, or profession at any location within the corporate limits of the City of Birmingham without approval from the City of Birmingham Department of Planning, Engineering, and Permits (Zoning Division).

Signed:

 8/11/22  
Signature of Person Completing This Application Date

Amber B. Gruye 205-503-2773  
Print the Name of the Person Completing This Application Phone Number of Person Completing Application

CITY OFFICE USE ONLY - Location

ZONING APPROVAL AND COMMENTS:

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HOME OCCUPATION CERTIFICATE EXECUTED  
 YES  NO  NOT APPLICABLE

SIC OR NAICS \_\_\_\_\_  
BLIC \_\_\_\_\_  
TERRITORY \_\_\_\_\_  
ANNEX \_\_\_\_\_  
HEALTH DEPT PERMIT \_\_\_\_\_  
OTHER REQUIRED PERMIT \_\_\_\_\_  
ARTICLES OF INCORPORATION \_\_\_\_\_  
CERTIFICATE OF AUTHORITY \_\_\_\_\_  
TAX FORMS ORDERED  NBL ORDERED

SECTION 14 – ADDITIONAL TAXABLE LOCATIONS

Trade Name and Location Address of office in Birmingham. If you are registering more than one location, please use this section. Attach additional sheets if necessary. **(Important Note: All business locations are subject to zoning approval.)**

Location

Please select:  Commercial Establishment  Private Residence  No Physical Birmingham Location

Trade Name (d/b/a): \_\_\_\_\_  
 Attention: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Area Code and Phone Number of Business Location: \_\_\_\_\_  
 Area Code and Fax Number of Business Location: \_\_\_\_\_  
 Name of Contact Person at Business Location: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Website Address: \_\_\_\_\_

CITY OFFICE USE ONLY - Location

ZONING APPROVAL AND COMMENTS:
HOME OCCUPATION CERTIFICATE EXECUTED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE

SIC OR NAICS	_____
BLIC	_____
TERRITORY	_____
ANNEX	_____
HEALTH DEPT PERMIT	_____
OTHER REQUIRED PERMIT	_____
ARTICLES OF INCORPORATION	_____
CERTIFICATE OF AUTHORITY	_____
TAX FORMS ORDERED <input type="checkbox"/>	NBL ORDERED <input type="checkbox"/>

Trade Name and Location Address of office in Birmingham. If you are registering more than one location, please use this section. Attach additional sheets if necessary. **(Important Note: All business locations are subject to zoning approval.)**

Location

Please select:  Commercial Establishment  Private Residence  No Physical Birmingham Location

Trade Name (d/b/a): \_\_\_\_\_  
 Attention: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Area Code and Phone Number of Business Location: \_\_\_\_\_  
 Area Code and Fax Number of Business Location: \_\_\_\_\_  
 Name of Contact Person at Business Location: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Website Address: \_\_\_\_\_

CITY OFFICE USE ONLY - Location

ZONING APPROVAL AND COMMENTS:
HOME OCCUPATION CERTIFICATE EXECUTED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE

SIC OR NAICS	_____
BLIC	_____
TERRITORY	_____
ANNEX	_____
HEALTH DEPT PERMIT	_____
OTHER REQUIRED PERMIT	_____
ARTICLES OF INCORPORATION	_____
CERTIFICATE OF AUTHORITY	_____
TAX FORMS ORDERED <input type="checkbox"/>	NBL ORDERED <input type="checkbox"/>



DRIVER LICENSE

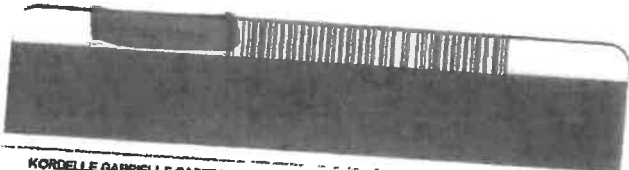
ALABAMA



D.O.B. [REDACTED] SEX [REDACTED]  
KORDELLE GABRIELLE  
CARTER  
801 6157 ST W  
BIRMINGHAM AL 35228 1007  
SEX [REDACTED] HT 5-02 WT 108 EYES BRO HAIR BRO

Secretary Hal Taylor  
Secretary of Law Enforcement

*Kordele Carter*



**KORDELE GABRIELLE CARTER**  
**CLASS: D-Regular Operators License**

6

**ENDORSEMENTS:**  
**RESTRICTIONS:**



Phone number (205) 492-7424  
The address is on the drivers license below

SSN [REDACTED]

Owners Name Kordelle Gabrielle Carter

**DOMESTIC BUSINESS CORPORATION  
CERTIFICATE OF INCORPORATION**

**PURPOSE:** In order to form a Business Corporation under Sections 10A-1-3.05 and 10A-2A-2.02 of the *Code of Alabama 1975*, this Certificate of Incorporation and the appropriate filing fee must be filed with the Office of the Secretary of State. The information required in this form is required by Title 10A.

1. The name of the corporation (must contain the word "Corporation" or "Incorporated," or the abbreviation of one of those words, and comply with *Code of Alabama* Section 10A-1-5.04):

Carters Hookah Lounge And Grill Inc

2. A copy of the Name Reservation Certificate from the Office of the Secretary of State must be attached.

3. Street (No PO Boxes) address of principal office of the corporation:

512 8th Avenue North Birmingham, AL 35204

Mailing address of principal office (if different from street address):

4. The name of the registered agent (only one agent): TaxSmith Tax Services LLC

Street (No PO Boxes) address of registered office (must be located in Alabama):

1913 4th Avenue North Bessemer, AL 35020

\*COUNTY of above address: JEFFERSON

Mailing address in Alabama of registered office (if different from street address):

(For SOS Office Use Only)

Alabama  
Sec. Of State  
001-019-861 D/C  
Date 05/13/2022  
Time 14:21:00  
File \$100.00  
County \$100.00  
-----  
Total \$200.00

**DOMESTIC BUSINESS CORPORATION CERTIFICATE OF INCORPORATION**

5. Purpose for which corporation is formed: \_\_\_\_\_

Opening new business

the purpose includes the transaction of any lawful business for which corporations may be incorporated in Alabama under Title 10A, Chapter 2A of the Code of Alabama.

6. Amount of stock the corporation is authorized to issue: 100 Par Value \_\_\_\_\_ (optional)

7. Period of duration shall be perpetual unless stated otherwise by an attached exhibit.

8. The name(s) of the Incorporator(s): See attached

Street **(No PO Boxes)** address of Incorporator(s): \_\_\_\_\_

Mailing address of Incorporator(s) – (if different from street address): \_\_\_\_\_

The name(s) of the Incorporator(s): \_\_\_\_\_

Street **(No PO Boxes)** address of Incorporator(s): \_\_\_\_\_

Mailing address of Incorporator(s) – (if different from street address): \_\_\_\_\_

The name(s) of the Incorporator(s): \_\_\_\_\_

Street **(No PO Boxes)** address of Incorporator(s): \_\_\_\_\_

Mailing address of Incorporator(s) – (if different from street address): \_\_\_\_\_

The name(s) of the Incorporator(s): \_\_\_\_\_

Street **(No PO Boxes)** address of Incorporator(s): \_\_\_\_\_

Mailing address of Incorporator(s) – (if different from street address): \_\_\_\_\_

**COMMERCIAL LEASE AGREEMENT**

**THIS LEASE (this "Lease") dated this 2nd day of May, 2022**

**BETWEEN:**

**Juanita Motley Property Owner**

(the "Landlord")

OF THE FIRST PART

- AND -

**Carters Hookah Lounge and Grill of 512 8th Avenue North Birmingham, AL 35204**

(the "Tenant")

OF THE SECOND PART

**IN CONSIDERATION OF** the Landlord leasing certain premises to the Tenant, the Tenant leasing those premises from the Landlord and the mutual benefits and obligations set forth in this Lease, the receipt and sufficiency of which consideration is hereby acknowledged, the Parties to this Lease (the "Parties") agree as follows:

**Definitions**

1. When used in this Lease, the following expressions will have the meanings indicated:
  - a. "Additional Rent" means all amounts payable by the Tenant under this Lease except Base Rent, whether or not specifically designated as Additional Rent elsewhere in this Lease;
  - b. "Building" means all buildings, improvements, equipment, fixtures, property and facilities from time to time located at 512 8th Avenue North, Birmingham, AL 35204, USA, as from time to time altered, expanded or reduced by the Landlord in its sole discretion;
  - c. "Common Areas and Facilities" mean:
    - i. those portions of the Building areas, buildings, improvements, facilities, utilities, equipment and installations in or forming part of

The name(s) of the Incorporator(s): \_\_\_\_\_

Street (**No PO Boxes**) address of Incorporator(s): \_\_\_\_\_

Mailing address of Incorporator(s) – (if different from street address): \_\_\_\_\_

The name(s) of the Incorporator(s): \_\_\_\_\_

Street (**No PO Boxes**) address of Incorporator(s): \_\_\_\_\_

Mailing address of Incorporator(s) – (if different from street address): \_\_\_\_\_

The name(s) of the Incorporator(s): \_\_\_\_\_

Street (**No PO Boxes**) address of Incorporator(s): \_\_\_\_\_

Mailing address of Incorporator(s) – (if different from street address): \_\_\_\_\_

9. A director has no liability to the corporation or its stockholders for money damages for any action taken, or any failure to take any action, as a director, except liability for (A) the amount of financial benefit received by a director to which he or she is not entitled; (B) an intentional infliction of harm on the corporation or the stockholders; (C) a violation of Section 10A-2A-8.32; (D) an intentional violation of criminal law; or (E) a breach of the director's duty of loyalty to the corporation or its stockholders.

Attached are any other provisions that are not inconsistent with law relating to organization, ownership, governance, business, or affairs of the corporation.

\*County of Registered Agent is requested in order to determine distribution of County filing fees.

5 / 13 / 2022

\_\_\_\_\_  
Date (MM/DD/YYYY)

Kordelle Carter

\_\_\_\_\_  
Signature as required by 10A-2A-1.20

President

\_\_\_\_\_  
Title

# STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that**

pursuant to the provisions of Title 10A, Chapter 1, Article 5, Code of Alabama 1975, and upon an examination of the entity records on file in this office, the following entity name is reserved as available:

**Carters Hookah Lounge And Grill Inc**

This name reservation is for the exclusive use of Kordelle Carter, 512 8th Avenue North, Birmingham, AL 35204 for a period of one year beginning May 13, 2022 and expiring May 13, 2023



**In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.**

May 13, 2022

Date

RES022903

John H. Merrill

Secretary of State



# JEFFERSON COUNTY DEPARTMENT OF HEALTH

## FOOD PERMIT

PERMIT NO. 26435

DATE ISSUED 05/13/2022

AN INSPECTION BY AN AUTHORIZED REPRESENTATIVE OF THE DEPARTMENT OF HEALTH HAS DETERMINED REASONABLE COMPLIANCE WITH THE REQUIREMENTS OF JEFFERSON COUNTY REGULATIONS GOVERNING THE MANUFACTURE, PREPARATION, DISPLAY, AND SERVICE OF FOODS, CONFECTIONS, AND BEVERAGES; THEREFORE A FOOD PERMIT IS ISSUED TO:

**CARTERS HOOKAH LOUNGE & GRILL**

**LOCATED AT: 512 REV. ABRAHAM WOODS JR BLVD  
BIRMINGHAM, AL 35204**

TO ENGAGE IN THE BUSINESS OF MANUFACTURING, PREPARING, HANDLING, SERVING, OR DISTRIBUTING FOOD INTENDED FOR HUMAN CONSUMPTION IN THE COUNTY OF JEFFERSON IN ACCORDANCE WITH THE LAWS AND REGULATIONS OF THE COUNTY AND THE STATE OF ALABAMA.

THE NATURE OF THE BUSINESS IS CLASSIFIED AS FOLLOWS:

### FOOD PERMIT - LEVEL 3

THIS PERMIT IS VALID FROM DATE OF ISSUE, IS NOT TRANSFERABLE AND IS RENEWABLE IN ACCORDANCE WITH THE LAWS PERTAINING THERETO UNLESS SUSPENDED OR REVOKED. IT SHALL BE CONSPICUOUSLY POSTED ON THE PREMISES FOR WHICH ISSUED.

\* NON TRANSFERABLE \*. EXPIRATION DATE 9/30/2022



Approved by:  
Mark E. Wilson, M.D.  
Health Officer

*Jonathan Stanton*  
Jonathan Stanton, Director  
Environmental Health Services



JEFFERSON COUNTY  
DEPARTMENT OF HEALTH  
1400 Sixth Avenue South  
Birmingham, Alabama 35202

Invoice Number: 93742202391

05/13/2022

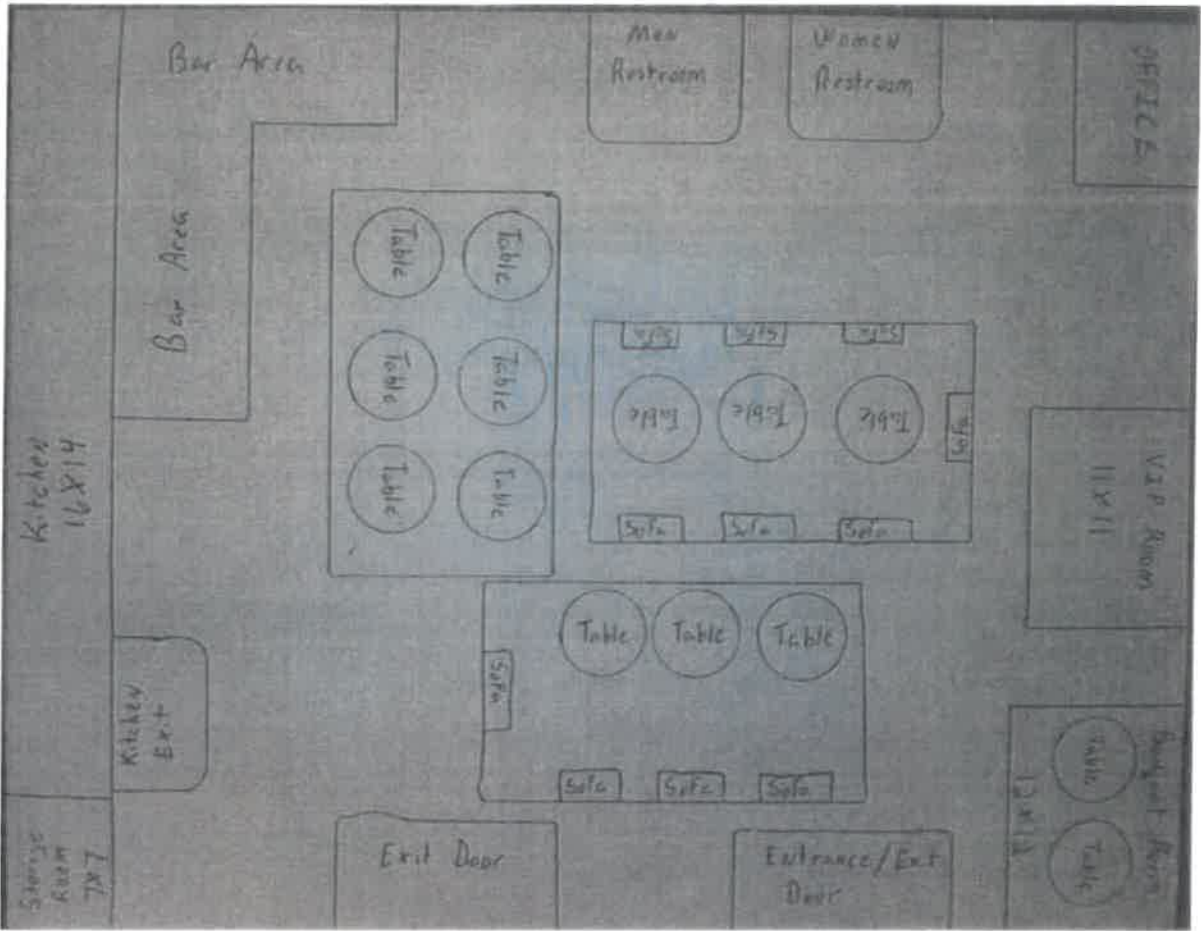
Payment For: Food Permit - Level 3

Received From: CARTER FRANCHISES INC

Amount: \$550.00

*Telexia Hill*

Received by



**PARCEL ID:** 012200352025012000

**SOURCE:** TAX ASSESSOR RECORDS      **TAX YEAR:** 2021

**DATE:** Thursday, August 11, 2022 12:21:18 PM

**OWNER:** MOTLEY CURTIS

**ADDRESS:** 1300 24TH AVE N

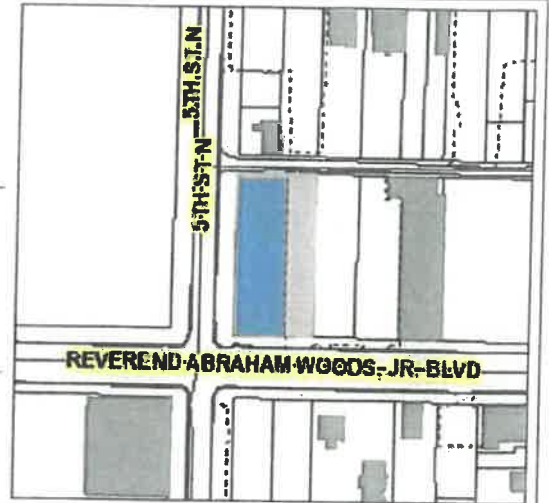
**CITY/STATE:** BIRMINGHAM AL

**ZIP+4:** 35204

**SITE ADDR:** 500 REV ABRAHAM WOODS JR BLVD

**CITY/STATE:** BHAM, AL

**ZIP:** 35204



**LAND:** \$35,000.00

**BLDG:** \$347,700.00

**OTHER:** \$0.00

**AREA:** 19,788.77

**ACRES:** 0.45

**SUBDIVISION INFORMATION:**

**NAME** NORTH SMITHFIELD RE 22-35

**BLOCK:** 1

**LOT:** 9-A

**Section:** 35-17-3W  
**Land Slide Zones:** Not in Land Slide Zones  
**Historic Districts:** Smithfield  
**Commercial Revitalization District:** 8th Avenue North  
**Fire District:** Not in Fire District  
**Flood Zones:** Not in Flood Zones  
**Tax Increment Financing District:** Not in Tax Increment Financing District  
**Neighborhoods:** Smithfield (1605)  
**Communities:** Smithfield (16)  
**Council Districts:** District - 5 (Councilor: Darrell O'Quinn)  
**Zoning Outline:** B2  
**Demolition Quadrants:** DEM Quadrant - 3  
**Impaired Watersheds:** Not in Impaired Watersheds  
**Strategic Opportunity Area:** In Strategic Opportunity Area  
**RISE Focus Area:** In RISE Focus Area  
**Tax Delinquent Property:** Not in Tax Delinquent Property  
**EPA Superfund:** Not in EPA Superfund  
**Opportunity Zones:** In Opportunity Zones  
**Judicial Boundaries:** JEFFERSON

Parcel mapping and description information is obtained from the Jefferson County Tax Assessor's Office. This site does not provide real-time information and may contain errors. All data should be verified with the official source. The City of Birmingham makes no warranty as to the accuracy of the data and assumes no responsibility for any errors. Data from the Tax Assessor's Office may not be available for all parcels.



SPECIAL ATTACHMENT FOR AGENDA OF:                    October 19, 2022

RECOMMENDED BY:     Chief of Police

SUBMITTED BY:             The Mayor

A brief synopsis and explanation of the following:

An Ordinance authorizing the Birmingham Chief of Police to execute a one year Agreement, beginning October 1, 2022 and ending September 30, 2023, between the Alabama Law Enforcement Agency (ALEA) for the State Bureau of Investigation and the City of Birmingham for the Birmingham Police Department, for the City’s participation in the Alabama Drug Enforcement Task Force (ADETF) and for distribution and receipt of funds and property forfeited as a result of investigations by ADETF.

Resolution                             Ordinance             X                             Other

PUBLICATION REQUIRED:     YES \_\_\_X\_\_\_     NO \_\_\_\_\_

IF YES, NOTE ALL PUBLICATION INSTRUCTIONS/REQUIREMENTS:

Publication after passage of Ordinance of General and Permanent Nature, is required.

Funding Source: N/A

Oc19law28tlr.o1

RECOMMENDED BY: CHIEF OF POLICE

SUBMITTED BY: THE MAYOR

ORDINANCE NO. \_\_\_\_\_

**TO PROVIDE FOR AN AGREEMENT BETWEEN  
THE ALABAMA LAW ENFORCEMENT AGENCY STATE BUREAU OF INVESTIGATION  
AND THE CITY OF BIRMINGHAM FOR THE CITY POLICE DEPARTMENT'S  
PARTICIPATION IN THE ALABAMA DRUG ENFORCEMENT TASK FORCE AND  
DISBURSEMENT OF FORFEITED FUNDS AND PROPERTY**

**WHEREAS**, the **ALABAMA LAW ENFORCEMENT AGENCY** (hereinafter referred to as **ALEA**) for the State Bureau of Investigation, and the **CITY OF BIRMINGHAM**, a municipal corporation, for its Police Department (hereinafter referred to as **BIRMINGHAM POLICE DEPARTMENT**) desire to enter into an agreement for the City's participation in the Alabama Drug Enforcement Task Force (ADETF) and for receipt of distributed funds and property forfeited as a result of investigations by ADETF; and

**WHEREAS**, Act 1969-916 of the Acts of Alabama authorizes Jefferson County and the municipalities, other governmental subdivisions and public corporations in Jefferson County to make the most efficient use of their powers by enabling them to cooperate with the state, the federal government and with each other on a basis of mutual advantage and thereby to provide services and facilities in a manner and pursuant to forms of governmental organization that will accord best with geographic, economic, population and other factors influencing the needs and developments of the county and municipalities and other governmental units and agencies therein; and

**WHEREAS**, the City desires to execute a one (1) year Agreement, beginning October 1, 2022 and ending September 30, 2023, between ALEA and the Birmingham Police Department for the City's participation in ADETF and for distribution and receipt of funds and property forfeited as a result of investigations by ADETF.

**NOW THEREFORE, BE IT ORDAINED** by the City Council of the City of Birmingham, Alabama as follows:

**SECTION 1. Ratification and Authorization**

The Chief of Police for the City of Birmingham, Alabama is hereby authorized to enter into and execute a one year Agreement in the form as attached to this Ordinance, with a term beginning

October 1, 2022 and ending September 30, 2023, between the **ALABAMA LAW ENFORCEMENT AGENCY** (hereinafter referred to as **ALEA**) and the **CITY OF BIRMINGHAM**, a municipal corporation, for its Police Department (hereinafter referred to as **BIRMINGHAM POLICE DEPARTMENT**) for the City's participation in the Alabama Drug Enforcement Task Force (ADETF) and for distribution and receipt of funds and property forfeited as a result of investigations by ADETF. Any signature of the Chief of Police on the Agreement prior to the effective date of this ordinance is hereby ratified and approved.

**SECTION 2.** The provisions of this Ordinance are hereby declared to be severable. If any of these sections, provisions, sentences, clauses phrases, or parts is held to be unconstitutional or void, the remainder shall continue in full force and effect.

**SECTION 3.** This Ordinance shall become effective upon approval and publication as required by law.

ADOPTED AND APPROVED THIS \_\_\_\_\_ the day of \_\_\_\_\_ 2022.

ATTEST:

CITY OF BIRMINGHAM, ALABAMA

\_\_\_\_\_  
City Clerk

By: \_\_\_\_\_  
Mayor





## **ALABAMA DRUG ENFORCEMENT TASK FORCE**

- A. Memorandum of Understanding**
- B. Regional Divisions Chart**
- C. Organizational Chart**
- D. By-Laws**

## ALABAMA DRUG ENFORCEMENT TASK FORCE

### MEMORANDUM OF INTERGOVERNMENTAL AND INTERAGENCY UNDERSTANDING October 1, 2021 – September 30, 2022

#### I. Purpose

The parties to this agreement share a mutual interest and responsibility in combating the illicit drug trade within the State of Alabama. In advancement of this shared goal, the Alabama Law Enforcement Agency State Bureau of Investigation (ALEA SBI) agrees to remain a party to the multi-jurisdictional drug task force comprised of members of the ALEA SBI, and other participating state and local agencies known as the Alabama Drug Enforcement Task Force (ADETF). This agreement further establishes a general agreement on operational and administrative responsibilities and defines the expectations of ALEA SBI and current or future local agency participants for the duration of this agreement.

#### II. Goals and Objectives

In a comprehensive effort to eliminate illegal narcotics and attempt to reduce the incidents of drug related violent crime, ALEA SBI and other participating state and local agencies have each authorized the joint submission of an application for funding under the 2020 fiscal year Drug Control and System Improvement Formula Grant Program also identified as the Byrne/JAG Grant. This proposal will continue to fund the ADETF. The goal of the ADETF is to facilitate the investigation, arrest, prosecution, and conviction of drug and drug related violent offenders whose illicit activities impact the collective jurisdictions within Alabama.

The parties acknowledge the multi-jurisdictional ADETF has been formed and will continue for the purpose of investigating and prosecuting persons involved in the illegal distribution of narcotics and drug related violent crimes. Investigations initiated by the ADETF will be conducted in accordance with the laws and regulations of the State of Alabama and the policies of the ADETF.

The parties agree to discuss the scope and direction of the ADETF at regular intervals and as needed. The interests of the parties will be fully considered in determining any amendments to this agreement. ALEA SBI and participating local authorities agree to use reasonable efforts to accomplish the following Goals and Objectives of this agreement:

A. The parties agree to:

1. support the accomplishment of the mission and goals of the ADETF;
2. share resources and expertise to support efforts of the ADETF and its stated mission;
3. adopt the seven (7) regional division boundaries currently established for use by the Alabama Emergency Management Agency and ALEA SBI as the regional division boundaries for the ADETF;
4. work as a singular unit, in a unified manner, to identify and develop best practices in the field of narcotics enforcement and to implement those best practices in the investigation and prosecution of illicit narcotics organizations and narcotics related violent crimes; and
5. acknowledge that this agreement constitutes support for joint enforcement actions by ALEA SBI and participating local authorities within the identified areas of operation of the State of Alabama.

### **III. Participating Agency Responsibilities**

ALEA is an agency of the State of Alabama created pursuant to Title 41, Chapter 27 of the Code of Alabama 1975. The Director of SBI is appointed under the authority of Ala. Code 1975, § 41-27-5 (b). The ALEA SBI has state-wide jurisdiction in the field of narcotics enforcement within the State of Alabama.

ALEA SBI will:

1. provide a designee, appointed by the Director of ALEA SBI, to serve as the Task Force Commander in an administrative role;
2. provide ALEA SBI supervisory personnel to serve as Regional Commanders in operational and administrative roles;
3. provide administrative support for the ADETF in the form of an Administrative Assistant employed by ALEA;
4. host and administer, within budgetary constraints, a case management/ intelligence sharing system for the benefit of the ADETF;

5. make reasonable efforts, within budgetary constraints, to assign ALEA SBI Special Agents as ADETF Agents under the direction of the assigned ALEA SBI Regional Commander;
6. provide access to an Intelligence Analyst with the Alabama Fusion Center and other ALEA resources, such as tactical support, aviation, explosive/ordnance disposal, etc., within budgetary constraints, to assist with ADETF investigations/operations and to provide intelligence support to participating agencies as needed; and
7. credential as ADETF Agents each local agent assigned to the ADETF provided that the member meets the following criteria:
  - a. APOSTC certified, and
  - b. current assignment as a criminal investigator, preferably within narcotics investigations and preferably not in an upper management position, with a law enforcement or regulatory agency.

Participating Local Authorities will:

1. provide suitable office space and storage necessary for the ADETF, within budgetary restraints and with Regional Control Board approval, and agree grant or seizure funds awarded to the ADETF may be used for rental and operational costs;
2. provide APOSTC<sup>1</sup> certified law enforcement officers to serve as task force agents operating under the general supervision of the ADETF with state wide authority of ALEA SBI; local officers' current assignment within their agency shall be narcotics investigations or some type of investigations role;
3. propose an APOSTC certified law enforcement officer as a candidate for a Regional Deputy Commander position for consideration by a selection committee, consisting of the ADETF Task Force Commander, the appropriate Regional Commander, and the appropriate Regional Control Board, which will make the final selections for these positions;
4. provide a letter of assignment for each certified law enforcement officer participating in the ADETF, which states the candidate is in good standing with the parent agency and possesses current APOSTC Certification;
5. serve as regional grant recipients/administrators for the purpose of funding of the ADETF initiative, as needed;

Alabama Peace Officers' Standards and Training Commission

FOR OFFICIAL USE ONLY-ALABAMA DRUG ENFORCEMENT TASK FORCE

6. provide heads of local agencies with ADETF members, or their designees, to participate as members of a Regional Control Board to serve as a reviewing body for the designated region within the ADETF; and
7. participate in no less than twelve ADETF investigations per fiscal year; the participation will include manpower and resources that provide a substantial contribution to the ADETF investigation. ADETF investigations include investigations occurring outside a task force officer's original jurisdiction; investigations which may originate within the task force officer's original jurisdiction but cross into another jurisdiction; investigations utilizing ADETF personnel; and investigations initiated/conducted by local law enforcement entities which utilize ALEA SBI resources or require assistance from ALEA SBI.

#### IV. Particulars

For the purpose of general management and operation of the ADETF, the participants hereby agree to the following provisions.

1. The ADETF Executive Board will recommend and the Alabama Department of Economic and Community Affairs (ADECA) will select from the participating agencies within a region, a local agency to serve as the applicant and award recipient for grant funds utilized by the ADETF. Each local agency selected will provide a "Grant Administrator" who will be responsible for grant management. All financial records and grant documentation will be generated and maintained by each regional Grant Administrator. Responsibility for assuring compliance with grant program regulations and applicable local, state and federal laws is the responsibility of the Grant Administrator.
2. All cash revenues received as a result of forfeitures and/or condemnations initiated by the ADETF shall be disbursed as follows:
  - a. Each regional ADETF shall retain 50% of all forfeited and/or condemned proceeds resulting from seizures based within its respective region after applicable court/advertisement/legal costs are paid. These funds will be expended for operations cost and equipment purchases;
  - b. The remaining 50% of all forfeited and/or condemned proceeds will be divided among participating agencies in the following manner: 10% to the

primary case agent's parent agency, and the remaining 40% split pro rata between each participating ADETF agency within the applicable region;

c. A quarterly accounting of all state forfeited proceeds will be kept by the designated grant administrator(s) and sent to ADECA for review and distribution of proceeds. Each regional ADETF will provide forfeiture documentation to each regional member governing authority for accounting purposes only. All retained funds and property forfeited to the regional ADETF will be utilized for the continuation of ADETF projects as stipulated by state law and any applicable federal guidelines.

d. All forfeited vehicles retained by the regional ADETF will be titled to the primary case agent's parent agency for insurance purposes. Once said vehicles or other seized properties are disposed of by way of sale or auction, the proceeds shall be retained by the regional ADETF and distributed as outlined above.

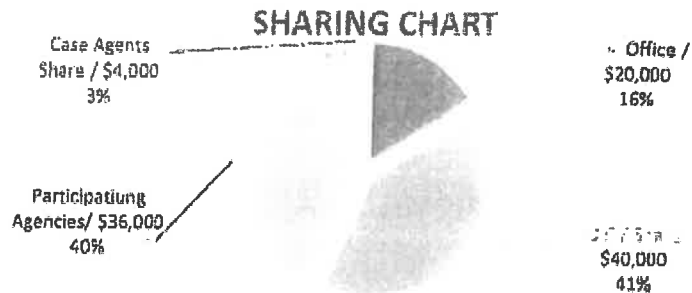
e. In instances where the regional ADETF assists with an investigation initiated and investigated independently by any agency, the Regional ADETF Commander and the affected agency head will reach an agreement as to the fair distribution of forfeitures based on each agency's involvement in the investigation. This may be conducted on a per incident basis or in the form of a written interdepartmental agreement between the Regional ADETF Commander and the affected agency.

f. Forfeited funds, as outlined in Section 2a, will be distributed among all eligible local participating law enforcement agencies. Eligible agencies are defined as those agencies providing personnel to the ADETF. The distribution will be based upon equal shares to all eligible participating agencies assigned to the Regional ADETF during the fiscal year in which the forfeiture funds are generated.

**Example:**

\$100,000	U.S.	Currency	Seizure
Local D.A. Office Share (20%):	100,000-20,000		\$80,000 remaining
Regional ADETF Share (50%):	80,000-40,000		= \$40,000 remaining

Case Agent's Agency Share (10%): 40,000-4,000 = \$36,000 remaining  
 Participating Agency Shares: 36,000/5 = \$7,200 per agency



g. With the exception of the original participating agencies in the ADETF during the initial fiscal year of operations, participating agencies having personnel assigned for less than twelve (12) consecutive months are not eligible to receive any disbursement unless the case is originated by an agent assigned to the ADETF for less than 12 consecutive months. After twelve (12) consecutive months with assigned personnel, member agencies will receive pro rata shares of forfeited funds.

h. In cases where the ADETF assists federal agencies and an agreement is made to include the ADETF in the DOJ asset sharing system, the local agency set up as the local regional fiduciary for the ADETF will be the awardee in the DOJ system. Any assets awarded will be placed in the regional ADETF accounts to be used and shared as outlined in this agreement.

3. Operational policies of the ADETF will adhere to ALEA SBJ policy and procedures, except as otherwise stated in this agreement.
4. The ADETF Executive Board will be comprised of the chairperson or other designee elected from each Regional Control Board. The ADETF Executive Board will meet every six months and will record and maintain written minutes of its meetings.

5. The ADETF Regional Commander will serve as the assistant chair of each Regional Control Board. The Regional Control Board chairperson will be elected from its own members. The Regional Control Board will also elect a member to serve on the Executive Board.
6. Standard Operating Procedures/Directives governing activities of ADETF Regional Divisions will be adopted pursuant this agreement.
7. Bylaws governing general operational guidelines for ADETF Regional Divisions will be adopted pursuant this agreement. The bylaws will include at minimum:
  - a. a statement of purpose;
  - b. an identification of member agencies;
  - c. the purpose, function, and make-up of the Regional Control Boards;
  - d. the identification, selection, and duties of the Regional Commander and the Deputy Commander(s);
  - e. procedures governing the selection, training, and drug testing of ADETF personnel;
  - f. the identification of area of operations and responsibilities; and
  - g. a procedure to identify, select, and prioritize investigative targets.
8. All personnel assigned to the ADETF will be APOSTC certified and meet or exceed the minimum criteria of an ALEA SBI Special Agent, outlined in section III.7, and the minimum qualifications established by the ADETF Executive Board. Personnel seeking assignment to the ADETF will be disqualified for the following:
  - a. prior convictions for felonies and/or misdemeanors of a high and aggravated nature, to include domestic violence;
  - b. illegal use of any controlled substance as defined under Alabama law;
  - c. use of marijuana during the past five (5) years or during the time of employment with a law enforcement agency;
  - d. failure to maintain APOSTC qualifications/standards;
  - e. failure to submit to and pass a drug screen;



- f. failure to meet certain financial obligations as determined in an ADETF background investigation; and
  - g. certain derogatory information discovered as a result of an ADETF background investigation.
9. All ADETF personnel will attend training sessions as required by the Regional Task Force Commander and/or the Regional Control Board unless exempted by the Regional Commander based on an assessment of experience.
  10. Participating local agencies hereby agree that personnel assigned to the ADETF as Task Force Agents will be committed to the ADETF no less than one year unless released as a result of disciplinary action or by joint agreement of the ADETF Regional Commander and the Regional Control Board.
  11. The ADETF will make every effort to coordinate its enforcement efforts with local law enforcement agencies, all District Attorneys from the affected regions, authorized state law enforcement agencies, and federal law enforcement agencies.
  12. The Task Force Commander will ensure that ADETF personnel are credentialed as ADETF Agents for the State of Alabama prior to initiating any law enforcement efforts outside of their parent agency's jurisdiction. Each parent agency will provide proof of full liability insurance coverage for each ADETF assigned agent. Said liability insurance coverage will insure that when conducting law enforcement activities outside the jurisdictional boundaries of their employing agencies, agents are covered through an active policy maintained by their parent agency. This liability insurance shall at all times remain the responsibility of the parent agency. A current copy of the liability insurance will be kept on file with the Regional Grant Administrator and a copy forwarded to the Task Force Commander. Each agency shall submit a current copy of their liability insurance every fiscal year. All liability arising from a local law enforcement officer's actions during a law enforcement duty or event will be the responsibility of the officer's parent agency.
  13. Each ADETF agent shall remain at all times an employee and agent of his or her parent agency. Each ADETF agent shall be subject to all disciplinary procedures as provided by their parent agency.
  14. ADETF personnel will comply with the drug testing policies of their parent agencies in addition to random drug testing provided by the ADETF.
  15. Investigative actions may be carried out by assigned ADETF agents in areas located outside the participating Regional Control Board members' jurisdictions. When

operating outside of their respective jurisdictions, ADETF agents will do so only with the knowledge and consent of all impacted Regional Task Force Commanders.

16. This agreement commences October 1, 2021, and will continue until such time the ADETF is deemed non-viable by the stipulations of this agreement. ALEA SBI agrees to participate as outlined above until such time the ADETF is dissolved by a unanimous vote of the Executive Board or the ADETF is no longer viable. The ADETF will be considered viable as long as no less than two local agencies participate through the assigning of at least one full time agent. Should the ADETF be dissolved, all grant purchased ADETF assets will be equally divided among current participating agencies utilizing the same division formula outlined in section IV.2. (distribution of excess forfeited funds). Remaining cash forfeiture balances will be distributed in the same manner. Agencies that withdraw from ADETF participation while the ADETF remains viable relinquish all claim and rights to ADETF assets. Property purchased by each agency with its funds shall remain with the purchasing agency, excluding ADETF badges and credentials. Property purchased for ADETF use will remain the property of the ADETF.

This agreement has been considered, voted on, adopted and approved by the following which also agree that it is subject to revision as deemed appropriate by the Executive Board members and the ALEA SBI.

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**REGION A**

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**REGION B**

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**REGION C**

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**REGION D**

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**REGION E**

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REGION C

Name/Title Agency Date

MARCEL WALKER / CHIEF of POLICE FULTONDALE P.D. 9/12/22  
 Name/Title Agency Date

Daniel P. [unclear] / Chief [unclear] P.D. 9/12/22  
 Name/Title Agency Date

[unclear] / Chief [unclear] 9/15/22  
 Name/Title Agency Date

Jeremy Littleton / [unclear] 09/19/2022  
 Name/Title Agency Date

Roberson, Michael / [unclear] 9-19-2022  
 Name/Title Agency Date

Commander Michael J. [unclear] / [unclear] TASK FORCE  
 Name/Title Agency Date

Attest

City Clerk

Name/Title Agency Date

Name/Title Agency Date

Name/Title Agency Date

Name/Title Agency Date

Name/Title Agency Date

Name/Title Agency Date

Assistant City Attorney / Date

APPROVED AS TO FORM BY LAW DEPARTMENT:

## Regional Divisions Chart



## ADETF Organization Chart

**Executive Board (ADETF oversight, advisory and administration made up of Regional Chairpersons, ADECA, ADETF Commander)**

**(7) Regional Control Boards (ADETF Regional oversight and administrative functions for the regions. Made up of Agency Heads and Vice and Special Ops Lieutenants)**



**ALABAMA DRUG ENFORCEMENT TASK FORCE  
(ADETF)**

**BYLAWS**

**October 1, 2021 – September 30, 2022**

**SECTION I - PURPOSE**

The purpose of the ADETF shall be as set out below.

- A. To identify, investigate, and prosecute persons and organizations that are committing drug trafficking crimes anywhere within the jurisdictions of the member agencies and the State of Alabama.
- B. To reduce problems and complications associated with the investigation and prosecution of drug related crimes that cross jurisdictional lines.
- C. To have and provide a well-trained workforce sufficient in number of personnel to investigate, as a single unit, a major drug trafficking operation, or to conduct several smaller investigations simultaneously.
- D. To establish and maintain a workforce, properly equipped, and experienced in conducting criminal investigations by identifying individuals and organizations that are engaged in the various levels and types of drug related crimes within the ADETF area of responsibility.
- E. To provide essential and specialized training and experience to the personnel assigned to the ADETF.
- F. To provide a mechanism for member agencies to exchange ideas, tactics, and practices regarding drug enforcement and related violent crimes.
- G. To provide a source of equipment and technical capabilities not otherwise readily available to the individual member agencies.
- H. To aggressively address drug related violent crimes within the established boundaries of the ADETF.

## **SECTION II - MEMBER AGENCIES**

The participating member agencies of the ADETF agree to participate by contributing personnel, equipment, and/or funds, according to requirements that shall be established from time to time by the ADETF Executive Board.

Other law enforcement agencies with enforcement responsibilities or jurisdiction within the defined territory of the ADETF unit may later be approved as participating agencies by the appropriate ADETF Regional Board.

Participating agencies are defined as those having personnel assigned to the ADETF and also contribute funds, equipment, or personnel salaries towards the operational cost of the unit equating to no less than \$10,000 in value. Participating agency heads will serve as Regional Control Board members and receive voting privileges.

Non-participating agencies - The Regional Control Boards shall have the authority to grant law enforcement agency heads within the area of operations the right to participate as non-voting members of the Regional Control Boards. Non-voting members may only serve in an advisory capacity to the Regional Control Board and shall have no voting privileges in matters before the Board. Non-participating agencies are defined as those agencies that do not have personnel assigned to the ADETF nor contribute funds/equipment for ADETF operations that exceed \$10,000 in value.

Agencies seeking to participate as member agencies of the ADETF may apply and submit task force agent recommendations for consideration only between August 1 through October 1. Agencies seeking to participate as member agencies of the ADETF must accept and agree to all stipulations outlined in the Memorandum of Understanding governing the ADETF. In addition, agencies seeking to participate must have a majority support of the Regional Control Board via formalized vote. New member agencies will be accepted on a probationary basis for a period of twelve months during which they may be removed as members with a majority vote of the Regional Control Board.

## **SECTION III - EXECUTIVE BOARD**

The ADETF shall have an Executive Board, which functions as an active advisory board for the Regional Control Boards.

### **A. PURPOSE OF THE EXECUTIVE BOARD**

The purpose of the Executive Board shall be as follows.

1. To act as a governing body for the purpose of oversight and policy-setting for the ADETF including its Regional Divisions. The Executive Board shall by 2/3rds majority approve the ADETF's Standard Operating Procedures (SOP).

2. To provide a forum for discussion of common problems and opportunities experienced the ADETF Regional Divisions.
3. To identify narcotics related trends on a state-wide level and discuss strategies to combat these issues.
4. Upon request of a Regional Control Board, to review and provide authorization of funds spent from the regional reserve funds.

**B. EXECUTIVE BOARD MEMBERSHIP**

The ADETF Executive Board shall consist of the chair of each Regional Control Board or the Regional Control Board member elected by the Regional Control Board to serve on the Executive Board along with the Task Force Commander and a member of ADECA. Executive Board Members shall remain as long as they are the chair or duly elected as the Executive Board Member of their regional board.

**C. EXECUTIVE BOARD OFFICERS**

Officers of the Executive Board shall consist of the Chair and Vice-Chair. The Chair and Vice-Chair of the Executive Board shall be elected by a majority vote of the Executive Board membership. Officers so chosen shall serve for a one- year term or until their successors have been duly elected by the Executive Board membership. The duties of said officers shall be as follows:

1. The Chair of the Executive Board shall be the chief officer of the organization and shall preside at all meetings of the Executive Board. The Chair, subject to the approval of the Executive Board, shall appoint members and chairpersons of committees, as the need arises.
2. The Vice-Chair of the Executive Board shall preside at any meetings of the Executive Board in the absence of the Chair and, in such cases, shall have all the responsibilities and perform all the duties of the Chair. The Vice-Chair shall have and perform such other duties and functions as may be assigned by the Chair of the Executive Board.

**D. MEETINGS OF THE EXECUTIVE BOARD**

1. The Executive Board shall meet every six months, the date, time, and location of each meeting to be determined and scheduled by the Vice-Chair. A schedule for the regular meetings shall be provided to each Executive Board Member. Changes in the meeting schedule shall be communicated to each Executive Board Member in a timely manner.

2. Special meetings of the Executive Board may be called by the Chair or Vice-Chair, as the need arises. All members of the Executive Board must be notified of special meetings in a timely manner.
3. A majority of voting members of the Executive Board shall constitute a quorum for the transaction of business at any meeting of the Executive Board. The presence of less than a quorum may cause the meeting to be adjourned until such time as a quorum can be assembled. Regarding quorums for official business, the Executive Board will attempt to have a consensus in all matters considered and relating to the ADETF. However, when a consensus is not evident, decisions will be by formal motions, seconds, and a vote of the Executive Board. To pass, a motion must have a majority vote of those members present.
4. Each member of the Executive Board is entitled to one vote in the transaction of business at any meeting of the Executive Board.
5. In the case of a tie vote, the motion may be tabled for discussion at the next scheduled meeting of the Executive Board. In rare situations when a motion cannot be delayed for future consideration, Executive Board members present will attempt to adopt a consensus position. If a tie cannot be broken, the ALEA SBI Director or his designee will cast the tie breaking vote. If an Executive Board member cannot be present during a vote, that member may present his/her vote in proxy by written and signed notification.
6. The Chair of the Executive Board shall cause minutes to be kept at all meetings of the Executive Board and distribute copies to all members of the Executive Board. Minutes from prior meetings must be accepted by majority vote prior to discussing new business.
7. The Chair of the Executive Board shall cause an agenda to be prepared for each regularly scheduled meeting of the Executive Board and distribute copies to the members of the Executive Board.

#### **E. DUTIES AND POWERS OF THE EXECUTIVE BOARD**

The Executive Board shall have the following duties and powers.

1. Identify state-wide drug trends and issues affecting the State of Alabama and adopt a unified approach to combat these problems.
2. Adopt a unified SOP for all ADETF Regional Divisions.
3. Establish, review, and amend, as necessary, applicable bylaws, and standard

operating procedures.

4. Assist in dispute resolutions between Regional Control Boards and participating and non-participating agencies.
5. Authorize expenditures from Regional Division fund accounts when a dispute exists.

#### **SECTION IV - REGIONAL CONTROL BOARDS**

The ADETF shall have one Regional Control Board per ADETF Regional Division, which shall function as an active advisory board for the ADETF Regional Division it serves.

##### **A. PURPOSE OF THE REGIONAL CONTROL BOARDS**

The purpose of the Regional Control Boards shall be as follows.

1. Act as a governing body providing oversight, establishing policy for its Regional Division, and operating with financial assistance as available from ADECA.
2. Provide a forum for discussion of common problems and opportunities experienced by its regional member agencies and their personnel.
3. Provide direction to the Regional Commander regarding drug enforcement needs and priorities within its representative communities and the State of Alabama.

##### **B. REGIONAL CONTROL BOARDS MEMBERSHIP**

1. Each ADETF Regional Control Board shall consist of the executive heads of the member agencies, or their designees, from each participating agency in the respective region. The Regional Commander shall serve as the member representing ALEA SBI. Membership of each Regional Board shall include each participating Sheriff and Chief of Police. In addition, the Regional SBI Vice-Special Operations Lieutenant will serve as a Control Board Member as outlined in the MOU. Regional Control Board Members shall remain as long as they have assigned personnel to the ADETF. In addition, the Regional Control Board may, by a majority vote, allow other law enforcement executives to become members of the Regional Control Board. Non-participating agency Regional Control Board Members may, by a majority vote be removed from the Regional Control Board.
2. A Regional Control Board member may be terminated after having missed three consecutive meetings without sending a designee or an acceptable written explanation submitted to the Chair of the Regional Control Board for approval. The agency



represented by the terminated member will be asked to designate a new representative. If a new representative is not appointed within a three-month period, the agency may be removed from the ADETF with a 2/3rd majority vote of the Regional Control Board.

3. Regional Control Board members whom do not comply with the intent of the MOU or Bylaws governing the ADETF are subject to removal from the ADETF with a 2/3rd majority vote from the remaining Regional Control Board members. Members will not be removed without written notice outlining the issues of non-compliance and granted thirty days to address those issues to the satisfaction of the remainder of the Regional Control Board.

#### **C. REGIONAL CONTROL BOARDS OFFICERS**

1. Officers of the Regional Control Boards shall consist of a Chair and a Vice-Chair. The Chair shall be one of its own members elected by a majority vote of the Regional Control Board membership. Officers so chosen shall serve for a one-year term, or until they resign, if less than a year, or until their successors have been duly elected by the Regional Control Board membership. The assigned Regional Commander shall serve as the Vice-Chair. The duties of said officers shall be as follows:
  - a. The Chair of the Regional Control Board shall be the chief officer of the organization and shall preside at all meetings of the Regional Control Board. The Chair, subject to the approval of the Regional Control Board, shall appoint members and chairpersons of committees, as the need arises.
  - b. The Vice-Chair of the Regional Control Board shall be the Regional SBI Vice-Special Operations Lieutenant and shall preside at any meetings of the Regional Control Board in the absence of the Chair and, in such cases, shall have all the responsibilities and perform all the duties of the Chair. The Vice-Chair shall have and perform such other duties and functions as may be assigned by the Chair of the Regional Control Board.

#### **D. MEETINGS OF THE REGIONAL CONTROL BOARDS**

1. The Regional Control Boards shall meet no less than quarterly, the date, time, and location of each meeting to be determined and scheduled by the Vice-Chair. A schedule for the regular meetings shall be provided to each Regional Control Board Member. Changes in the meeting schedule shall be communicated to each Regional Control Board member in a timely manner.
2. Special meetings of the Regional Control Board may be called by the Chair or Vice-Chair, as the need arises. All members of the Regional Control Board must be notified of special meetings in a timely manner.

3. A majority of voting members of the Regional Control Board shall constitute a quorum for the transaction of business at any meeting of the Regional Control Board. The presence of less than a quorum may cause the meeting to be adjourned until such time as a quorum can be assembled. Regarding quorums for official business, the Regional Control Board will attempt to have a consensus in all matters considered and relating to the ADETF. However, when a consensus is not evident, decisions will be by formal motions, seconds, and a vote of the board. To pass, a motion must have a majority vote of those members present.
4. Each a participating agency board member is entitled to one vote in the transaction of business at any meeting of the Regional Control Board.
5. In the case of a tie vote, the motion may be tabled for discussion at the next scheduled meeting of the Regional Control Board. In rare situations when a motion cannot be delayed for future consideration, Regional Control Board members present will attempt to adopt a consensus position. If a tie cannot be broken the ADETF Task Force Commander or his designee will cast the tie breaking vote. If a Regional Control Board member cannot be present during a vote, that member may present his/her vote in proxy by written and signed notification.
6. The Chair of the Regional Control Board shall cause minutes to be kept at all meetings of the Regional Control Board and distribute copies to the members of the Regional Control Board. Minutes from prior meetings must be accepted by majority vote prior to discussing new business.
7. The Chair of the Regional Control Board shall cause an agenda to be prepared for each regularly scheduled meeting of the Regional Control Board and distribute copies to the members of the Regional Control Board.

#### **E. DUTIES AND POWERS OF THE REGIONAL CONTROL BOARDS**

The Regional Control Boards shall have the following duties and powers.

1. Provide direction to the Regional Commander by setting goals and objectives for its respective Regional Division.
2. Assist in the resolution of operational problems encountered by the Regional Commander.
3. Review and adopt an operating budget, assist in the filing for grant funds from federal and state agencies, and expedite the paperwork in these matters through local governmental entities.

## **SECTION 5 - TASK FORCE COMMANDER**

### **A. EXECUTIVE LEVEL COMMAND**

The Director of ALEA SBI will appoint a Task Force Commander for the ADETF. The Task Force Commander shall:

1. Provide an executive level administrative assistant for the unit.
2. Report directly to the Executive Board on applicable administrative matters pertaining to the ADETF.
3. Provide day to day administrative supervision to Regional Commanders.
4. Ensure that all Regional Commanders comply with the directives established by the Executive Board.
5. Attend all Regional Control Board meetings and serve in an advisory position to the Regional Control Boards.

### **B. REGIONAL COMMANDER**

The Director of ALEA SBI will appoint a Regional Commander for each ADETF Region. The Regional Commanders will perform duties as provided below.

1. Be of supervisory rank within ALEASBI and as Commander of the Regional ADETF unit provide day to day administrative and operational supervision to the unit.
2. Report directly to the Regional Control Board and Task Force Commander on applicable administrative matters pertaining to the ADETF.
3. Prepare and submit monthly reports on budgets, inventories, PEPI expenditures, arrests, seizures, condemnations, and other related matters for the Regional Control Board and the SBI. Regional Control Board Members should request any additional reports through its Chair who will forward the request to the Regional Commander.
4. Ensure that all ADETF agents comply with the operational directives established by the Regional Control Board and Executive Board.

5. Assist in training subordinate personnel in all areas of drug enforcement.
6. Divide his/her time as needed between day and evening operations to ensure satisfactory field supervision.
7. Designate a member of the ADETF to serve as Acting Commander in his/her absence (*i.e.*, vacation, military leave, sick leave). Any member designated as a supervisor by the Regional Commander, either temporarily or permanently, will conduct those tasks and duties outlined by the Regional Commander.
8. Furnish to the Task Force Commander and Regional Control Board an annual "Plan of Operation" for ADEFT members. Regional plans of operation will remain on file at the SBI Director's office and may be viewed by members of the Regional Control Board at that location.
9. Assist with maintaining accurate work records, including over-time approval and annual performance evaluations, and distribute work records to member agencies having need of such reports.
10. Conduct at least one office meeting per month with assigned personnel for the purpose of disseminating information, issuing orders and directives, discussing operational strategies, reviewing and resolving current or anticipated problems, receiving input from unit members, and, in general, ensuring that the goals and objectives of the ADETF are being pursued. Minutes of these meeting will be kept on file at the SBI ADETF Office.
11. Appoint Group/Team Leaders from within personnel assigned to the Regional ADETF unit, if personnel meet or exceed six members. Group/Team Leaders will have the duties to serve as field managers and report to the Regional Commander and Regional Deputy Commander. Group/Team Leaders may be appointed from either ALEA SBI or local participating agency personnel. These positions will exist based upon the needs of the ADETF and will generally be occupied by senior task force members with exceptional operational skills. Responsibilities for the position of Group/Team Leader will be documented in the Regional Plan of Operation and/or Task Force Directive and may be modified by the Regional Commander as needed. Group Leaders are not formal management positions and as such will be considered additional job responsibilities for ADETF agents serving in the position.

#### **B. REGIONAL DEPUTY COMMANDER**

Regional Deputy Commanders will be selected as outlined in the ADEFT MOU and will assist in the day to day administrative and operational supervision to the unit. The Regional Deputy Commander will assist the Regional Commander in the day to day

operations and report directly to the Regional Commander.

## **SECTION 6 - ASSIGNMENT OF TASK FORCE PERSONNEL**

Each member agency will assign one or more sworn officers to part-time status on the ADETF with the following understanding:

1. Each officer assigned to the ADETF will carry the title of "Task Force Agent" and be issued the appropriate badge and credentials.
2. In order to be considered for selection as a Task Force Agent, each candidate must meet the criteria outlined earlier in the ADETF MOU and undergo a selection process and/or background investigation conducted by ALEA SBI prior to selection and assignment to the ADETF. Upon satisfactory conclusion of these requirements the officer may be assigned to the ADETF. Candidates should meet ALEA SBI Special Agent Qualifications unless an exception is deemed necessary by the Executive Board and the Task Force Commander. Law Enforcement Officers assigned to ADETF will be part-time participants in the ADETF. Law Enforcement Officers assigned to ADETF must maintain good standing with APOSTC and with their parent agency participating in the ADETF. The ADETF Commander in conjunction with the Regional Control Board has final authority on the acceptance of a candidate as a Task Force Agent.
3. Task Force Agents shall work under the immediate supervision and direction of their Regional Commander on all ADETF operations. Task Force Agents shall adhere to the administrative policies and procedures of their parent agency while operating in their original jurisdiction. When a Task Force Agent is operating outside the jurisdiction of their parent agency, on behalf of ALEA SBI or the ADETF, all ALEA SBI prescribed policies and procedures shall be followed. Task Force Agents shall serve at the pleasure of the Executive Board and Task Force Commander when conducting ADETF assignments.
4. Each ADETF agent will have investigative and arrest powers within the State of Alabama in criminal investigations involving illegal narcotics. ADETF agents will not have general arrest powers for crimes other than duties relating to narcotics enforcement in any jurisdiction other than that of their own parent agency unless authorized by the SBI.
5. If any officer is removed from the ADETF by the parent agency for any reason other than disciplinary matters, the member agency shall give a thirty-day written notice to the Regional Control Board, unless exigent circumstances exist.

6. Task Force Agents assigned to the ADETF are individually responsible for conforming to the rules, regulations, and policies of their parent agencies, as well as the ADETF. When a conflict between the parent agency's policies and ADETF policies arises, it should immediately be brought to the attention of the Regional Commander. The Regional Commander will address the issue with the Regional Control Board Member representing the agency involved and attempt to resolve the issue. If the Regional Commander and the affected Regional Control Board Member cannot resolve the issue it will be brought before the Executive Board for consideration and resolution.
7. Incidents requiring criminal investigation of ADETF employees will be referred to the appropriate SBI Regional Office for independent review. Minor infractions or policy violations will be investigated and addressed by the Regional Commander or his designee. If a Task Force Agent is within their parent agency's jurisdiction at the time of the infraction/policy violation, then the parent agency will conduct any internal reviews. However, the participating agency head may, in writing, request that SBI – Integrity conduct an internal review.
8. Disciplinary matters involving ADETF personnel, including incidences of inappropriate conduct and violations of policy and procedures, will first be addressed by the Regional Commander, who will then consult with the Regional Control Board Member representing the parent agency, in an effort to resolve the matter or determine appropriate disciplinary action. If the matter is not resolved the matter would then be brought before the Regional Control Board for consideration and resolution. In cases of severe policy/law violations the Regional Commander has the authority to immediately suspend an ADETF agent from all ADETF related operations. In such instances the suspended ADETF agent will surrender all task force equipment, credentials, and vehicle. The Regional Commander will immediately notify the ADETF Commander. All ADETF personnel who are placed on suspension will report to their parent agency until the matter can be addressed by the ADETF Executive Board. SBI reserves the right to revoke the credentials of any ADETF agent at any time, which would lead to the ADETF agent's removal from the ADETF. Nothing in this provision shall serve to prohibit the parent agency from conducting its own integrity review or disciplinary review of an ADETF agent's conduct.
9. Parent agencies will furnish basic and essential supplies and equipment for ADETF agents assigned from their agencies, including weapons, body armor, ammunition, etc. Parent agencies will furnish the ADETF agent's vehicle, vehicle maintenance, fuel, and other vehicle operating expenses. When vehicles are provided by the ADETF, the parent agency will be responsible for repairs, fuel, and

routine maintenance costs. ADETF vehicles will be insured through the grant recipient's agency. In certain instances, the ADETF may provide sworn personnel certain specialized equipment, weapons, or vehicles. The ADETF may assume responsibility for the cost/maintenance in these instances. ADETF agents utilizing resources from other member agencies that results in damage or loss, the ADETF agents' parent agency will be financially responsible for reimbursing the agency at loss, if the ADETF is not financially available to cover the loss.

10. ADETF agents shall follow their parent agency's policies relating to firearms and other weapons but will be required to meet additional restrictions/standards as outlined in ADETF Policy governing firearms.
11. The Executive Board will establish and implement a drug testing policy for ADETF Personnel. At minimum, each assigned ADETF agent will be subject to random drug tests.
12. ADETF agents involved in use of force incidents against a person, where the agent discharges a firearm, will submit to a post-incident drug and alcohol screening as soon as feasible.
13. ADETF agents will neither be assigned nor routinely operate ALEA-owned vehicles, though temporary operation of such vehicles by ADETF agents will be allowed when necessary to conduct investigatory operations.
14. ADETF agents driving assigned ADETF vehicles that are involved in motor vehicle accidents involving injuries will, at the Regional Commander's direction, submit to a drug and alcohol screening as soon as feasible. ADETF agents are required to notify the Regional Commander of all vehicle accidents involving ADETF vehicles immediately.

## **SECTION 7 - AREA OF OPERATION**

The ADETF will investigate illegal narcotics violators and narcotics related violent crimes within the State of Alabama. The ADETF shall engage in the performance of its duties relating to the enforcement of drug crimes and other crimes perpetrated against the State of Alabama and its citizens. The ADETF will gather criminal intelligence data relating to violations thereof, throughout the State of Alabama. Whenever the ADETF is operating within any given municipality or county, whether a participating or non-participating agency, the Regional Commander, or his designee, shall to the extent feasible under the circumstances, maintain periodic contact with the Chief Law Enforcement Officer of that jurisdiction or a representative of the affected jurisdiction.

## **SECTION 8 - IDENTIFYING, SELECTING, PRIORITIZING CASES**

The Regional Commanders will make every effort to coordinate, but will submit reports, oral or written as appropriate, as to procedures for case investigation (including the identification, selection, and prioritizing of cases) to the ADETF Commander upon his request. Each Regional Commander will coordinate all investigations that may impact other ADETF Regions or the SBI state-wide drug enforcement strategy with the ADETF Commander. Regional Control Board Members should recognize that the purpose of the ADETF is to promote a coordinated drug enforcement effort throughout the entire State of Alabama and to encourage maximum cooperation among the law enforcement agencies therein.

## **SECTION 9 - INTEGRITY OF CONFIDENTIAL INFORMATION**

The ADETF Commander is responsible for fully explaining, to all personnel under his supervision, the "right to know - need to know" principle regarding investigative and intelligence information. The integrity of information in both drug investigations and intelligence files will be strictly maintained. All case files and records will be secured and housed at the facilities designated by each Regional Control Board. Any ADETF personnel violating these principles will be subject to severe disciplinary action and/or reassignment away from the ADETF. However, these principles should not inhibit the free exchange of information between ADETF Agents and other agents/officers involved in joint investigations.

## **SECTION 10 - DIRECTIVES/POLICY AND PROCEDURES**

Standard Operating Procedures/Directives governing activities of the ADETF will be adopted as provided by the governing ADETF MOU and will mirror those of ALEA SBI. In certain instances, ALEA SBI directives/SOP may be non-applicable or not readily adaptable to task force operations. In instances where ALEA SBI directives/SOP is in conflict with operational necessity of the ADETF, ADETF directives may be substituted with approval of the ADETF Commander and a majority vote of the Executive Board.

## **SECTION 11 - ADOPTION OF BY-LAWS**

These bylaws shall become effective immediately upon adoption by the ADETF Executive Board.



#### **SECTION 4 -AMENDMENTS TO THE BYAWS**

Amendments to the Bylaws shall be made by recommendation to the Executive Board Chair upon a majority vote of the members of the Executive Board present and voting, at any meeting of the Executive Board at which a quorum is present. Amendments to the Bylaws require that advance notice of the proposed amendment(s) is communicated to Executive Board members at least seven days prior to the meeting where said vote shall occur.

