



BIRMINGHAM CITY COUNCIL

**PUBLIC SAFETY COMMITTEE MEETING
TUESDAY, FEBRUARY 14, 2023
1 P.M. – CITY COUNCIL CHAMBERS
COUNCILOR LATONYA A. TATE CHAIRMAN**

AGENDA

A. CALL TO ORDER

B. APPROVAL OF MINUTES – January 24, 2023

C. LIQUOR LICENSES

1. Bodega – **NEW APPLICATION**
2. Bosses @ Midtown – **NEW APPLICATION**
3. The Garage – **TRANSFER APPLICATION**
4. The Late Rollers Package Store – **NEW APPLICATION**
5. SodexoLive! – **NEW APPLICATION**
6. Birmingham Central Library Meeting Facilities -- **NEW APPLICATION**
7. True Story Brewing Company -- **NEW APPLICATION**
8. Woodlawn Theatre -- **NEW APPLICATION**
9. Lumi – **NEW APPLICATION**

D. ORDINANCE / RESOLUTIONS

10. Contract with Blue Cross Blue Shield of Alabama for dental benefits
11. Contract extension with EyeMed Vision Care
12. Third party administration services with Behavioral Health Systems (BHS)
13. Blue Cross Blue Shield contract extension for active and retiree employees

E. ADJOURNMENT

LIQUOR LICENSES

<p>1. Bodega 3401 5th Ave S</p> <p>Kevin Freeman</p>	<p>Lounge Retail Liquor Class I</p> <p>NEW APPLICATION</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>2. Bosses @ Midtown 201 Richard Arrington Jr Blvd S</p> <p>Angela Gooden</p>	<p>Lounge Retail Liquor Class I Pool Table Permit</p> <p>NEW APPLICATION</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>3. The Garage 2304 10th Ter S</p> <p>Robert Ryan</p>	<p>Restaurant Retail Liquor</p> <p>TRANSFER APPLICATION</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>4. The Late Rollers Package Store 1101 3rd Ave W., Ste C</p> <p>Cache Steelwell</p>	<p>Lounge Retail Liquor Class II (Package Store)</p> <p>NEW APPLICATION</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>5. SodexoLive! 2221 9th Ave N</p> <p>Jessica Morey</p>	<p>Special Retail License (over 30 days)</p> <p>NEW APPLICATION</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>6. Birmingham Central Library Meeting Facilities 2100 Park Place</p> <p>Catherine Frey</p>	<p>Special Retail License (over 30 days)</p> <p>NEW APPLICATION</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>7. True Story Brewing Company 5510 Crestwood Blvd</p> <p>Craig Shaw</p>	<p>Restaurant Retail Liquor</p> <p>NEW APPLICATION</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>8. Woodlawn Theatre 5503 1st Ave N</p> <p>Bekah Fox</p>	<p>Special Retail License (over 30 days)</p> <p>NEW APPLICATION</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>9. Lumi 2201 2nd Ave S., Ste 202</p> <p>Ariana Pellegra</p>	<p>Special Retail License (over 30 days)</p> <p>NEW APPLICATION</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>

RESOLUTIONS

<p>10. Contract with Blue Cross Blue Shield of Alabama for active and retiree dental insurance from July 1, 2023, through June 30, 2025 (two-year rate guaranteed):</p> <p>Office of Human Resources</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>11. Contract extension with EyeMed Vision Care for active employees from July 1, 2023 through June 30, 2025.</p> <p>Office of Human Resources</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>12. Third party administrative services contract extension with Behavioral Health Systems (BHS) for mental health, substance use, and employee assistance program services (EAP) from July 1, 2023, through June 30, 2025.</p> <p>Office of Human Resources</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>

13. Medical administrative services contract extension with Blue Cross and Blue Shield of Alabama for active employees group #65215 and retirees group #75861 from July 1, 2023 through June 30, 2024.

- Approved Consent Agenda
- Approved pending
NA _____ ZONING _____
- No Recommendation
- DO NOT RECOMMEND
- Date: _____
- Delayed: _____

Office of Human Resources



COMMITTEE REPORT



JOINT SPECIAL CALLED PUBLIC SAFETY AND COMMITTEE OF THE WHOLE MEETING
TUESDAY, JANUARY 24, 2023 | 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, Williams

A. CALL TO ORDER

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

B. APPROVAL OF MINUTES - January 10, 2022

Action Taken:

Councilor Williams Motioned to Approve.

Councilor Tate Seconded the Motion.

The January 10, 2023 Joint Public Safety and Special Called Committee of the Whole Meeting Minutes were approved as recorded.

C. LIQUOR LICENSES

Emerald Lounge

7619 1st Ave N

Arlond James

Lounge Retail Liquor Class I/NEW APPLICATION

Action Taken:

Councilor Williams Motioned to Delay until application has met Zoning requirements.

Councilor Tate Seconded the Motion.

Item Delayed.

G-Store

5616 Court I

Rahim Karim

Beer and Wine Off Premises/TRANSFER

There were no incidents reported for this location.

The application meets Zoning requirements.

Action Taken:

Councilor Williams Motioned to Approve.

Councilor Tate Seconded the Motion.

Item Recommended to the City Council Agenda.

Riggins Venue LLC

1575 Bessemer Rd

Alfred Riggins

Special Retail License (over 30 days)/NEW APPLICATION

MINUTES

Action Taken:

Councilor Williams Motioned to Approve.

Councilor Tate Seconded the Motion.

Item Recommended to the City Council Agenda.

Urban Pare

1006 20th St. S

Draper Mason

Restaurant Retail Liquor/NEW APPLICATION

Action Taken:

Councilor Williams Motioned to Approve.

Councilor Tate Seconded the Motion.

Item Recommended to the City Council Agenda.

D. ORDINANCE / RESOLUTIONS

- I. An Ordinance authorizing the Mayor to execute an Interlocal Cooperation Agreement, for a period not to exceed three years, between the City of Birmingham (City) and the Birmingham Airport Authority (BAA), to provide the Airport with management and staffing of the fire station located at the Airport as well as to provide the Airport with Aircraft Rescue & Firefighting services, equipment, and facilities together with the power to take all action necessary for the implementation of the Agreement. The BAA will reimburse the City for fully burdened salary expenses of each BFRS ARFF firefighter assigned to BHM during any pay period covered under this Agreement. BAA will reimburse BFRS via the City of Birmingham for all overtime costs for duties performed at the airport.

Office of the City Attorney

Action Taken:

Councilor Williams Motioned to Approve.

Councilor Tate Seconded the Motion.

Item Recommended to the City Council Agenda.

- II. Affinity Hospital, LLC, dba Grandview Medical Center (Grandview) wish to enter into a Non-Exclusive student Affiliation Agreement (the Agreement) for the purpose of providing additional training/experience for BFRS personal/students; and entering into this Agreement would enhance training for BFRS personnel and would improve/enhance emergency medical services for the citizens and visitors of the City of Birmingham.

Office of the City Attorney

Action Taken:

Councilor Williams Motioned to Approve.

Councilor Tate Seconded the Motion.

Item Recommended to the City Council Agenda.

E. ADJOURNMENT

Councilor Williams Motioned to Adjourn.

Councilor Tate Seconded the Motion.

Meeting Adjourned.

Neighborhood Voting Form: Liquor Applications

Date: 10/18/22

Application Type:

Subject: Applicant's Entity Name Koncept Group LLC
Business Name Bodega
Business Address 3401 5th Ave S

Type of License/Permit Applying For:

- | | |
|--|--|
| <input checked="" 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 |

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 _____

No Neighborhood Officers

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 20th Street, Birmingham, AL 35203; City Council Chambers; 3rd Floor)
Failure to attend the neighborhood meeting may result in a delay in the liquor process.

*1/6/2023
Will meet @
Zoning on 1/12/2023*

**New Application: Lounge Retail Liquor – Class I On/Off Premise Type
010**

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

Name of Applicant: **Koncept Group LLC**

Mailing Address: 6058 Lakeside Dr
Mount Olive, AL 35117

Trade Name: Bodega

Location Address: 3401 5th Ave S

Contact Number: (205)613-4054

Contact Person:
Kevin Freeman

New Application

Transfer

Type of License

- | | |
|---|--|
| <input checked="" 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 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 16TBS/60CHS

Date Applied: 10/18/22

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 LIQ-CLASS I ON/OFF PREM TYPE 010

By: GS

(Enter Type of License Applied For)

(Revenue Official)

1. Name of Applicant (s) Koncept Group 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] Kevin Micah Freeman	Member	[REDACTED] Birmingham, AL	6058 Lakeside DR Mount Olive, AL 35117	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 001-040 Page: 1 of 3
214

Date: 09/16/2022

County: Jefferson

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

3. Trade Name Bodega

4(a) Location 3401 5th Ave S

Exact Street Number, or If on Highway, give details as to Location
Birmingham, Alabama Zip Code 35222 County Jefferson Shelby

(b) Length of time at this location

(c) Mailing Address: **6058 Lakeside Dr Mount Olive, AL 35117**

(d) Business Phone _____ Fax: _____ Other Contact: **(205)613-4054**

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 Daniel T Belser
2937 7th Ave S Birmingham, AL 35234

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? **16TBS/60CHS**

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 18th day of October, 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.

For zoning purposes only:
Lounge Retail Liq - Class I

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: Koncept Group LLC
Attention: _____
Address: 6058 Lakeside Dr
City: Mount Olive State: AL Zip Code: 35117
Area Code and Phone Number: (205)613-4054
Area Code and Fax Number: _____
Name of Contact Person: Kevin Freeman
E-Mail: uabfreeman@yahoo.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): Bodega
Attention: _____
Address: 3401 5th Ave S
City: Birmingham State: AL Zip: 35222
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) 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) **Bar/Lounge**
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: Bar/Lounge Product: Alcohol/Music

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 92-0332256 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 _____

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)

3

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
Freeman, Kevin	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] _____ Date 10/18/2022

Signature of Person Completing This Application

Kevin Freeman _____ Phone Number of Person Completing Application (205) 613-4054

Print the Name of the Person Completing This Application

CITY OFFICE USE ONLY Location

ZONING APPROVAL AND COMMENTS
 I-1 - JBM 10-18-22
 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 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.)

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.)

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 []

DRIVER LICENSE
ALABAMA



SECRETARY OF LAW ENFORCEMENT

SECRETARY PAUL TAYLOR
Secretary of Law Enforcement

DOB: [REDACTED] SEX: M HAIR: BRO EYES: BLK

KEVIN MICAH FREEMAN
5430 SOMERSET PARKWAY
PINSON AL 35126-5523

CLASS: D, M

SECRETARY OF LAW ENFORCEMENT

KEVIN MICAH FREEMAN
CLASS: D-Regular Operators License
CLASS: M-Motorcycle

ENDORSEMENTS:
RESTRICTIONS:



REGISTRATION NUMBER: [REDACTED]

Kevin Freeman

Address: 6058 Lakeside Drive, Mount Olive, AL 35117 (2 years at current address)

Social Security: [REDACTED]

DOB [REDACTED] in Birmingham, AL

[REDACTED]

[REDACTED]

[REDACTED]

Koncept Group LLC

Safety Plan for bar/lounge located at 3401 5th Avenue South, Birmingham AL 35222

Improvement of building and public safety precautions:

Current Hours will be displayed and adhered to

Emergency phone numbers will be posted in several spots with examples (will be part of training also)

A total of 10 camera will be installed on premises

Security will be present at from 5 to close on weekends

Additional Security/police officers will be added to all special events

Additional lighting will be added around perimeter of building for visibility

Exit Signs will fully function and visible.

Staff will undergo training twice a year to recognize the signs, de-escalation and pitfalls to be in a position to better deal with this type of business and service (bar/lounge)

Items listed below will be a part of training and for all employees/staff

3 Fire extinguishers will be added and inspected regularly

All electrical panel will have the proper accessibility and circuits will be properly labeled

Appropriate lighting will be incorporated for each setting to ensure all tasks can be done safely by staff.

All powered and unpowered equipment will be checked to be in good standing

All items that are to be stored based on the following to prevent falling risk and for lifting safety:

- Size, weight and height of items

All waste containers will be clearly labeled

All aisles, exits and fire doors and adjoining hallway will be free from obstructions

Extension cords if used will be inspected for condition and appropriately rated and used properly

- They will not be for long term use

First-aid kit (location and factsheet on how to treat certain injuries)

Continued education where the business will hold CPR and First-Aid training

Staff will maintain and adhere to the appropriate footwear, clothing, hair, and jewelry restriction while working in lounge.

*Safety plan will be updated as needed and reviewed yearly.

**JEMISON REALTY CO., INC.
COMMERCIAL LEASE**

This is a legally binding contract. If not understood, seek competent advice.

STATE OF ALABAMA (Jefferson County)

This lease made this 7th day of September, 2022 by and between **T. DANIEL BELSER** (hereinafter called "landlord"), by Jemison Realty Co., Inc. as agent for Landlord (hereinafter called "agent") and by **KONCEPT GROUP LLC & Nikki W. Burton & Kevin M. Freeman, Personal Guarantors** (hereinafter called "Tenant")

WITNESSETH: That Landlord does hereby demise and let unto Tenant the following described premises in the City of Birmingham to wit:

3401 5th Avenue South, 35222

Subject to existing easements, if any, and the regulatory laws and ordinances of the political subdivision in which the property is situated, for use and occupation by Tenant as a lounge for no other or different use or purpose for and during the term of Five (5) years beginning on the 1st day of October, 2022 and ending on the last day of September, 2027.

1. **RENT:** In consideration whereof, Tenant agrees to pay Landlord's agent at office of said agent, Jemison Realty Co., Inc.
2. on the first day of each month of said term, in advance, as rent for said premises, the sum of

3. **SEE BELOW**

		DOLLARS (\$) PER MONTH	
			DOLLARS (\$) PER ANNUM
4.	<u>10/1/2022 thru 9/30/2025</u>	\$5500.00 Per Month	\$66000.00 Per Annum
	<u>10/1/2025 thru 9/30/2027</u>	\$6000.00 Per Month	\$72000.00 Per Annum

5. **LATE FEE:** Tenant agrees that a Service and Bookkeeping charge of 10% shall become due and payable each and
6. every month that the rent has not been received in the office of Jemison Realty Co., Inc. by the 5th of the month, or
7. if a check accepted as rent or other payment is returned unpaid to agent for any reason.

8. **POSSESSION:** Should premises be completed and turned over to Tenant either prior to, 10/5/2022 then
9. in that event rent shall be prorated for the fractional month, and the lease term provided herein shall commence on the first day of the
10. next calendar month.

11. **DEPOSIT:** Landlord and Tenant agree that Tenant will deposit with Landlord's agent the sum of \$5500.00 on the date of execution
12. of this lease, to be held, without interest payable to tenant, as a security for the payment of rent and any and all other sums of money
13. for which tenant shall or may become liable to pay to Landlord under this lease, and for the faithful performance by Tenant of all
14. Covenants and agreements under this lease, said deposit to be returned to Tenant after the termination of this lease and any renewal
15. hereof, provided Tenant shall have made all such payments and performed all such covenants and agreements. Nothing in this paragraph
16. shall be deemed to limit the amount of any claim, demand or cause of action of Landlord against Tenant under the other provisions of this
17. lease.

The publisher 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.

Date of this notice: 09-16-2022

Employer Identification Number:
92-0332256

Form: SS-4

Number of this notice: CP 575 A

KONCEPT GROUP LLC
KEVIN FREEMAN MBR
6058 LAKESIDE DR
MOUNT OLIVE, AL 35117

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

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 92-0332256. 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 940	01/31/2023
Form 1065	03/15/2023
Form 944	01/31/2023

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 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 KONC. 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 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.

(IRS USE ONLY) 575A

09-16-2022 KONC B 9999999999 SS-4

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

9999999999

Your Telephone Number Best Time to Call
() -

DATE OF THIS NOTICE: 09-16-2022
EMPLOYER IDENTIFICATION NUMBER: 92-0332256
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023
|||

KONCEPT GROUP LLC
KEVIN FREEMAN MBR
6058 LAKESIDE DR
MOUNT OLIVE, AL 35117

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:

KONCEPT GROUP 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): Kevin Freeman

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

6058 Lakeside Drive Mount Olive , AL 35117

*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	
001-040-214	DLL
Date	09/16/2022
Time	11:36:00
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 10 / 1 / 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).

9 / 16 / 2022
Date (MM/DD/YYYY)

Kevin Freeman
Signature as required by 10A-5A-2.04

Co President
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:

KONCEPT GROUP LLC

This name reservation is for the exclusive use of Kevin Freeman, 6058 Lakeside Drive , Mount Olive, AL 35117 for a period of one year beginning September 16, 2022 and expiring September 16, 2023



RES046419

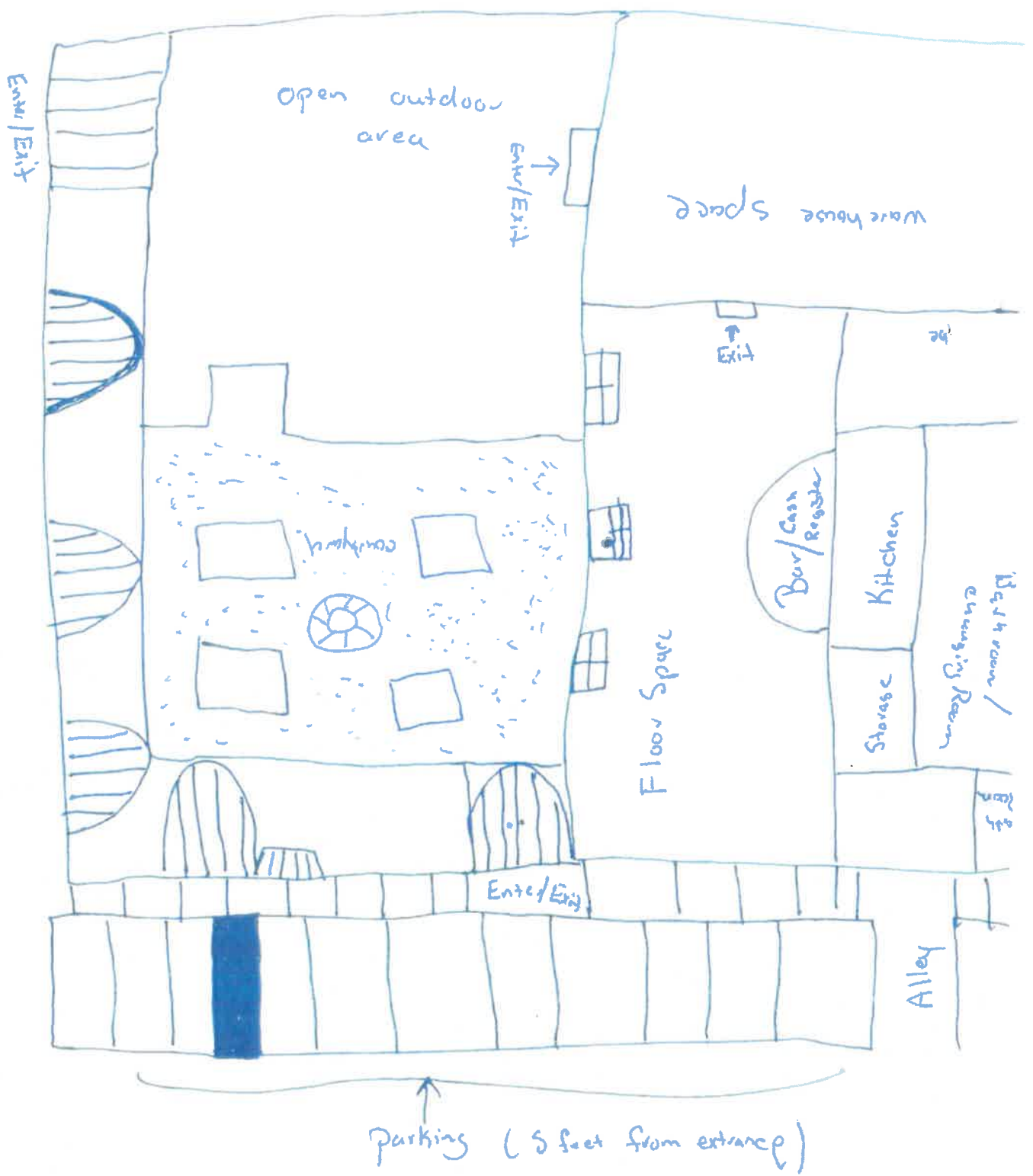
In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

September 16, 2022

Date

John H. Merrill

Secretary of State





34th St S
34th St S

Outdoor seating area

00000000

PARCEL ID: 012300311014003000

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

DATE: Tuesday, October 18, 2022 11:11:54 AM

OWNER: BELSER T DANIEL - [REDACTED]

ADDRESS: 2937 7TH AVE S

CITY/STATE: BIRMINGHAM AL

ZIP+4: 35234

SITE ADDR: 3401 5TH AVE S

CITY/STATE: BHAM, AL

ZIP: 35222



LAND: \$308,000.00

BLDG: \$131,500.00

OTHER: \$0.00

AREA: 14,126.96

ACRES: 0.32

SUBDIVISION INFORMATION:

NAME BIRMINGHAM BLOCKS

BLOCK: 704

LOT: 8-10

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: Southside (1703)

Communities: Southside (17)

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

Zoning Outline: M1

Demolition Quadrants: DEM Quadrant - 3

Impaired Watersheds: Impaired Watershed - Upper Village Creek

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.

10/10/10

cc: APPLICANT ANGELA GOLDEN
205-756-1886
COUNCILOR LATOYA TATE
BRANDON McCRAE, CITY
WIL JONES - INCOMING N/A PRES.

Neighborhood Voting Form: Liquor Applications

DANNM JONES - N/A SECRETARY
GREGORY STANLEY, CITY
BARBARA JACKSON, CITY

Date: 1/12/23

Application Type: Lounge Retail Liquor – Class I/ Pool Tables

Subject: Applicant's Entity Name: Bosses Private Lounge LLC
Business Name: Bosses @ Midtown
Business Address: 201 Richard Arrington Jr Blvd S

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 FIVE POINTS SUMMIT Neighborhood Association met on JAN 17, 2023 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)

0 Attendance 0 Oppose 11 Support 0 No Recommendation

Reason for Opposition 2ND TIME NA HAS APPROVED THIS PROJECT. WE ARE PLEASED IT WILL NO LONGER BE A PRIVATE LOUNGE SINCE WE HAD PROBLEMS IN PRIOR YEARS WITH PRIVATE LOUNGES.

Applicant: attended NA meeting did not attend NA meeting
MS ANGELA GOLDEN

Sheila M Chaffin
President/Officer
SHELLA M CHAFFIN
Jan 21, 2025
Cell 205-789-7925

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

New Application: Lounge Retail Liquor – Class I On/Off Prem Type 010

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

Name of Applicant: Bosses Private Lounge LLC

Mailing Address: 6608 Tensaw Ct
Fairfield, AL 35064

Trade Name: Bosses @ Midtown

Location Address: 201 Richard Arrington Jr Blvd S

Contact Number: (205)756-1886

Contact Person:
Angela Gooden

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 6TBS/30CHS

Date Applied: 1/12/23

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 LIQ-CLASS I ON/OFF PREM TYPE 010

By: GS

(Enter Type of License Applied For)

(Revenue Official)

1. Name of Applicant (s) Bosses Private Lounge 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# ██████████ Angela Maria Gooden	Member	2/05/1973 Birmingham, AL	6605 Tensaw Ct Fairfield, AL 35064	5 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 837-083 Page: 1 of 2 Date: 04/12/2022 County: Jefferson

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

3. Trade Name Bosses @ Midtown

4(a) Location 201 Richard Arrington Jr Blvd 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: 6608 Tensaw Ct Fairfield, AL 35064

(d) Business Phone _____ Fax: _____ Other Contact: (205)756-1886

5. Name, trade name and License number of last or previous licensee: Bosses Private Lounge LLC
Trade name Bosses Private Lounge Year 2022 Type 150T 150L Taxpayer ID 701731
150M

6 (a) Owner of real estate for which license is desired Jack Smith Real Estate LLC
2520 Marcal Rd Birmingham, A: 35244

Address

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

(c) Is establishment equipped with tables and chairs? Yes No If "Yes", how many? 6TBS/30CHS

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 _____
- 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 12th day of January, 2022

Angela Boden
Signature of Affiant

Meg 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.

For Zoning Purposes Only:
Lounge Retail Liq - Class I

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: Bosses Private Lounge LLC
Attention: _____
Address: 6608 Tensaw Ct
City: Fairfield State: AL Zip Code: 35064
Area Code and Phone Number: (205)756-1886
Area Code and Fax Number: _____
Name of Contact Person: Angela Gooden
E-Mail: Angelagooden38@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): Bosses @ Midtown
Attention: _____
Address: 201 Richard Arrington Jr Blvd 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) 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) **Bar/Lounge**
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: Bar/Lounge Product: Alcohol/Pool/Video Game/Hookah

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 86-2259770 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 _____

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, lease, occupational, and lodgings taxes. Each separate business location requires a separate business license.

APPLICATION FOR TAX CERTIFICATE (CITY OF BIRMINGHAM, AL ABAMA)

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

NAME	TITLE	SOCIAL SECURITY NUMBER
Gooden, Angela	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:

Angela Gooden 1/12/2023
 Signature of Person Completing This Application Date

Angela Gooden (205) 756-1886
 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-M1-ADS-01-12-2023
 Must be approved by
 City Council. SI
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.)

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.)

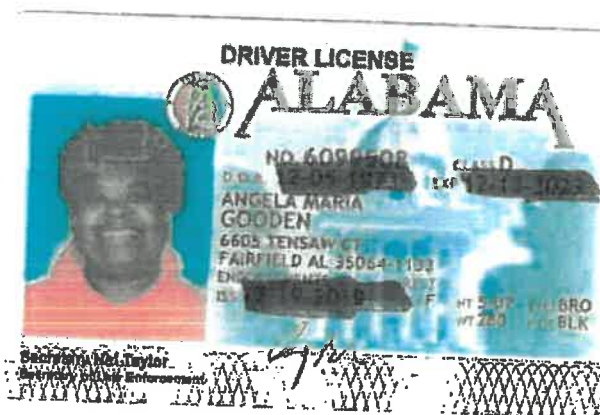
Please select: [] Commercial Establishment [] Private Residence [] No Physical Birmingham Location

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 []



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.

1. The current recorded name of the Limited Liability Company:

Bosses Private Lounge LLC

2. The date the Certificate of Formation was filed: 02 / 24 / 2021 (MM/DD/YYYY)

3. Alabama Entity ID Number (Format: 000-000-000): 000 - 837 - 083 **TO OBTAIN ID NUMBER,** website at 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.**

(For SOS Use Only)

Alabama
Sec. Of State
000-837-083 DLL
Date 04/12/2022
Time 18:27:41
File \$100.00
County -----
Total \$100.00

DOMESTIC LIMITED LIABILITY COMPANY AMENDMENT

4. The following amendment was adopted on 04 / 12 / 2022 (MM/DD/YYYY):

See attached.

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 / 12 / 2022

Date (MM/DD/YYYY)

ANGELA GOODEN

Signature as required by 10A-5A-2.04

OWNER

Title/capacity to sign under 10A-5A-2.04

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

as appears on file and of record in this office, the pages hereto attached, contain a true, accurate, and literal copy of the Articles of Formation filed on behalf of Bosses Private Lounge LLC, as received and filed in the Office of the Secretary of State on 02/24/2021.



20220412000027808

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.

04/12/2022

Date

A handwritten signature in black ink that reads "John H. Merrill". The signature is written in a cursive style.

John H. Merrill

Secretary of State

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:

Bosses Private Lounge LLC

This name reservation is for the exclusive use of ANGELA M GOODEN, 6605 Tensaw Court, Fairfield, AL 35064 for a period of one year beginning February 24, 2021 and expiring February 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.



February 24, 2021

Date

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

RES933727

John H. Merrill

Secretary of State



STATE OF ALABAMA

DOMESTIC LIMITED LIABILITY COMPANY (LLC) CERTIFICATE OF FORMATION

1. THE NAME OF THE LIMITED LIABILITY COMPANY

Bosses Private Lounge LLC

2. THIS FORM WAS PREPARED BY:

ANGELA M GOODEN

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

**Angela Gooden
1179 16th Ave west
Birmingham, AL 35204
JEFFERSON**

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

**6605 Tensaw Court
Fairfield, AL 35064
JEFFERSON**

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

837-083 DLL

Date	02/24/2021
Time	11:19:00
File	\$100.00
County	\$100.00
Exp	\$0.00

Total	\$200.00

6. THE UNDERSIGNED SPECIFY 02/24/2021 11:16:48 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

02/24/2021
DATE

ANGELA GOODEN OWNER
ELECTRONIC SIGNATURE & TITLE

Amendment Details

Entity Info

Current Entity Name

Bosses Private Lounge LLC

Entity ID

000-837-083

Type

Limited Liability Company (LLC)

Formation Date

2021-02-24

Principal Address

Original**Amended****Physical Address**

,

Mailing Address

,

Physical Address201 RICHARD ARRINGTON JR. BLVD S.
BIRMINGHAM, AL 35233**Mailing Address**201 RICHARD ARRINGTON JR BLVD S.
BIRMINGHAM, AL 35233



205-756-1886



angelagooden38@gmail.com

**Bosses Private Lounge
201 Richard Arrington Jr. Blvd. S.
Birmingham, AL 35233**

April 26, 2022

PARKING

To: ZBA

From: Angela Gooden

CC: Parking for 201 Richard Arrington Jr. Blvd South

Here is an explanation of the agreement between Bosses Private Lounge and Birmingham Parking Authority.

I will be paying for parking monthly. They are giving me 1000 validation parking tickets per order, on as needed basis. The guests will park in the deck and bring me their ticket and I will validate it for them to get out of the deck. This will cost me \$2 per ticket. Each validation will be good for 1 year. This has already been approved via parking validation application. Please see attached.

Sincerely,

Angela Gooden

**Angela Gooden
CEO/owner**

BOSSSES PRIVAT LOUNGE LLC

PARKING

To: ZBA

From: Angela Gooden

CC: Parking for 201 Richard Arrington Jr. Blvd South

Here is an explanation of the agreement between Bosses Private Lounge and Birmingham Parking Authority.

I will be paying for parking monthly. They are giving me 1000 validation parking tickets per order, on as needed basis. The guests will park in the deck and bring me their ticket and I will validate it for them to get out of the deck. This will cost me \$2 per ticket. Each validation will be good for 1 year. This has already been approved via parking validation application. Please see attached.

Bosses Private Lounge LLC

Angela Gooden/Owner

Angela Gooden

201 Richard Arrington Jr. Blvd S.
T: 2057561886 W: bossesofbirmingham.com



SECURITY & SAFETY PLAN

BOSSSES PRIVATE LOUNGE/CLUB

Purpose

This plan has been prepared to ensure the safety and livelihood of all of its patrons and the city in which this establishment is located. This security and safety plan will discuss the necessary details to ensure all potential safety hazards or threats will be handled accordingly and in order.

Address: 201 Richard Arrington Jr. Blvd. Birmingham, AL 35233

Phone Number: (205) 756-1886

Hours of Operation

Monday-Thursday 12pm-2am

Friday & Saturday 11pm-2am

Sunday 2pm-12am

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 26th day of April, 2022 between and among the following:

NAME OF LANDLORD: JACK SMITH REAL ESTATE LLC
whose address is: 201 RICHARD ARRINGTON JR
(hereinafter called "Landlord"),

and

NAME OF AGENT: Ironvest Partners

whose address is: 112 24th Street N Suite 201

as agent for Landlord (hereinafter called "Agent"),

and

NAME OF TENANT: BOSSSES PRIVE LOUNGE LLC

whose address is: 201 Richard Arrington Jr Blvd S

(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: 3,715 square feet located in the middle suite of 201 Richard Arrington Jr. Blvd S, Birmingham, AL 35233

_____ (the "Leased Premises") subject to all existing easements, if any, and the regulatory laws and ordinances of the political subdivision in which the Leased Premises is situated. The Leased Premises is described in Exhibit A.

(b) **Use.** The Leased Premises shall be used by Tenant as a lounge/bar/private club intended for business owners and professionals 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. Tenant shall not allow smoking.

2. **TERM.** The Term of this Lease is for Thirty Six (36) Months (the "Term") beginning on the First (1st) day of May, 2022 ("Commencement Date") and ending on the Thirtieth (30th) day of April, 2025, 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.

BOSSSES PRIVATE LOUNGE/CLUB SECURITY PLAN

Security Personnel

Requirements set in place for all security personnel are as followed:

- Security positioned at all doors wearing a distinctive uniform.
- They will be well-trained for the post and knows every regulation.
- Must maintain control of access and club entry lines.
- ID verification for legal age prior to admission.
- Verify prior to entry that the person is not obviously intoxicated.
- Verify that the person is not carrying a weapon or contraband.
 - Use an optional metal detector or pat-down or bag search.
- Enforce the dress code and refuse objectionable attire.
- Refuses admission to known troublemakers.
- Direct communication with bartender and management.
- Access and egress control and fire safety duties.
- Calls the police to report criminal acts, as required.

Security Patrol

The duties of the security personnel during operating hours are as followed:

- Work primarily inside of a nightclub or at the door.
- Patrol's exterior and parking lot sometimes.
- Wear a distinctive uniform and is highly visible.
- Positioned in a room with an unobstructed view.
- Have adequate staff if high-risk.
- Monitor patron behavior and level of intoxication.
- Enforce club rules often with early warnings.
- Removes obnoxious and offensive persons.
- Always professional when asking patrons to leave.
- Implement control of patrons with tendencies of fighting.
- Use force only in self-defense or detention for police.

- Calls the police to enforce criminal acts, as required.

Intoxication Observation

All security and staff will be trained on the following behaviors to identify intoxication levels of patrons:

- Red or puffy eyes
- Slurred speech
- Confusion
- Unsteady Balance
- Obnoxiousness
- Fainting or sleeping
- Fumbling or dropping items repeatedly
- Acts of irrational violence and/or verbal threats

If any or all of these items have been observed the patron will be cut off from anymore alcoholic beverage purchases for the night. If the patron causes any disruptions or acts of violence, security will be informed to remove the patron from the facility. If any members have (2) or more incidents of such nature their membership will be revoked. If a patron begins to get physically violent with any other patrons or staff police will be notified and security will detain the accused until local authorities have arrived.

Daily Preparation

All security and staff will have a daily preparations and meetings. The daily preparations for security will be as followed:

- Checking all emergency exits to ensure a clear pathway
- Check all alarms and panic bar alarms
- Walking the perimeter of the lounge to check for any obstructions or any unsafe items
- Checking all lights inside, perimeter, & parking lots and notating any outages
- Testing all metal detection devices

BOSSSES PRIVATE LOUNGE/CLUB SAFETY PLAN

Fire Safety & Evacuation Plan

In Case of a Fire

The plan for a safe evacuation after fire alarm has been triggered:

- All staff and personnel will safely and calmly point all patrons to the emergency exit
- There will be a security personnel stationed at the exit to guide patrons safely to the parking lot at safe distance from the club
- There will be a designated staff member that will be tasked of having a list of staff & personnel that were scheduled to work that night and a list of all members that entered the lounge and commence a head count to ensure everyone has been accounted for.

Personnel & Staff

- All staff will be trained on the procedures to handling & executing the fire safety & evacuation plan
- There will be a quarterly fire drill to ensure staff and personnel are adequately trained
- There will be an appointed Evacuation Director that will be tasked with accounting for everyone in the designated safety zone and alerting the proper authorities.
- Records shall be kept and made available to the fire code official upon request.
- All personnel will also be aware of the following risk and alert the on-duty security personnel if any of the following risk are being seen:
 - Blocked doors or exits
 - Overcrowding or over occupancy
 - Any extension cords or exposed wiring
 - Patrons gathering too closely to exit routes
 - No emergency lighting

- Patrons smoking or seen using a lighter too closely to the building

Medical Emergencies

In case of a medical emergencies the following will take place:

Minor Cuts or Scratches

For minor cuts or scratches there will be a First Aid Kit readily available for staff and/or patrons.

Major Medical Emergencies:

Personnel will clear the area around the Individual suffering from the medical emergency and call 911 immediately. Security will ensure a safe and easy pathway for First Responders.

Criminal Incident

In the event that a crime has been committed the following will take place:

- If the accused is still present the on-duty security personnel will detain the person until local authorities arrive.
 - The person who witnessed the crime will be asked to stay to give their statement to the police officer
- In the event that the accused is no longer on the premises the individual who witnessed the crime will be asked to stay and the on-duty security personnel will call the local authorities to report the crime.
- All documentation and incident reports will be copied and kept on site for safe keeping and records.



BYLAWS & HOUSE RULES

BOSSSES PRIVATE LOUNGE/CLUB

Address: 201 Richard Arrington Jr. Blvd. Birmingham, AL 35233

Phone Number: (205) 756-1886

Hours of Operation

Monday-Thursday 12pm-2am

Friday & Saturday 11pm-2am

Sunday 2pm-12am

BYLAWS AND HOUSE RULES BOSSSES PRIVATE LOUNGE/CLUB

Bylaws

Article I. Name

The name of the organization shall be **BOSSSES PRIVATE LOUNGE** (hereinafter referred to as the club) with the name being written in proper sequence with no deviations. This name shall not be changed unless permission has first been obtained from the business owner or appointed council.

Article II. Purpose of the Organization

The purpose of this Organization is for:
The maintenance of a social club for the social enjoyment, entertainment, amusement, and association of its members for social purposes.

Article III. Admission to Membership

Section 1.

Any citizen of the United States of America, of good character, who is 21 years of age or over, may be elected to membership of this organization in accordance with the rules herein provided.

Section 2.

Application for membership shall be filled out and signed by the applicant and (2) members in good standing. The application shall be turned over to the Secretary together with a receipt for deposit of the initiation fee and the current year's dues and fee for background investigation.

Section 3.

The name of the applicant shall be presented for ballot at the next regular meeting, provided, however, that at least (1) of the sponsors shall be present at said meeting.

Section 4.

If the vote upon the applicant shall contain less than (3) black balls, the candidate shall be considered elected. If (3) or more black balls are cast at the election, the candidate may not be received into the organization as a member at this time. He or She may not

be reconsidered for membership for at least a period of (6) months. All fees received from him/her shall be returned.

Section 5.

The members, by two-thirds vote, may elect to honorary life membership at any regular meeting any person who has rendered distinguished service to the Organization.

Section 6.

An elective official who has served in office at least 6 consecutive months or any member who has been a member in good standing for 1 consecutive year shall become eligible for a Life Membership in Bosses. Each member who has become a Life Member shall be presented with a permanent Life Membership Card.

Article IV. Meetings

Section 1.

The regular monthly meetings of the Organization shall be held on the third Thursday of each month in the Club of this Organization.

Section 2.

The regular hour of the meeting shall be 11 am. At any time when convenience requires, the regular meeting may be held at a different hour, to be determined by vote of the Organization or of the Board of Directors. Such change or meeting hour shall be posted.

Section 3.

The annual meeting of the Organization shall be held on the third Thursday of October in the Club of the Organization. This meeting shall be for the purpose of electing Officers and Directors, consideration of reports and the transaction of such other business as may properly come before the meeting.

Section 4.

Special meetings may be called at any time by the President of the Board of Directors on their own initiative and shall be called by the President upon written request of (5) members.

Section 5.

A written notice of all annual meetings and special meetings of the Organization shall be mailed to all members at least (5) days prior to date of such meeting.

Section 6.

At any meeting of the Organization (7) members in good standing shall constitute a quorum.

Article V. Board of Directors

Section 1.

The government of the Organization and its operation shall be vested in a Board of Directors consisting of (5) members, (2) of whom shall also be the Officers of the Organization. (2) Board Members shall be elected annually for a term of (3) years. Officers shall be elected annually for a term of (1) year. Officers shall automatically be deemed members of the Board of Directors.

Section 2.

Any member of the Board of Directors who is absent from (3) consecutive Board meetings without just cause may be dropped from the Board of Directors.

Section 3.

In the event of resignation, death, or inability for any cause whatsoever of any of the Officers or Board Members to serve, the remaining members of the Board of Directors shall have the power to select a person to fill such vacancy until the next annual meeting of the Organization when the members of the Organization shall elect a person to fill the unexpired term of the (1) who was unable to serve, for any of the reason aforesaid.

Section 4.

The Board of Directors shall manage the business and govern the affairs of the Organization and shall strive to carry out all the plans made by the Organization at any regular or special meeting. The Board of Directors may further exercise all such powers of the Organization and do all such lawful acts and things as are not by statutes or by these By-Law directed to be exercised or done by the members of the Organization.

Section 5.

The President shall appoint the committees.

Section 6.

Meetings of the Board of Directors may be called by the President at any time and shall be called whenever asked for by (3) Members of the Board. At least (1) day's notice of each meeting shall be given each member of the Board, either personally or by mail.

Section 7.

A majority of the Board of Directors shall be necessary to constitute a quorum for the transaction of business.

Article VI. Officers

Section 1.

The officers of this Organization shall be a:

- (A) President
- (B) Vice-President
- (C) Treasurer
- (D) Secretary

Section 2.

All officers shall be elected at the annual meeting of the Organization to serve for (1) year and shall take office at the next regular monthly meeting following elections.

Section 3.

In the event (1) person is elected to fill the offices of Secretary and Treasurer, the Organization shall then elect an Assistant Secretary.

Article VII. Duties of Officers

Section 1.

The President shall act as the representative head of the Organization. He/She shall preside at all the meetings of the Organization and of the Board. He/She may from time to time call special meetings of the Organization and of the Board for any purpose. He/She shall call a special meeting of the Organization on written request of (5) members and a meeting of the Board on request of (3) members of the Board. He/She shall appoint all committees, subject to the approval of the Board and shall be, ex-officio, a member of all committees. He/She shall have the general control and management of the business of the Organization, subject, however, to these Bylaws and to the regulations and directions of the Board. The President shall order and see to the disposition of a yearly inventory.

Section 2.

The Vice-President shall assist the President and, in the absence, or disability of the President shall perform the duties and exercise the powers of the President.

Section 3.

The Secretary and / or Treasurer or a person designated by the Board of Directors shall handle and receive all moneys for all functions carried out by the Organization.

Section 4.

The Secretary shall give all such notice of meetings as are requested by the Bylaws, shall attend all meetings of the Organization and of the Board and shall keep minutes of the

same. He/She shall perform all duties usually appertaining to the office of Secretary and such other duties as may be from time to time fixed and required by the Board. He/She shall receive receipts of all dues from members and remit same to the Treasurer.

Section 5.

The Assistant Secretary shall aid the Secretary in all his/her duties and take his/her place at all meetings in the absence of the Secretary.

Section 6.

The Treasurer shall have charge of all moneys of the Organization. He/She shall receive the receipts of all dues collected by the Secretary and all income from the operation of all the facilities of whatever source or nature.

His/Her receipts shall be deposited in the name and to the credit of the Organization in a bank to be designated by the Organization. He/She shall pay all bills and obligations from this fund only upon the written approval of the President and Secretary.

The accounts of the Treasurer shall be audited annually by an Auditor appointed by the Board of Directors. His/She accounts shall be audited as of the close of business on October 31 of each year. A report of the audit shall be given at the January meeting.

Article VIII. Duties of the Board of Directors

Section 1.

The Directors shall look after and care for the property of the Organization and shall make a report on the inventory and condition of the property at each annual meeting. The Directors shall see to such repairs and replacements to the property as may from time to time be required. The Directors shall have the authority to buy merchandise and supplies for the operation of the Club rooms and to engage, supervise, and discharge all employees required for the care and operation of these said rooms.

Section 2.

The Directors shall promote and supervise the social activities of the Organization.

Section 3.

The President shall serve as Chairman of the Board of Directors and shall see to the execution of all Board decisions.

Section 4.

The Board shall meet at least once a month.

Article IX. Nominations

Section 1.

Nominations of Officers and Directors to be elected at the annual meeting shall be named either by the nominating committee appointed by the President or from the floor the night of the regular meeting in the month of October of each year.

Section 2.

A nominating committee consisting of not less than (5) members, not more than (2) of whom shall be members of the Board, shall be appointed by the President, with the approval of the Board, sixty days prior to the nominations. The committee shall nominate from the membership of the Organization members to be voted on for membership on the Board in relation to vacancies to be filled. The committee shall file with the Secretary a list of nominees recommended not later than (11) days before the nominations. Their names shall be posted in a conspicuous place in the Club room immediately following the nominations meeting held on the third Thursday in October. Nominations, other than the ones recommended by the committee, may be made from the floor the night of nominations.

Section 3.

Any person who has been a member of the Board of Directors for (2) years is eligible to hold the position of President or Vice-President. Any person who has been a member in good standing for at least (3) years immediately prior to his/her nomination may be nominated for the position of Secretary or Treasurer. Any person who has been a member in good standing for at least (2) years immediately prior to his/her nomination may be nominated for the position of Director of the Organization.

Section 4.

A nomination does not have to be seconded.

Section 5.

At least (1) person shall be nominated for each office to be filled, but any member who is nominated and does not wish to hold office must withdraw by the last day of the month preceding the annual election.

Section 6.

Only the persons nominated in the manner above shall be eligible for election; provided, however, that if no nomination for a particular office shall have been made prior to the date of such election, or if all candidates previously nominated for a particular office shall have declined or withdrawn, nomination for that office shall be made at the regular monthly meeting.

Section 7.

All elections shall be by written ballot except where there is but (1) candidate in nomination, in which event the President may direct any officer to cast the vote of the Organization for such candidate.

Article X. Membership Fees & Dues

Section 1.

The fee for initiation in this Organization shall be \$25.00.

Section 2.

The regular dues for each member shall be one hundred dollars (\$100.00) every (12) months.

Section 3.

The membership year shall run from June 1st to June 30th. Dues will be due June 1st and must be paid by June 30th. or a member will be considered in arrears.

Section 4.

Members who are in arrears in their dues for a period of (3) months shall be served with a written notice sent by the Secretary through U.S. mail to pay the amount due within thirty (30) days. If the dues are not paid within the time allowed and payment is not excused for justifiable reasons by the Board of Directors, the member shall be dropped from the Organization.

Article XI. Use of Organization Property

Section 1.

The use and enjoyment of the Club Rooms by members of the Organization and their guests shall be subject to house rules adopted by the Organization.

Section 2.

It shall be the duty of the Board of Directors to enforce such rules, and in the time of emergency or when the best interest of the Organization may be served, the Board may temporarily suspend or amend such rules as do not relate to conduct.

Section 3.

Neither the Club Rooms or any other property of the Organization shall be rented except upon approval of the Board of Directors. All damage and loss during such private use must be paid for by the contracting parties for such use.

Section 4.

The use of the Club Rooms and facilities of the Organization by the Ladies Auxiliary and use and storage of any equipment upon the premises of the Auxiliary shall be subject to approval by the Board, based upon a consideration of the best interests of the Organization. The installment of any equipment upon the premises may be made only upon the condition that the equipment so installed shall become the property of the Organization.

Article XII. Expenditures

Section 1.

All expenses of normal operation of the Organization and all other items of expenditure involving \$500.00 or less shall be paid upon approval of the Board of Directors.

Section 2.

All items of expenditure, other than the expenses of normal operation and emergencies of the Organization, involving more than \$500.00 shall be paid upon the approval of both the Board of Directors and the members of the Organization.

Article XIII. Loss of Membership

Section 1.

A member of the Organization may be denied the privilege of the Organization and dropped from its rolls for nonpayment of dues as provided in these Bylaws, nonpayment of damages of property for which damage the member is held responsible under the House Rules, a serious infraction of other House Rules, or conduct unbecoming a member of the Organization.

Section 2.

A complaint against any member alleging an infraction of the House Rules or conduct unbecoming a member of the Organization shall be submitted in writing to the Secretary who shall transmit the same to the Board. The accused has the right to be heard. The Board will make a decision within (1) week. The Board shall have the right to drop the accused from the rolls of the Organization.

Section 3.

A member who has been dropped from the rolls of the Organization, may be reinstated upon application and approval thereof and upon payment of the same initiation fee and regular dues in the same manner provided for the admission of new members.

Article XIV. Amendment

These Bylaws may be amended by a majority vote of the members present and voting at any meeting of the Organization, PROVIDED, that the amendment has been approved by the Board of Directors, has been read at a regular meeting of the Organization, and laid over until the next regular meeting, at which time it shall be voted upon. Notice of such amendment must be given in the call of the meeting of the Organization at which said amendment is to be voted upon.

Article XIV. Dissolution

In the event of the dissolution of this club to the extent allowed under applicable law, all of the assets of the club shall be distributed to BOSSES PRIVATE LOUNGE,LLC., provided that the corporation is then in existence.

HOUSE RULES of Bosses Private Lounge

1. The right to use the privileges and facilities of the Club and other property of the Organization in accordance with the Bylaws and House Rules of the Organization is extended to each member and his/her immediate family. An exception, however, is made in the case of adult sons/daughters, 21 years of age, of members, who to enjoy such a right, are required to become members themselves.
2. Any member may bring with him/her to the Club, nonmember relatives or friends, but the constant use of such privilege amounting to an abuse thereof shall not be allowed.
3. Sale of alcoholic beverages is restricted to anyone who is visibly intoxicated and/or unruly, under NO circumstances. This is not permitted
4. The member bringing guests to the club property will be held responsible for their conduct and compliance with House Rules.
5. Members bringing nonmembers to the Clubrooms shall be responsible for such nonmembers and shall pay all charges for such nonmembers.
6. No minor shall enjoy the facilities of the Organization at any time, period.
7. Each member shall be responsible for all damages to the Club or Organization property of any kind caused by himself/herself, his/her family, or his/her guests and upon his/her failure to reimburse the Organization within thirty days after notice by the Secretary of such charge, he/she shall be dropped from the rolls of the Organization.
8. Each member is under obligation to always conduct himself/herself in a respectable manner during his/her use of the Club property and facilities. Under no circumstances shall ungentlemanly/unladylike conduct or obscene or profane language be permitted in the Club or on any portion of the Organization property.
9. Members having suggestions or complaints as to the management of the Club or other facilities of the Organization may present them in writing to the Board of Directors.

Adopted May 3, 2021
Last Amended April 15, 2022

Bosses Private Lounge BUSINESS PLAN

Prepared by:

Angela Gooden Kimble

201 Richard Arrington Jr Blvd S
Birmingham, Alabama 35233
(205)756-1886
angelagooden38@gmail.com

I. EXECUTIVE SUMMARY

Bosses Private Lounge (referred to from hereon in as the "Company") is intended to be established as a Limited Liability Company at 201 Richard Arrington Jr Blvd S, Birmingham, Alabama 35233 with the expectation of rapid expansion in the social entertainment industry.

Business Description

The Company shall be formed as Limited Liability Company under Alabama state laws and headed by Angela Gooden Kimble.

Event Specialist- 10 years

Events Manager -8 years

Security Engineer-6 years

Manager-12 years

Accounting and Tax Prep-8 years

Bookkeeping-10 years

Business Experience-20 years

The Company will employ 6 full-time employees and 2 part-time employees.

Management Team

The Company has assembled an experienced management team:

Director of Security and Marketing - Pernithia Gamble, 8 years experience with Wells Fargo Security and Unlimited Entertainment LLC

Business Mission

My goal for Bosses Private lounge is to create a safe fun Entertainment Venue for the upper class individuals that own their own businesses to have somewhere to come and enjoy themselves. The main focus will be providing a secure, safe location with valet parking to set the mind of guests at ease to enjoy the evening.

New Service

The Company is prepared to introduce the following service to the market:

Social Private Club: Providing entertainment for business owners that will also make a place for social and business networking. BPL will open from 5pm to 2am Sunday-Wednesdays and 5pm-4am Thursday-Saturday. Hours are subject to change upon discretion.

This will be a upscale Establishment

Dress Code will be strictly enforced.

Birmingham Police Department will provide security onsite

No sneakers of any kind

No Tank tops or T-shirts

No Sagging Pants

Valet parking will be available

All members must adhere to all rules and regulations of this establishment or membership will be revoked.

II. BUSINESS SUMMARY

Industry Overview

In the United States, the social entertainment industry presently makes 500,000 dollars in sales.

Research shows that consumers in this industry primarily focus on the following factors when making purchasing decisions:
All members must qualify for membership

1. At least 21 years of age
2. Have and continue to operate a successful business for at least two years.
3. Club Rules & Regulations
4. Members, and their Guests are expected to abide by these Membership Rules and any violation of the Rules may subject the Member to suspension or forfeiture of their Membership.
5. Members and guests are fully responsible for personal items that are lost, stolen, or damaged at the Club.
6. It is strictly forbidden for any Member or Guest to bring any food or beverage to the club.
7. Good order, proper hygiene, appropriate attire, and consideration of the rights and comforts of others must be observed at all times.
8. No Abusive or Provocative Language. Respect other members.
7. Any complaints regarding the conduct of staff or of a Member or Guests should be reported directly to the Club Management Team.
8. Smoking is NOT permitted at all
9. Walking bare feet is NOT permitted, please make sure your shoes are comfortable.
10. Valet parking will be provided for \$10, or self parking located across the street inside Birmingham Parking Authority Deck for free, validate your parking with Valet office.
11. Members and Guests are required to follow the parking and traffic regulations. Parking in reserved, restricted or unmarked areas will result in the removal of the offending cars at the expense of its registered owner.
12. Members and guests may not display actions that the Club staff deems unsportsmanlike or rude, or misuse, move or alter any portion of the Club environment or property; any abuse will result in loss of Membership and Club Privileges.
14. Members shall pay for any loss or damage to property for which they or their Guests are responsible. No property or furniture shall be moved from or to the Club without management approval.

We hope you enjoy all the benefits of a safe and effective private club!!

Business Goals and Objectives

Short Term:

Acquire at least 500 plus members
Provide a place where members want to return.
Gain sales of at least \$5000 per night

Long Term:

Offer a superior experience for members, Stay focused on budget and profit for success

Legal Issues

The Company affirms that its promoters have acquired all legally required trademarks and patents.

III. MARKETING SUMMARY

Target Markets

The Company's major target markets are as follows:

People who are prominent in business, respected socially, and who fit the culture of the club. Those that are aware of and engaged in the membership process and bring others of the same nature with them.

The estimated number of potential clients within the Company's geographic scope is 500.

Pricing Strategy

The Company has completed a thorough analysis of its competitors' pricing. Keeping in mind our competition's pricing and the costs of customer acquisition, we have decided on the following pricing strategy:

Members will pay a \$30 fee for membership.

No door charge with a 3 drink minimum. Any guests they bring will have a \$20 door cover charge for each visit, with a limit of 3 visits, after that a membership will be required.

Promotional Strategy

The Company will promote sales using the following methods:

Website, Online Marketing, Celebrity guests, Direct Marketing, word of mouth

Services

First-rate service is intended to be the focus of the Company and a cornerstone of the brand's success. All clients will receive conscientious, one-on-one, timely service in all capacities, be they transactions, conflicts or complaints. This is expected to create a loyal brand following and return business.

IV. FINANCIAL PLAN

12-Month Profit and Loss Projection

Monthly expense for salaries and overhead (projected):	\$6,500.00
Revenue and sales for first year of business (projected):	\$400,000.00
Gross profit for first year of business (projected):	\$300,000.00

Date of this notice: 02-24-2021

Employer Identification Number:
86-2259770

Form: SS-4

Number of this notice: CP 575 'G

BOSSES PRIVATE LOUNGE LLC
ANGELA M GOODEN SOLE MBR
1179 16TH AVE W
BIRMINGHAM, AL 35204

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

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 86-2259770. 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.

When filing tax documents, payments, and 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.

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.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

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.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

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

Thank you for your cooperation.

Keep this part for your records.

CP 575 G (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 G

999999999

Your Telephone Number Best Time to Call
() -

DATE OF THIS NOTICE: 02-24-2021
EMPLOYER IDENTIFICATION NUMBER: 86-2259770
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023
!@#\$%^&*~

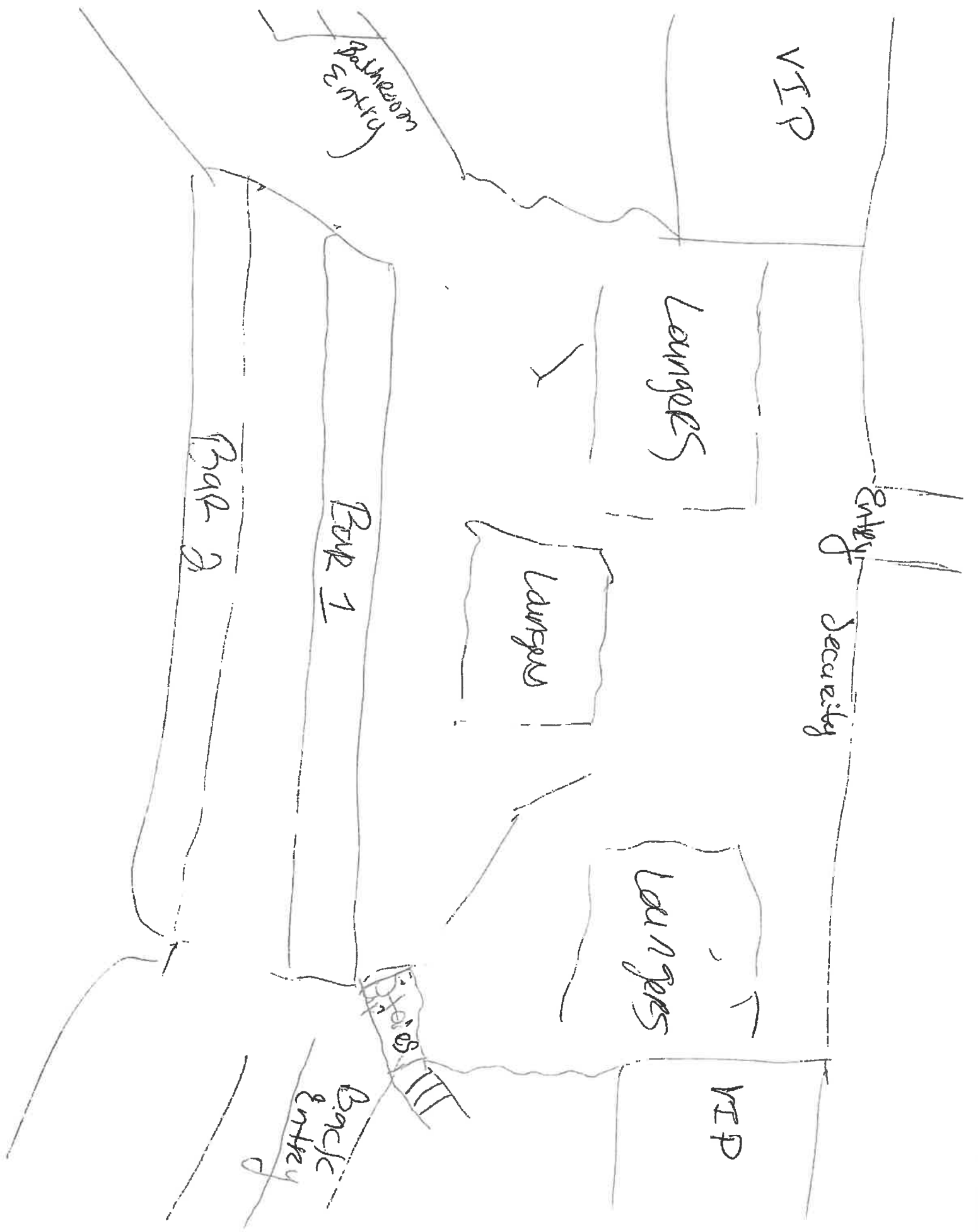
BOSSES PRIVATE LOUNGE LLC
ANGELA M GOODEN SOLE MBR
1179 16TH AVE W
BIRMINGHAM, AL 35204

Lounge

Dance Area

Room 1

Lounge



VIP

Bathroom
Entry

Lounge

Security
Entry

Lounge

Lounge

VIP

Bar 1

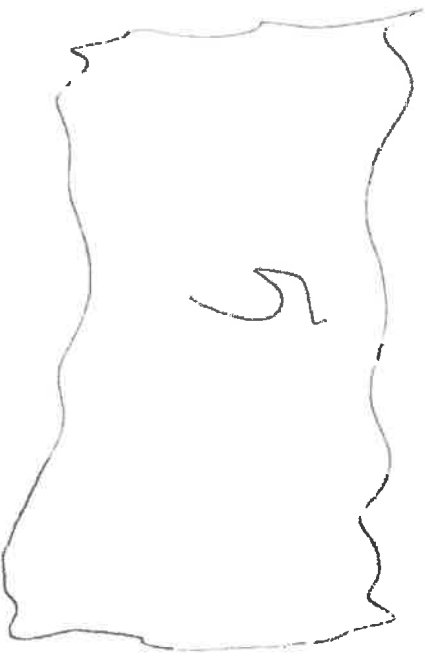
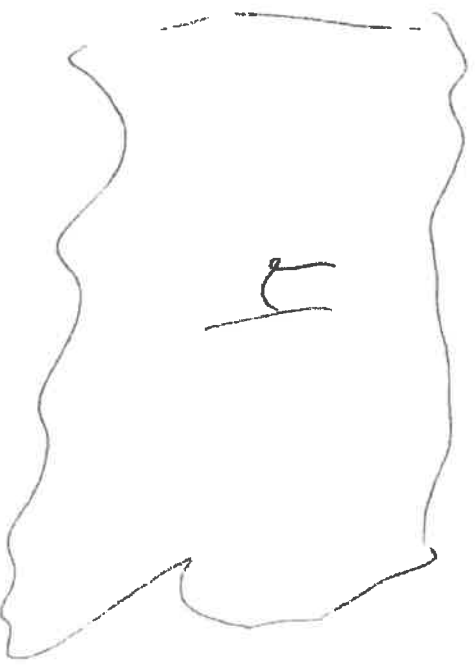
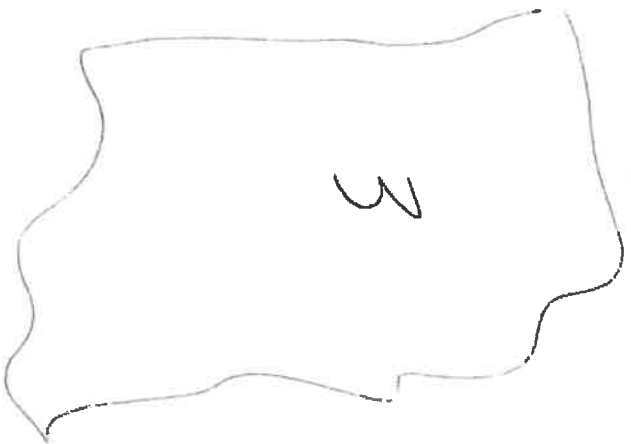
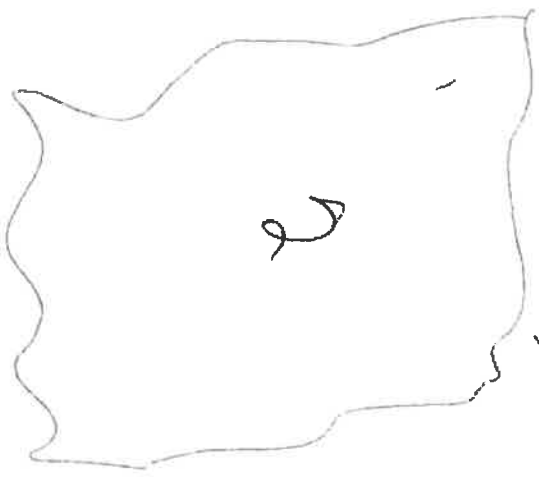
Bar 2

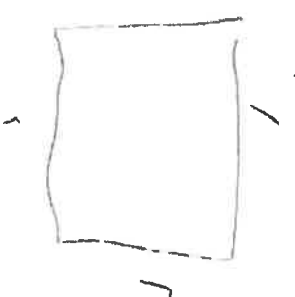
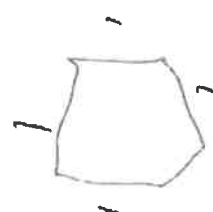
Kitchen

Back
Entry

Room 3

Game & Entertainment Room
Pool Tables





Upstairs

Sitting

Area

Pathways



PARCEL ID: 012200364018004000

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

DATE: Wednesday, April 13, 2022 10:08:17 AM

OWNER: JACK SMITH REAL ESTATE LLC

ADDRESS: 2520 MARCAL RD

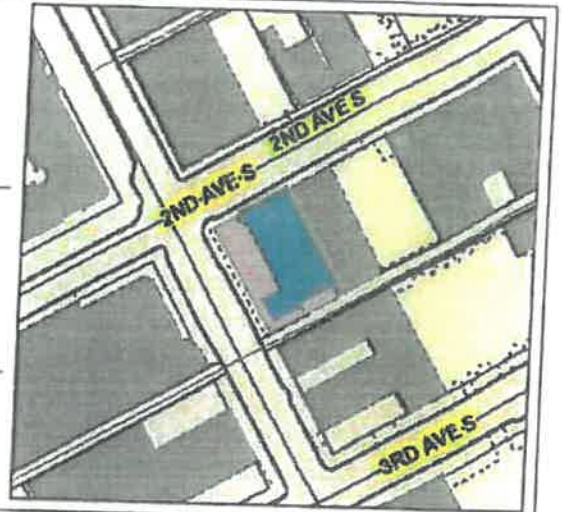
CITY/STATE: BIRMINGHAM AL

ZIP+4: 35244

SITE ADDR: 201 RICHARD ARRINGTON JR BLVD

CITY/STATE: BHAM, AL

ZIP: 35233



LAND: \$378,000.00

BLDG: \$79,900.00

OTHER: \$0.00

AREA: 13,900.16

ACRES: 0.32

SUBDIVISION INFORMATION:

NAME BIRMINGHAM BLOCKS

BLOCK: 137

LOT: 8A

:

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 - 6 (Councilor: Crystal Smitherman)

Zoning Outline: M1

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.

cc: bob@garagebham.com
 APPLICANT 205-617-5414
 ROBERT RYAN, OPERATOR
 BRANDON McCRAH, CITY COUNCILOR
 LATONYA TATE
 WIL JONES - INCOMING N/A PRES
 DANM JONES - N/A SECRETARY
 GREGORY STANLEY, CITY
 BARBARA JACKSON, CITY

Neighborhood Voting Form: Liquor Applications

Date: 12/2/22

Application Type:

Subject: Applicant's Entity Name The Garage Birmingham LLC
 Business Name The Garage
 Business Address 2304 10th Ter 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 JAN 17, 2023 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 0 Oppose 12 Support 0 No Recommendation

Reason for Opposition NO ADVERSE EXPERIENCES FROM THIS LOCATION OVER MANY YEARS. APPLICANT & OWNER KNOWN TO NEIGHBORHOOD. NO CHANGE IN APPEARANCE OR OPERATION EXPECTED.

Applicant: attended NA meeting did not attend NA meeting
MR. ROBERT RYAN

Sabrina Chaffin Jan 21, 2023
 President/Officer
 SABINA CHAFFIN
 cell 205-789-7925

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

Mailing Address: 2304 10th Ter S
Birmingham, AL 35205

Trade Name: The Garage

Location Address: 2304 10th Ter S

Contact Number: (205)617-5416

Contact Person:
Robert Ryan

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) |

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 7TBS/30CHS

Date Applied: 12/2/22

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) The Garage Birmingham 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# ██████████ Robert Ryan	Member	██████████ Ireland	865 Cable Dr Birmingham, AL 35226	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 001-049 Page: 1 of 3 Date: 11/17/2022 County: Jefferson
791

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

3. Trade Name The Garage

4(a) Location 2304 10th Ter 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: **2304 10th Ter S Birmingham, AL 35205**

(d) Business Phone **(205)322-3220** Fax: _____ Other Contact: **(205)617-5416**

5. Name, trade name and License number of last or previous licensee: **The Garage Southside LLC**
Trade name The Garage Year 2014 Type 150I 150M Taxpayer ID 467611

6 (a) Owner of real estate for which license is desired Tenth Terrace South LLC
7650 Cottonridge Rd Trussville, AL 35173

(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? **7TBS/30CHS**

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 2nd day of December, 2022

 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-Type 020

TAXPAYER IDENTIFICATION NUMBER
(City Office Use Only)

Transfer

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: The Garage Birmingham LLC
Attention: _____
Address: 2304 10th Ter S
City: Birmingham State: AL Zip Code: 35205
Area Code and Phone Number: (205)617-5416
Area Code and Fax Number: _____
Name of Contact Person: Robert Ryan
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 Garage
Attention: _____
Address: 2304 10th Ter S
City: Birmingham State: AL Zip: 35205
Area Code and Phone Number of Business Location: (205)322-3220
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: The Garage Southside LLC
Trade Name (d/b/a) The Garage
Mailing Address of Former Owner 2304 10th Ter S
Address (es) of Former Location(s) Same
Area Code and Phone Number of Former Owner: (205)322-3220

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 88-4305504 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
Ryan, Robert	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 of Person Completing This Application

Date

12/2/22

ROBERT RYAN

Print the Name of the Person Completing This Application

205 617 5416

Phone Number of Person Completing Application

CITY OFFICE USE ONLY - Location

ZONING APPROVAL AND COMMENTS:
 OK B1 12/02/2022 E.R.
 "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 **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 []

DRIVER LICENSE



ALABAMA

NO. [REDACTED] CLASS [REDACTED]

D.O.B. [REDACTED]
ROBERT [REDACTED]
RYAN [REDACTED]

1216 MONTICLAR RD
BIRMINGHAM AL 35213-1410

SEX [REDACTED] HT [REDACTED] WT [REDACTED]
EYES [REDACTED] HAIR [REDACTED] COM [REDACTED]

MT 510 K/C/BLU
WT150' 165 BRD



TRANSFER OF CITY OF BIRMINGHAM BUSINESS LICENSE
(CONTROLLED)

I, Garage Southside LLC (current taxpayer), holding City of Birmingham License ID# [REDACTED] (six-digit City ID), located at 2804 10th Ter S (business address) Birmingham, AL 35205, hereby agree that said License be transferred to The Garage Birmingham LLC (applicant) provided The Birmingham LLC (applicant) obtains approval 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 The Garage Birmingham 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 [Signature]

DATE 12-2-22

APPLICANT [Signature]

DATE 12/2/22

WITNESS [Signature]
NOTARY [Signature]

DATE 12/2/22

Secretary/John Taylor
State of Law Enforcement



DRIVER LICENSE

ALABAMA

NO. [REDACTED] CLASS DM
KATHRYN LYNN [REDACTED] EXP. [REDACTED]
WOEHLE [REDACTED]
716 LINWOOD RD
BIRMINGHAM AL 35226-4431
ISS. [REDACTED] REST [REDACTED]
[REDACTED] CAT. BRO
[REDACTED] [REDACTED] BRO

Kathryn Woehle

ASSET PURCHASE AGREEMENT

11.18.2022 THIS ASSET PURCHASE AGREEMENT (this "Agreement"), dated 2022 (the "Effective Date"), is made by between THE GARAGE SOUTHSIDE, LLC, an Alabama limited liability company ("Seller"), and ROBERT RYAN ("Buyer").

RECITALS

WHEREAS, the undersigned Kathryn L. Woehle is the sole member of Seller which owns and operates a restaurant and bar known as the Garage Cafe (the "Business") in certain premises located at 2304 10th Terrace South, Birmingham, Alabama 35205 (the "Premises"); and

WHEREAS, Buyer desires to acquire certain assets of Seller associated with the Business, and Seller desires to sell such assets to Buyer, all as more fully set forth below.

NOW THEREFORE, in consideration of the covenants and agreements hereinafter set forth, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

WITNESSETH

NOW, THEREFORE, in consideration of the premises and for other good and valuable consideration, the receipt and sufficiency of which is acknowledged, the parties hereto agree, for themselves, and their respective successors and assigns, as follows:

1. **Bill of Sale.** For and in consideration of the sum of One Hundred Seventy Thousand and No/100 Dollars (\$170,000.00) and other good and valuable consideration to the Seller, the receipt whereof is hereby acknowledged, Seller hereby remises, releases, assigns, transfers and conveys to Buyer, all of Sellers' right, title and interest in the assets used or useful in the operation of the Business, including those items set forth on Exhibit A of the disclosure schedules attached hereto (the "Purchased Assets"). Seller is selling the Purchased Assets, and Buyer is accepting same in "as-is", "where is" condition, subject to all faults without any representation or warranty whatsoever as to the condition, fitness for any particular purpose, merchantability or any other warranty, express or implied regarding the condition of the Purchased Assets. Buyer is acquiring the Purchased Assets based upon Buyer's own independent investigations and inspections of the Purchased Assets and not in reliance on any information provided by Seller or Seller's agents or contractors. Buyer hereby agrees to indemnify Seller against and to hold Seller harmless from any liabilities relating to the Purchased Assets accruing on or after the Effective Date. Buyer shall pay, and shall reimburse Seller for, any sales, use or transfer taxes, documentary charges, recording fees or similar taxes, charges, fees, or expenses, if any, that become due and payable as a result of the transactions contemplated by this Agreement.

2. **Assignment of Intangibles.** As of the Effective Date, Seller does hereby grant, sell, assign, transfer, convey and deliver to Buyer, all of Seller's right, title and interest in and to all trade names, warranties, contracts and agreements from and with any contractors, surveyors, servicers, and suppliers, and any other intangibles of any kind with respect to the Business (collectively, the "Intangibles"). Buyer hereby agrees to indemnify Seller against and to hold Seller harmless from any liabilities relating to the Intangibles accruing on or after the Effective Date.

3. **Right of First Offer.** Following the Effective Date, Buyer acknowledges and agrees that Buyer may not sell, assign or convey any portion of the Purchased Assets or the Intangibles to any third-party prospect (the "Prospect") interested in acquiring such without having first notified Seller of

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:
The Garage Birmingham 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): Robert J Ryan

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

865 Cable Drive Vestavia, AL 35226

*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	
001-049-791	DLL
Date	11/17/2022
Time	11:28:00
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 11 / 17 / 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 11 : 28 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).

11 / 17 / 2022
Date (MM/DD/YYYY)

Robert J Ryan
Signature as required by 10A-5A-2.04

Member Manager
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:

The Garage Birmingham LLC

This name reservation is for the exclusive use of Robert Ryan, 865 Cable Drive , Vestavia, AL 35226 for a period of one year beginning November 17, 2022 and expiring November 17, 2023



RES057497

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.

November 17, 2022

Date

J. H. Merrill

John H. Merrill

Secretary of State

PARCEL ID: 012800062005012000

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

DATE: Friday, December 2, 2022 9:31:15 AM

OWNER: TENTH TERRACE SOUTH LLC

ADDRESS: 7650 COTTONRIDGE RD

CITY/STATE: TRUSSVILLE AL

ZIP+4: 35173

SITE ADDR: 2304 10TH TER S

CITY/STATE: BIRMINGHAM, AL

ZIP: 35205



LAND: \$120,800.00

BLDG: \$22,800.00

OTHER: \$0.00

AREA: 11,575.88

ACRES: 0.27

SUBDIVISION INFORMATION:

NAME BIRMINGHAM BLOCKS

BLOCK: 747

LOT: 5

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: In Tax Increment Financing District

Neighborhoods: Five Pts So (1701)

Communities: Southside (17)

Council Districts: District - 6 (Councilor: Crystal N. Smitherman)

Zoning Outline: B1

Demolition Quadrants: DEM Quadrant - 1

Impaired Watersheds: Not in Impaired Watersheds

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.

Pushing to Nov 8

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 3rd 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-Lerrell
President/Officer

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

1/26/2023
Spoke E Cache

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 3rd Ave W, Ste B
Birmingham, AL 35204

Trade Name: The Late Rollers Package Store

Location Address: 1101 3rd 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

(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# ██████████ Cache Dominique Steelwell	Member	██████████ 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 Package Store

4(a) Location 1101 3rd 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 3rd 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 8th 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 _____
- (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 - 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 Applicant

Greg 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 3rd 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 3rd 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

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 08-15-2022
 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-02-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 NBI 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.)

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"/>

DRIVER LICENSE



ALABAMA

DRIVER NO. [REDACTED] CLASS 0

GONZALEZ DOMINGUEZ
STEFAN WELLS

ISSUED 11/20/2014 EXPIRES 11/20/2018

SEX M HT 5-10 WT 175 HA BRN EYES BRN

DOB 11/20/1988

SEX M HT 5-10 WT 175 HA BRN EYES BRN

DOB 11/20/1988



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

[Signature]
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

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

J. 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 HOA THAI DO [name of lessor], of 1101 - 3rd Avenue West [street address], State of Alabama, hereinafter referred to as "Lessor", and SIA 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, Blham, 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, 2022 and expiring at Midnight on the _____ day of _____, 2025. ("Initial Term")

4. BASE RENT: The net monthly payment shall be Three Thousand dollars (\$3,000.00), 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 or 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 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 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 ID:1254 2. Additional: 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 edit it before submitting. Click the "Submit" button at the bottom of this page to receive your EIN.

Help Topics What is Form 1120?

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 1120.)
State/Territory where articles of organization are (or will be) filed: AL

Addresses

Physical Location: 1101 5RD AVE W STE B BIRMINGHAM AL 35204
Phone Number: 205-602-4900

Responsible Party

Name: CAGHE STEELWELL (MR)
SSN/TIN: XXX-XX-6012

Employee Information

Date wages or salaries 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

Owrs 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
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

BLDG: \$1,054,000.00

AREA: 49,432.35

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



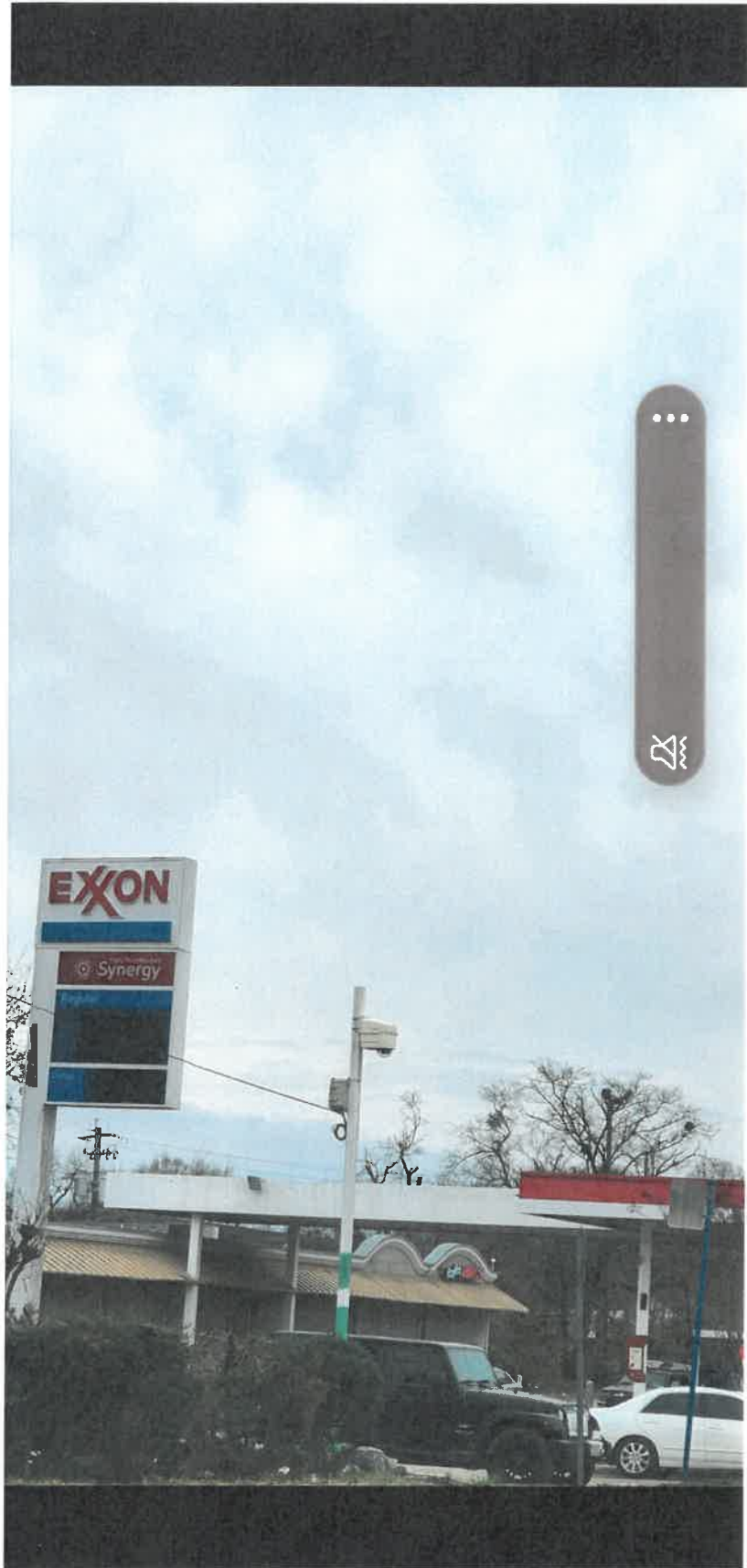
Parcel mapping and description information is obtained from the Jefferson County Tax Assessor's Office. This site does not provide real-time information and may contain errors. All data should be verified with the official source. The City of Birmingham makes no warranty as to the accuracy of the data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

Safety Plan The Late Rollers Package Store

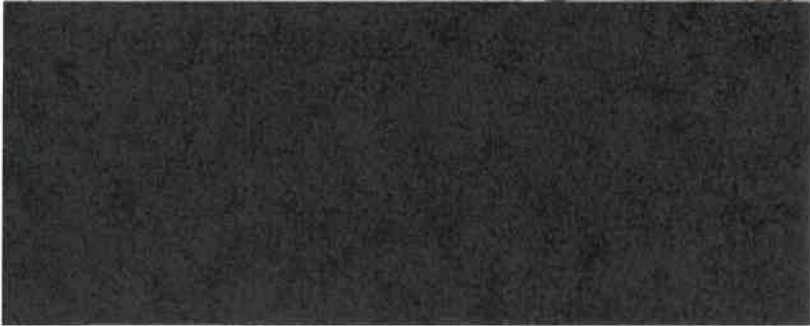
Strong Security Plan for both suites:

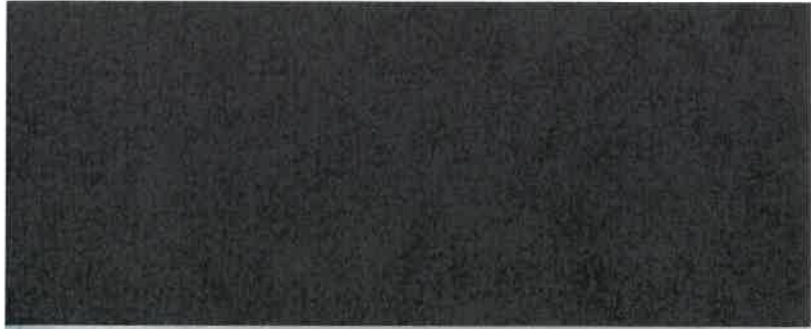
- Creating signage near the gas pumps, so that my customers can stay safe.(Signage like intoxicated person will not be served strictly)
- Creating the right signage and train my employees to recognize the problems.
- Cleaning up any gas spills as soon as they happen.
- Invest in reflective tape, make sure to keep the exits clear, and do what I can to create a good guide for traffic flow.
- Store Interior will be cleaned all the time to prevent slips, trips, and falls. Any spills will be cleaned up immediately, with proper signage. Put mats at the entrances and exits to my store.
- Visibility is the key so we got high- quality lighting installed already to make my customer feel safe getting gas at night. We are installing high quality security cameras at several parts of the station, and invest in big screen television, convex mirrors to give even greater visibility for both convenience and package stores.
- Getting liquor liability insurance.
- Operating hours 10:00 am to 12:00 am weekdays 10:00 am to 1:00 am weekends
Sunday 12 noon -10pm
- Bulletproof glass and avoiding having workers in the store on their own during certain hours.
- Training employees in de-escalation tactics, if any robbery happens. Give whatever they want and then only call law enforcement after. Also, remove cash from the register at the end of the evening, and set firm limits on how much cash you'll have on the premises at any given time.
- Letting go with changes to create mutual respect towards customers.
- Taking care of customers in 1st priority.
- Eliminating high margin like any other store to give high level customer services.
- Ensuring prices are reasonable.
- Not selling alcohol to intoxicated customers and education on doordash online service for beer and liquor so that customers can enjoy safe. The Future is doordash and online service. Helps in drink responsibly.
- Door dash is really doing good business focusing will help both parties ensuring customers safe. Attached is some of the real stats from Mr. Spirits
- Hiring Security guard on weekends because of customers flow would be great idea to safeguard the whole store.

- It's also about protecting my investment. So Right Insurance Policy can help me take some of the burden off as the owner. Right insurance for both the owner and customers.
- Any Suspicious activity will be reported immediately to law enforcement.
- Birmingham city also provided a camera on the corner on right by the Exxon sign

















\$100 gift card for a 45 minute Zoom call!

1 message

DoorDash <no-reply@doordash.com>
Reply-to: no-reply@doordash.com
To: Bijay Awale <spirit35214@gmail.com>

Tue, Dec 6, 2022 at 1:00 PM



HELP DEFINE THE FUTURE OF DOORDASH



Hi Bijay,

DoorDash would like to speak with Merchants like you about your experience. Please sign up through the link below for the 45 minute

conversation. Sessions are taking place from December 6th-9th. As a thank you, you will receive a \$100 Tango gift card within 1 week of participating.

The survey below will only take you about one minute.

[Take the survey](#)



**Contact
Support**



**Merchant
Help**



**Merchant
Portal**



**Refer &
Earn***

©2022 DoorDash Inc.
303 2nd Street, South Tower, Suite 800
San Francisco, CA 94107



[Help Center](#) | [Unsubscribe](#) | [View email in browser](#)

*Referrals must be in the US, not a prior DoorDash partner, and must activate account within 60 days of referral and complete a consumer order within 30 days of activation, by December 31, 2022, for referring merchants to earn referral bonus. Additional terms apply; view full terms here.

TERMS & CONDITIONS: Lorem ipsum dolor sit amet, consectetur adipiscing elit. Morbi finibus felis ac maximus fringilla. Pellentesque suscipit tempus orci, eu venenatis nibh sagittis sit amet. Integer semper, ex ac vestibulum varius, neque nulla varius sapien, id hendrerit odio turpis vel purus. Nullam nec pretium ante.



DoorDash Daily Summary

1 message

DoorDash <no-reply@doordash.com>
Reply-to: no-reply@doordash.com
To: Bijay Awale <spirit35214@gmail.com>

Tue, Dec 27, 2022 at 1:31 AM



Mr. Spirits (Forestdale Blvd)

Sun Dec 25

Earnings Summary

Gross Sales

\$298.86

Marketplace Classic

\$209.90

Marketplace Pickup

\$88.96

Total Order Volume

7

Average Ticket Size

\$42.70

[Visit Merchant Portal](#)

Operations Quality

Learn how effectively your operations are running with summaries of canceled orders, addressable wait times, missing or incorrect items, and downtime.

[Check Operations](#)

Ratings & Customer Reviews

Want to see what people think about your business? Check out your customer rating and recent reviews.

[View Reviews](#)

Additional Resources



[Submit an issue](#)



[Upload photos](#)



[Grow your sales](#)

Want more people to receive the summary email?

You can edit your email frequency preferences and add or remove recipients in the [Merchant Portal](#).



**Contact
Support**



**Merchant
Help**



**Merchant
Portal**



**Refer &
Earn***

©2022 DoorDash Inc.
303 2nd Street, South Tower, Suite 800
San Francisco, CA 94107



[Help Center](#) | [View email in browser](#)

*Referrals must be in the US, not a prior DoorDash partner, and must activate account within 60 days of referral and complete a consumer order within 30 days of activation, by January 3, 2023 for referring merchants to earn referral bonus. Additional terms apply; view full terms [here](#).



DoorDash Payment to Mr. Spirits (Forestdale Blvd) (Birmingham) for 12/19/2022 to 12/25/2022

1 message

DoorDash <accounts@doordash.com>
Reply-to: accounts@doordash.com
To: Bijay Awale <spirit35214@gmail.com>

Thu, Dec 29, 2022 at 5:10 AM



Hi Mr. Spirits (Forestdale Blvd) (Birmingham)!

You will receive a payment of **\$1,424.21***.

You can view the full payment details and breakdown in the Financials Tab of the [Merchant Portal](#).

This payment covers transactions from **12/19/2022** through **12/25/2022.****

**Could take up to 3-5 business days from today, depending upon your bank.*

***May include adjustments and error charges for orders that happened prior to this date range.*



DoorDash Payment to Mr. Spirits (Forestdale Blvd) (Birmingham) for 12/12/2022 to 12/18/2022

1 message

DoorDash <accounts@doordash.com>
Reply-to: accounts@doordash.com
To: Bijay Awale <spirit35214@gmail.com>

Thu, Dec 22, 2022 at 4:21 AM



Hi Mr. Spirits (Forestdale Blvd) (Birmingham)!

You will receive a payment of **\$829.21***.

You can view the full payment details and breakdown in the Financials Tab of the [Merchant Portal](#).

This payment covers transactions from **12/12/2022** through **12/18/2022.****

**Could take up to 3-5 business days from today, depending upon your bank.*

***May include adjustments and error charges for orders that happened prior to this date range.*



DoorDash Payment to Mr. Spirits (Forestdale Blvd) (Birmingham) for 11/23/2022 to 12/11/2022

1 message

DoorDash <accounts@doordash.com>
Reply-to: accounts@doordash.com
To: Bijay Awale <spirit35214@gmail.com>

Thu, Dec 15, 2022 at 4:29 AM



Hi Mr. Spirits (Forestdale Blvd) (Birmingham)!

You will receive a payment of **\$970.67***.

You can view the full payment details and breakdown in the Financials Tab of the [Merchant Portal](#).

This payment covers transactions from **11/23/2022** through **12/11/2022.****

**Could take up to 3-5 business days from today, depending upon your bank.*

***May include adjustments and error charges for orders that happened prior to this date range.*



DoorDash Payment to Mr. Spirits (Forestdale Blvd) (Birmingham) for 11/28/2022 to 12/04/2022

1 message

DoorDash <accounts@doordash.com>
Reply-to: accounts@doordash.com
To: Bijay Awale <spirit35214@gmail.com>

Thu, Dec 8, 2022 at 5:29 AM



Hi Mr. Spirits (Forestdale Blvd) (Birmingham)!

You will receive a payment of **\$627.15***.

You can view the full payment details and breakdown in the Financials Tab of the [Merchant Portal](#).

This payment covers transactions from **11/28/2022** through **12/04/2022.****

**Could take up to 3-5 business days from today, depending upon your bank.*

***May include adjustments and error charges for orders that happened prior to this date range.*



DoorDash Payment to Mr. Spirits (Forestdale Blvd) (Birmingham) for 11/21/2022 to 11/27/2022

1 message

DoorDash <accounts@doordash.com>
Reply-to: accounts@doordash.com
To: Bijay Awale <spirit35214@gmail.com>

Thu, Dec 1, 2022 at 6:12 AM



Hi Mr. Spirits (Forestdale Blvd) (Birmingham)!

You will receive a payment of **\$483.67***.

You can view the full payment details and breakdown in the Financials Tab of the [Merchant Portal](#).

This payment covers transactions from **11/21/2022** through **11/27/2022.****

**Could take up to 3-5 business days from today, depending upon your bank.*

***May include adjustments and error charges for orders that happened prior to this date range.*



DoorDash Payment to Mr. Spirits (Forestdale Blvd) (Birmingham) for 12/26/2022 to 01/01/2023

1 message

DoorDash <accounts@doordash.com>
Reply-to: accounts@doordash.com
To: Bijay Awale <spirit35214@gmail.com>

Mon, Jan 2, 2023 at 7:17 AM



Hi Mr. Spirits (Forestdale Blvd) (Birmingham)!

You are expected to receive a payment of **\$1,418.03**.

This payment covers transactions from **12/26/2022** through **01/01/2023***

You will receive an email on Thursday with the finalized payout amount and you will be able to view the full payment details in the Financials tab of the [Merchant Portal](#). Real-time order data can be accessed by visiting the Orders tab of the [Merchant Portal](#).

**May include adjustments and error charges for orders that happened prior to this date range*



DoorDash Payment to Mr. Spirits (Forestdale Blvd) (Birmingham) for 01/02/2023 to 01/08/2023

1 message

DoorDash <accounts@doordash.com>
Reply-to: accounts@doordash.com
To: Bijay Awale <spirit35214@gmail.com>

Mon, Jan 9, 2023 at 7:21 AM



Hi Mr. Spirits (Forestdale Blvd) (Birmingham)!

You are expected to receive a payment of **\$711.90**.

This payment covers transactions from **01/02/2023** through **01/08/2023***

You will receive an email on Thursday with the finalized payout amount and you will be able to view the full payment details in the Financials tab of the [Merchant Portal](#). Real-time order data can be accessed by visiting the Orders tab of the [Merchant Portal](#).

**May include adjustments and error charges for orders that happened prior to this date range*



DoorDash Payment to Mr. Spirits (Forestdale Blvd) (Birmingham) for 01/09/2023 to 01/15/2023

1 message

DoorDash <accounts@doordash.com>
Reply-to: accounts@doordash.com
To: Bijay Awale <spirit35214@gmail.com>

Thu, Jan 19, 2023 at 6:06 AM



Hi Mr. Spirits (Forestdale Blvd) (Birmingham)!

You will receive a payment of **\$972.72***.

You can view the full payment details and breakdown in the Financials Tab of the [Merchant Portal](#).

This payment covers transactions from **01/09/2023** through **01/15/2023.****

**Could take up to 3-5 business days from today, depending upon your bank.*

***May include adjustments and error charges for orders that happened prior to this date range.*



CITY OF BIRMINGHAM

OFFICE OF THE CITY CLERK

PUTTING PEOPLE FIRST

Randall L. Woodfin
Mayor

Lee Frazier, J.D., MMC, CERA
City Clerk

January 18, 2023

S & A Investment, LLC
d/b/a The Late Rollers Package Store
1101 3rd Avenue West, Suite B
Birmingham, AL 35204

Dear Sir or Madam:

The Council of the City of Birmingham, at the regular meeting of January 17, 2023, voted to refer your application for a Lounge Retail Liquor Class II License to be used at The Late Rollers Package Store, 1101 3rd Avenue West, Suite C, Birmingham back to the Birmingham Public Safety Committee.

You are hereby notified to contact Brandon McCray, Assistant of the Birmingham Public Safety Committee at (205) 254-2294 for any more information needed that may be required relative to this matter.

Sincerely,


Lee Frazier, MMC
City Clerk

LF/kc

cc: Mayor
Public Safety Committee (3)
Vice Bureau, Police Department



CITY OF BIRMINGHAM

OFFICE OF THE CITY CLERK

PUTTING PEOPLE FIRST

Randall L. Woodfin
Mayor

Lee Frazier, J.D., MMC, CERA
City Clerk

December 29, 2022

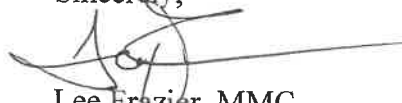
S & A Investment, LLC
d/b/a The Late Rollers Package Store
1101 3rd Avenue West, Suite B
Birmingham, AL 35204

Dear Sir or Madam:

The Council of the City of Birmingham, at the regular meeting of December 20, 2022, voted to postpone action on your applications for a Lounge Retail Liquor Class II License to be used at The Late Rollers Package Store, 1101 3rd Avenue West, Suite C, Birmingham, until the Regular Meeting of **January 17, 2023**, at 9:30 o'clock a.m. in the City Council Chambers, 3rd Floor, City Hall.

You are hereby notified to appear at the meeting on January 17, 2023, in order to supply the Council with any information that may be required relative to this matter.

Sincerely,



Lee Frazier, MMC
City Clerk

LF/kc

cc: Mayor
Public Safety Committee (3)
Vice Bureau, Police Department

Neighborhood Voting Form: Liquor Applications

Date: 1/17/2023

Application Type: Special Retail Liquor Type 160/ More than 30 Days

Subject: Applicant's Entity Name Volume Services, Inc
Business Name SodexoLive!
Business Address 2221 9th Ave 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 type="checkbox"/> Restaurant Retail Liquor | <input checked="" 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 DRUID HILLS Neighborhood Association met on JAN 23 2023 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

Janet Maycock
President/Officer

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

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

New Application: Special Retail Liquor Type 160/ More than 30 Days

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

Name of Applicant: Volume Services, Inc

Mailing Address: 1 Independence Pointe, Ste 305
Greenville, SC 29615

Trade Name: SodexoLive!

Location Address: 2221 9th Ave N

Contact Number: (732)727-5030

Contact Person:
Jessica Morey

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 checked="" type="checkbox"/> Special Retail Liquor (over 30 days) | <input type="checkbox"/> 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 12TBS/72CHS

Date Applied: 1/17/23

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

SPECIAL RETAIL LIQ TYPE 160/MORE 30 DAYS

By: GS

(Enter Type of License Applied For)

(Revenue Official)

1. Name of Applicant (s) Volume Services, 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
CTDL# [REDACTED] Hadi K. Monavar	EVP/CFO	[REDACTED] Iran	92 Don Bobb Rd Stamford, CT 06903	16 years
MDDL# [REDACTED] Joan Rector McGlockton	Corp Sec	[REDACTED] Washington DC	7206 Bells Mill Rd Bethesda, MD 20817	17 years
MDDL# [REDACTED] Marc A Blass	Treas/VP	[REDACTED] New York	12917 Buckeye Dr Darnestown, MD 20878	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 0624000 Page: 1 of 3

Date: 6/24/2022

County: _____

010140

Foreign Corporation: certificate of Authority Date: 6/24/2022 (get copy of original papers)

3. Trade Name SodexoLive!

4(a) Location 2221 9th Ave N

Exact Street Number, or if on Highway, give details as to Location
Birmingham, Alabama Zip Code 35203 County Jefferson Shelby

(b) Length of time at this location _____

(c) Mailing Address: 1 Independence Pointe, Ste 305 Greenville SC 29615

(d) Business Phone _____ Fax: _____ Other Contact: (732)727-5030

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 Birmingham Jefferson Civic Center Authority
PO Box 13347 Birmingham, AL 35202

Address

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

(c) Is establishment equipped with tables and chairs? Yes No If "Yes", how many? 12TBS/72CHS

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 **Concession Foods**
- (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 - Applicants</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 17th day of January, 2023

[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:

Special Retail Lic 160 over 30 Days

TAXPAYER IDENTIFICATION NUMBER
(City Officer 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: Volume Service, Inc
 Attention: _____
 Address: 1 Independent Pointe, Ste 305
 City: Greenville State: SC Zip Code: 29615
 Area Code and Phone Number: (732)727-5030
 Area Code and Fax Number: _____
 Name of Contact Person: Jessica Morey
 E-Mail: jmorey@skenelawfirm.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): SodexoLive!
 Attention: _____
 Address: 2221 9th Ave N
 City: Birmingham State: AL Zip: 35203
 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) **Outdoor venue bar**
- 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: Concessioner Product: Outdoor venue bar

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 36-2786575 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.

- TAX IDENTIFICATION NUMBERS NOW ASSIGNED TO YOU: (write "None" if no number assigned)
- Sales Tax
 - Sellers Use Tax
 - Consumers Use Tax
 - Lease Tax
 - Occupational Tax- Employers
 - Lodgings Tax
- 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 tax. 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 activity, it is assumed that you will file consolidated returns for each of the taxes for which you are to file. Business taxes, local taxes, and certain state and federal taxes will be reported. Tax returns for other taxes will be reported by you.

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
Monavar, Hadi	CFO	[REDACTED]
McGlockton, Joan	Corp Sec	[REDACTED]
Blass, Marc	Treas/VP	[REDACTED]
Mistry, Sarosh	Director	[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] _____ Date: 1/17/23

Signature of Person Completing This Application _____ Date _____

DARREN S HUBBARD _____ 578-593-0429 _____
 Print the Name of the Person Completing This Application _____ Phone Number of Person Completing Application _____

CITY OFFICE USE ONLY Location: _____

ENDING APPROVAL AND COMMENT
MI - Must receive CITY COUNCIL APPROVAL FIRST
[Signature] 1/17/23
 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 <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"/>

NAME & TITLE	ADDRESS	LENGTH OF TIME AT CURRENT ADDRESS	SOCIAL SECURITY NUMBER	DATE AND PLACE OF BIRTH
Hadi K. Monavar EVP/CFO	92 Don Bobb Road Stamford, CT 06903	4/2007-Present	[REDACTED]	[REDACTED] Iran
Joan Rector McGlockton Corporate Secretary	7206 Bells Mill Road Bethesda, MD 20817	7/2006-Present	[REDACTED]	[REDACTED] Washington, D.C.
Marc A. Blass Treasurer/VP	12917 Buckeye Drive Darnestown, MD 20878	11/2002-Present	[REDACTED]	[REDACTED] New York
Sarosh Mistry Director	388 Pinecrest Drive Laguna Beach, CA 92614	9/2020-Present	[REDACTED]	[REDACTED] India

Connecticut

DRIVER LICENSE

Stamford, Connecticut



4d LIC [REDACTED]
3 DOB [REDACTED]
4e EXP [REDACTED]
4a ISS [REDACTED] SEX M
16 HGT 5-10 18 EYES BRO
5 DO 2305110948340 01211

9 CLASS D
9a END NONE
12 REST B
DONOR

1 MONAVAR
2 HADI K
3 92 DON BOB RD
STAMFORD, CT 06903-3003

[Signature]

[Signature]

MARYLAND
Driver's License

DL

15016888

Photo: [Portrait of Joan Reiter]

Family name: **MCLOCKTON**

Given name: **JOAN REITER**

Address: **7206 BELLS MILL RD
BETHESDA MD 20817**

Sex: **F** Height: **5-06"** Weight: **145**

Classification: **D** Endorsements: Date of issue:

Signature: *Joan Reiter*

Driving in Maryland implies consent to chemical testing for intoxication as required by law. Longer license suspensions may result from refusal to be tested.

Class:
C - Non-commercial vehicles weighing 20,000 or less pounds GVWR, EXCEPT motorcycles

Restriction(s):
NONE

Maryland Department of Transportation

MDOT

Photo: [Small portrait of Joan Reiter]

Barcode: [Barcode]

MARYLAND
Driver's License

DL


Family name
BLASS

Given names
MARGALLEN

Address
**12817 BUCKHAYDEN
DARNESTOWN MD 20878**

Sex of birth: **M** Height: **5-08"** Weight: **185**

Classification: **C** Endorsement:





Margallen Blass

Driving in Maryland implies consent to chemical testing for intoxication as required by law. Longer license suspensions may result from refusal to be tested.

C - Noncommercial Vehicle's weighing 26,000 or less pounds DWR, EXCEPT motorcycles.

Restrictions: **NONE**

MDOT

California

USA

DRIVER LICENSE

FEDERAL
LIMITS
APPLY



DL [REDACTED]

CLASS C

EXP [REDACTED]

END NONE

LN MISTRY

FN SAROSH DINYAR

6411 HAWARDEN DR
RIVERSIDE, CA 92506

DOB [REDACTED]

RSTR NONE



S. D. Dinyar

SEX M

HAIR BLK

EYES BRN

HGT 5'-08"

WGT 140 lb

ISS [REDACTED]

DD [REDACTED]

STATE OF South Carolina)
) ss.:
COUNTY OF Greenville)

POWER OF ATTORNEY AGREEMENT

I, **Hadi Monavar**, Executive Vice President, CFO and CAO of Volume Services, Inc., hereby appoint Darren Hubbard, Manager for Volume Services, Inc. at the Birmingham Jefferson Convention Complex, to act in my behalf in executing and processing the application paperwork for the Alabama Alcoholic Beverages Control Board and the City of Birmingham. This power shall be in full force and effect on the date below written and shall remain in full force and effect until specifically extended or rescinded earlier by either party.

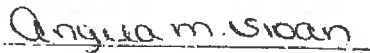
Dated : 6/27/2022 _____



Hadi Monavar

BEFORE ME, the undersigned authority, on this 27th day of June, 2022, personally appeared Hadi Monavar to me well known to be the person described in and who signed the Foregoing, and acknowledged to me that he executed the same freely and voluntarily for the uses and purposes therein expressed.

WITNESS my hand and official seal the date aforesaid.



NOTARY PUBLIC

My Commission Expires: 3/23/2031



Angela M. Sloan
NOTARY PUBLIC
State of South Carolina
My Commission Expires
March 23, 2031

**AMENDMENT TO FOOD/BEVERAGE OPERATIONS MANAGEMENT
CONTRACT**

This Amendment to Foodservice Food/Beverage Operations Management Contract (this "Amendment") is made and entered into as of the 1st day of October 2022 (the "Effective Date"), by and between the Birmingham Jefferson Civic Center Authority ("Authority") and Volume Services, Inc. d/b/a Centerplate ("Contractor" and together with Authority, the "Parties" and each a "Party").

WHEREAS, Authority and Contractor are parties to that certain Foodservice Food/Beverage Operations Management Contract, dated January 31, 2018 (as amended through the date hereof, the "Agreement") for food service operations at the Birmingham Jefferson Convention Complex located in Birmingham, Alabama (the "Center");

WHEREAS, Authority has acquired the rights to control a space adjacent to the Center known as the City Walk BHAM from the Alabama Department of Transportation (ALDOT) and wishes to grant Contractor the exclusive rights to provide food and beverage services therein, all as set forth herein;

NOW, THEREFORE, in consideration of the premises and of the mutual premises contained herein, Authority and Contractor hereby agree as follows:

A. Defined Terms. Unless the context otherwise requires, and except as expressly modified herein, the capitalized terms used but not defined herein shall have the meanings assigned thereto in the Agreement (such definitions to be equally applicable to both the singular and plural forms of the terms defined).

B. Amendments. The Agreement is hereby amended as follows:

1. City Walk. Beginning on the execution of the Effective Date of this Amendment and continuing through the balance of the Term, Authority grants to Contractor the exclusive right to operate food, beverage, and alcoholic beverage services for City Walk BHAM Blocks A-H, located at or about 2221 9th Ave North, Birmingham, Alabama as is set forth on Exhibit A, attached hereto and incorporated herein. Contractor shall have exclusive control over the alcoholic beverage service in all such areas as set forth on Exhibit A ("City Walk Services").
2. Contractor's right to provide City Walk Services shall expire when Authority's agreement with ALDOT related to City Walk expires or is terminated. Authority shall provide Contractor reasonable notice of such an expiration or termination.
3. City Walk Commissions. Contractor shall operate City Walk Services from the Football Stadium and pay Commissions to the Authority from revenue generated from City Walk Services based on the Commissions table set out in Section 4 of that certain Amendment to Food/Beverage Operations Management Contract, dated July 1, 2020 between the Parties.

C. Except as expressly set forth in this Amendment, all other terms and conditions of the Agreement shall remain in full force and effect.

D. Construction and Headings. The language in all parts of this Amendment shall be in all cases construed simply according to its fair meaning and not strictly for or against any of the Parties. The headings of the several sections of this Amendment are inserted for convenience only and shall not in any way affect the meaning or construction of any provision of this Amendment.

E. Counterparts; Photocopies. This Amendment may be executed in one or more counterparts, each of which shall for all purposes be deemed to be an original and all of which shall constitute the same instrument. Signatures may be evidenced by facsimile or photocopy and transmitted by electronic means in Portable Document Format (PDF).

IN WITNESS WHEREOF, the Authority and Contractor have duly executed this Amendment on the date first above written.

IN WITNESS WHEREOF, the Parties have duly executed this Amendment on the date first above written.

BIRMINGHAM JEFFERSON CIVIC CENTER AUTHORITY



Signature

TAD SNIDER

Name

EXECUTIVE DIRECTOR & CEO

Title

VOLUME SERVICES, INC. D/B/A CENTERPLATE



Signature

Hadi Monavar

Name

EVP & CFO

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

the entity records on file in this office disclose that Volume Services, Inc. a Delaware entity, qualified in the State of Alabama on April 18, 1975. The Alabama Entity Identification number for this entity is 000-857417. I further certify that the records do not disclose that said qualification has been revoked, cancelled or terminated.

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.



06/24/2022

Date

20220624000010140

John H. Merrill

Secretary of State



CINCINNATI OH 45999-0038

In reply refer to: 0233381038
Apr. 30, 2014 LTR 147C 0
36-2786575 000000 00
00005446
BODC: LM

VOLUME SERVICES INC
DBA CENTERPLATE
1 INDEPENDENCE PT STE 305
GREENVILLE SC 29615-4540



003715

Employer Identification Number: 36-2786575

Dear Taxpayer:

Thank you for your inquiry of Apr. 19, 2014.

Your Employer Identification Number (EIN) is 36-2786575. Please keep this letter in your permanent records. Enter your name and EIN on all federal business tax returns and on related correspondence.

If you need forms, schedules, or publications, you can obtain them by visiting the IRS web site at www.irs.gov or by calling toll free at 1-800-TAX-FORM (1-800-829-3676).

Please call our toll-free telephone number at 1-800-829-4933 with any questions you may have.

You also can write to us at the address shown at the top of this letter's first page.

When you write to us, please attach this letter and, in the spaces below, give us your telephone number with the hours we can reach you in case we need more information. You also may want to keep a copy of this letter for your records.

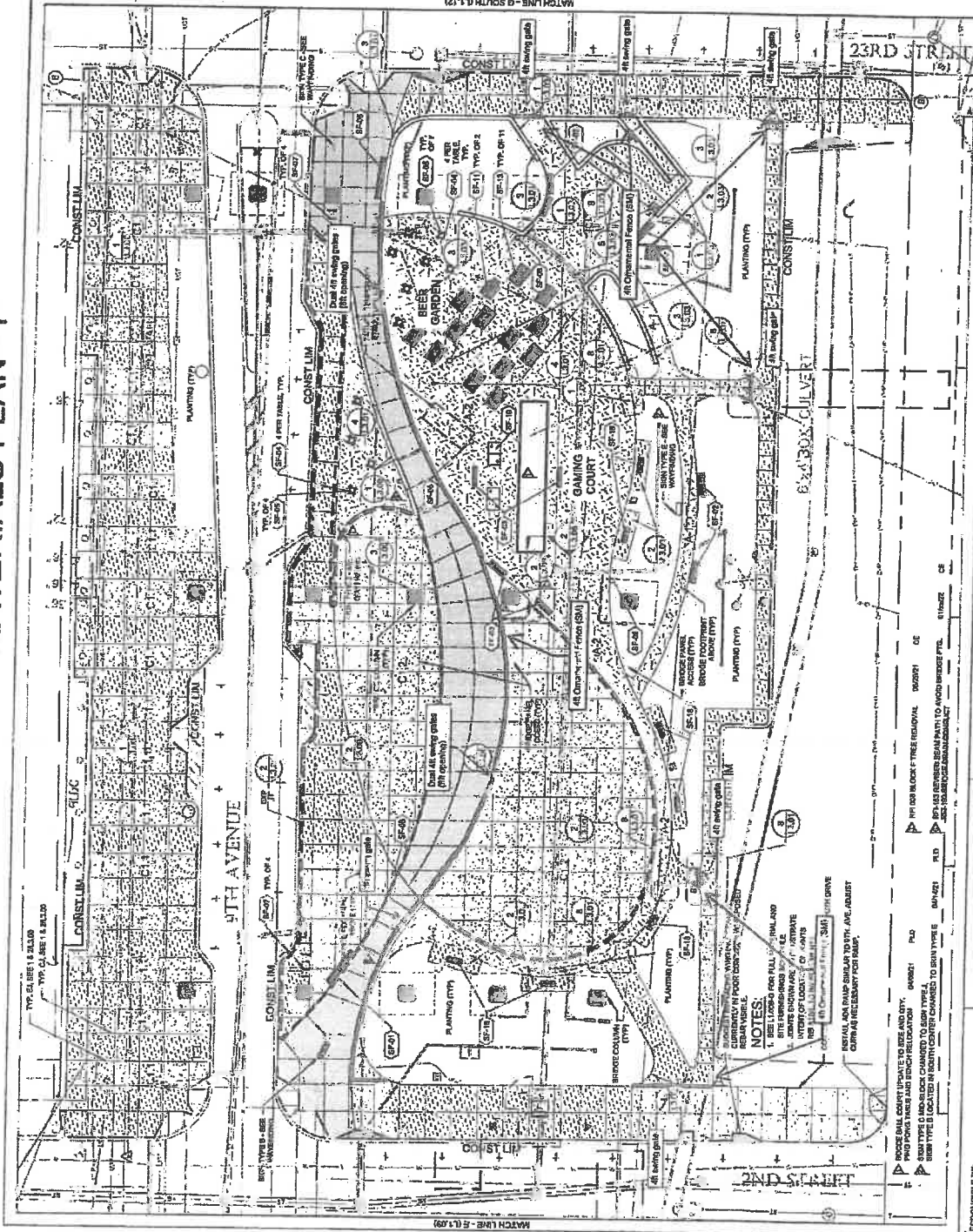
Telephone Number () _____ Hours _____

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

MATERIALS PLAN - F

REFERENCE PROJECT NO. 2021
 ADMF-ACMOAF-
 CMAAF-37182551

FISCAL YEAR 2021
 SHEET NO. 15/10



SITE FURNISHINGS

SYMBOL	DESCRIPTION	QTY	DETAIL
(S-01)	QUARTER BENCH	6	34.135
(S-02)	WOOD BACKED BENCH	7	
(S-03)	STAIRCASE	2	
(S-04)	BAR/SESS BENCH	4	
(S-05)	BARSTO CHAIR	11	64.236
(S-06)	BARSTO TABLE	4	74.230
(S-07)	WHITE RESEATABLE	2	
(S-08)	BAR FRACK	2	
(S-09)	BAR PICNIC TABLE	12	
(S-10)	ADULT BENCH BENCH	7	
(S-11)	ADULT BENCH BENCH	3	

MATERIALS LEGEND

SYMBOL	DESCRIPTION	DETAIL
(M-01)	CONCRETE	64.100
(M-02)	ASPHALT	64.100
(M-03)	PAVED	64.101
(M-04)	RESEATABLE	64.200
(M-05)	ADAGUATE	64.301
(M-06)	HOLLER PINK PAVING	64.302
(M-07)	CONCRETE MAT	26.205
(M-08)	THE SEAM CENTRAL	24.300
(M-09)	CONCRETE	64.307
(M-10)	ASPHALT	64.307
(M-11)	PLAYGROUND SURFACING	64.307
(M-12)	RESEATABLE	64.307

NOTES:
 1. SEE LAYOUT FOR FULL ISLAND
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ALABAMA DEPARTMENT OF TRANSPORTATION

PLAN SUBMITTAL DE

DESIGNER: DATE:

SUPERVISOR: DATE:

RESPONSIBLE PE: DATE: 10/20/2021

SCALE (FEET): HORIZ

SHEET TITLE: MATERIALS PLAN - F

ROUTE: 159/20

© Copyright 2021, State of Alabama, Department of Transportation, No. 44-0000000000000000

PARCEL ID: 012200253007004550

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

DATE: Tuesday, January 17, 2023 1:50:56 PM

OWNER:

ADDRESS:

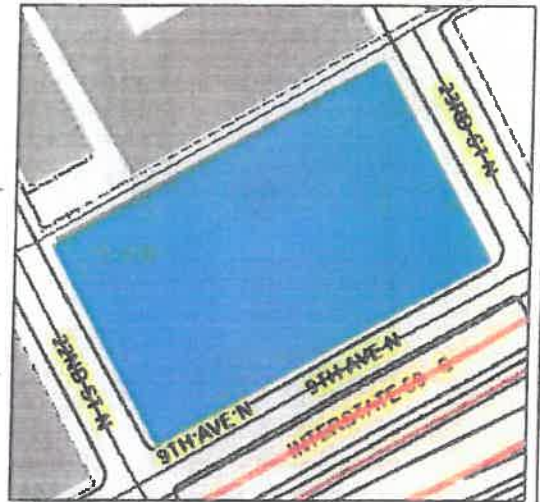
CITY/STATE:

ZIP+4: Control Script failed for control TextBox16 ; Source=ZIPF

SITE ADDR: 2221 9th Ave W 35203

CITY/STATE: , AL Block F

ZIP:



LAND: \$0.00

BLDG: \$0.00

OTHER: \$0.00

AREA: 96,468.17

ACRES: 2.21

SUBDIVISION INFORMATION:

NAME

BLOCK:

LOT:

Land Slide Zones: Not in Land Slide Zones
Historic Districts: Not in Historic Districts
Commercial Revitalization District: Cultural District
Fire District: In Fire District
Flood Zones: Not in Flood Zones
Tax Increment Financing District: In Tax Increment Financing District
Neighborhoods: Druid Hills (1202)
Communities: Northside (12)
Council Districts: District - 9 (Councilor: LaTonya Tate)
Zoning Outline: M1
Demolition Quadrants: DEM Quadrant - 3
Impaired Watersheds: Not in Impaired Watersheds
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: 12/22/22

Application Type: Special Retail Liquor More than 30 Days

Subject: Applicant's Entity Name Friends Foundation of the Birmingham Public Library
Business Name Birmingham Central Library Meeting Facilities
Business Address 2100 Park Place

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 checked="" 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 Central City Neighborhood Association met on 1-17-23 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)

yes Attendance _____ Oppose 5 Support _____ No Recommendation

Reason for Opposition N/A

Applicant: yes attended NA meeting _____ did not attend NA meeting

Shelita Lundy
President/Officer

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

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

New Application: Special Retail Liquor type 160/ More than 30 Days

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

Name of Applicant: Friends Foundation of the Birmingham Public Library

Mailing Address: 2100 Park Place
Birmingham, AL 35203

Trade Name: Birmingham Central Library Meeting Facilities

Location Address: 2100 Park Place

Contact Number: (205)226-3613

Contact Person:
Catherine Frey

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 Multiple

Date Applied: 12/22/22

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

SPECIAL RETAIL LIQ TYPE 160/MORE 30 DAYS
(Enter Type of License Applied For)

By: **GS**
(Revenue Official)

1. Name of Applicant (s) Friends Foundation of the Birmingham Public Library
(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] Bessie LaShown Miller	Officer	[REDACTED] Birmingham, AL	663 The Heights LN Calera, AL 35040	

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 000-550 Page: 1 of 4 Date: 06/02/2016 County: Jefferson
640

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

3. Trade Name Birmingham Central Library Meeting Facilities
- 4(a) Location 2100 Park Place
Exact Street Number, or if on Highway, give details as to Location
Birmingham, Alabama Zip Code 35203 County Jefferson Shelby
- (b) Length of time at this location _____
- (c) Mailing Address: **2100 Park Place Birmingham, AL 35203**
- (d) Business Phone **(205)567-9002** Fax: _____ Other Contact: **(205)226-3613**
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 City of Birmingham
710 N 20th St Birmingham, AL 35203 Address
- (b) Give a full description of the premises for which a license is desired: New Construction Existing Structure
Description Multi-Story
- (c) Is establishment equipped with tables and chairs? Yes No If "Yes", how many? **Multiple**
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 **Catered Food**
- (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 22nd day of December, 2021

Bennie L. Nulmer
 Signature of Affiant

Meg Stuby
 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:
Special Retail Lic Type 160 / More than 90 days

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: Friends Foundation of the Birmingham Public Library
Attention: _____
Address: 2100 Park Place
City: Birmingham State: AL Zip Code: 35203
Area Code and Phone Number: (205)226-3613
Area Code and Fax Number: _____
Name of Contact Person: Catherine Frey
E-Mail: Catherine.frey@cobpl.org 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): Birmingham Central Library Meeting Facilities
Attention: _____
Address: 2100 Park Place
City: Birmingham State: AL Zip: 35203
Area Code and Phone Number of Business Location: (205)567-9002
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) **Special Events**
- 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: Events Product: Special Events/ Alcohol/Catered 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 31-1612175 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 _____

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, 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
Miller, Bessie	Officer	[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:

Bessie Miller
 Signature of Person Completing This Application 12/22/22
 Date

BESSIE MILLER
 Print the Name of the Person Completing This Application 205 4704660
 Phone Number of Person Completing Application

CITY OFFICE USE ONLY - Location

ZONING APPROVAL AND COMMENTS:
 OK BY 12/22/22 ER
 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 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"/>
HOME OCCUPATION CERTIFICATE EXECUTED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE	

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"/>
HOME OCCUPATION CERTIFICATE EXECUTED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE	

DRIVER LICENSE
ALABAMA

NO. [REDACTED] CLASS D




BESSIE LASHOWN MILLER

663 THE HEIGHTS LN
CALENA AL 35040

HEIGHTS [REDACTED] SEX F HT 5-01 EYES BRD
WT 125 HAIR [REDACTED]

Secretary Mel Taylor
Secretary of Law Enforcement

Bonnie Taylor



Vertical text and markings on the right side of the license, including a date stamp and other administrative notations.

SOCIAL SECURITY

~~████████████████████~~
SOCIAL SECURITY

THIS NUMBER HAS BEEN ESTABLISHED FOR

BESSIE LASHAM MILLER

ADMINISTRATIVE

SIGNATURE

ALABAMA

Center for Health Statistics

ALABAMA

CERTIFICATE OF LIVE BIRTH

THIS IS A LEGAL RECORD AND MUST BE FILED WITH LOCAL REGISTRAR WITHIN FIVE (5) DAYS AFTER BIRTH.

County File Number

State File Number

4
5
6
7
8
9

1. NAME First Middle Last (Type last name all capitals) Katelyn Michelle MILLER			2. DATE OF BIRTH (Month, Day, Year)		3. TIME OF BIRTH (Specify am or pm) 10:15 PM	
4. SEX Female		5. THIS BIRTH (Specify Single, Twin, Triplet, etc.) Single		6. IF NOT SINGLE BIRTH, specify of the child born first, second, etc.		7. COUNTY OF BIRTH Jefferson
8. CITY, TOWN OR LOCATION OF BIRTH Birmingham				9. FACILITY NAME (if not institution, give street, street number, and indicate INSIDE or OUTSIDE city limits) UAB Hospital		
10. SIGNATURE OF ATTENDANT OR CERTIFIER (heretofore certify this child was born alive on the date and place stated above) <i>Gloria R. Rodgers</i>					11. DATE SIGNED (Month, Day, Year)	
12. ATTENDANT'S NAME Richard Davis			16. CERTIFIER'S NAME (if other than attendant) Yolanda R Rodgers			
13. ATTENDANT'S ADDRESS Birmingham, Al.			17. CERTIFIER'S ADDRESS Birmingham/AL			
14. TYPE OF ATTENDANT M.D.		18. ATTENDANT'S LICENSE 6642		18. CERTIFIER'S TITLE Patient Access		
19. SIGNATURE OF EITHER PARENT (I certify that the parent information on this certificate is correct.) <i>Bessie J. Miller</i> <i>Dorothy J. Haulbayer</i>				20. DATE SIGNED (Month, Day, Year)		
21. 23. SIGNATURE OF SIGNER		22. DATE SIGNED (Month, Day, Year)		21. Parents (if applicable) consider their Social Security Number to be issued for this child Yes		
24. MOTHER'S MAIDEN LAST NAME Ward		25. MOTHER'S LEGAL NAME First Middle Last Bessie Lashorn Miller				
26. MOTHER'S DATE OF BIRTH		27. MOTHER'S STATE OF BIRTH Alabama		28. MOTHER'S USUAL RESIDENCE-STATE Alabama		
29. MOTHER'S RESIDENCE-CITY AND ZIP CODE Birmingham 35211		30. MOTHER'S RESIDENCE-STREET ADDRESS Jefferson				
31. FATHER'S NAME First Middle Last Darrell Eugene Miller			32. FATHER'S DATE OF BIRTH		33. MOTHER'S RESIDENCE-Home City (Leave blank) Yes	
34. FATHER'S STATE OF BIRTH (If not U.S.A., name country) Alabama			35. FATHER'S RESIDENCE-CITY AND ZIP CODE			

The following section will not be shown on certified

ALL ITEMS MUST BE COMPLETE AND ACCURATE

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2020-396-479-5

October 6, 2020

Nicole H. Rushing
Nicole Henderson Rushing
State Registrar of Vital Statistics

DO NOT WRITE IN THESE SPACES

Contact your system administrator for more info. Birmingham Public Library

Application For Use of Meeting Room Facilities

Please read our *Policy and Guidelines for Meeting Rooms Usage* before completing this application.

Date(s) and hour(s) requested:

For each date requested, give day, date, beginning time and ending time. Include time for room set-up and breakdown. Application form and fee(s) must be submitted at least five (5) days prior to dates requested. Payments must be received at the time reservations are being made. Rental fees for meeting spaces are non-refundable, and are due upon reservation request.

Meeting location: Birmingham Public Library- Central location- 2100 Park Place-Birmingham, AL 35203

Meeting date: Bards & Brews 1/6/2023, 2/3/2023, 3/3/2023, 4/7/2023, 5/5/2023, 6/2/2023, 8/4/2023, 9/1/2023, 10/6/2023, 11/3/2023

Meeting hours: 6:30 P.M. to 8:30 P.M.

A Novel Tasting: 4/6/2023 5:00 PM to 8:30 PM

Classic Cocktails: 10/24/2023 5:00 PM to 9:00 PM

Room set-up for auditorium is theater style only. (Availability of tables and chairs will be made at the time of reservation. No Additional tables or chairs will be gathered or set-up prior/during scheduled meeting time.)

Information about the person completing the application:

Name: Bessie Miller

Phone number day: 205-479-4660 night: 205-238-5205

Address: 663 The Heights Lane

City: Calera State: AL Zip: 35040

Information about the individual or group holding the meeting:

Organization or group name:

Friends Foundation of the Birmingham Public Library

Phone number 205-226-3613

Address: 2100 Park Place, Birmingham, AL 35203

Name of chief officer: Sandra V. Lee

Brief history of the group or organization:

The Friends Foundation of the Birmingham Public Library fundraises to support programming, improve facilities, and purchase equipment that is beyond the library's annual budget. The Foundation improves access to library resources—books and other reading materials, historical collections, educational programs, and technology—through the generous donations of individuals, foundations and corporations throughout the region. The Friends Foundation believes that increasing the reach of the Birmingham Public Library can substantially improve the lives of Birmingham citizens.

Purpose of this meeting (Library meeting rooms are not available for commercial/business ventures):

Bards & Brews

Expected Attendance is 70

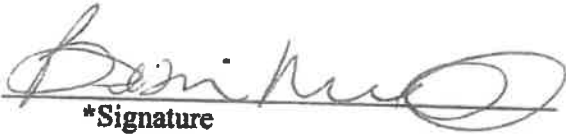
A Novel Tasting

Expected Attendance is 275

Classic Cocktails

Expected Attendance is 250

The undersigned, on behalf of the above-mentioned organization, has read and agrees to comply with policy and procedures governing the public use of library meeting rooms. The applicant also accepts full responsibility for any damages to facilities or equipment and agrees to confine the organization's activities to the assigned room.


*Signature

12/9/2022

Date

Bessie.Miller@cobpl.org

205-470-4660

*Email

*Telephone

21405020347106

AL DL #7222392

*Library Card #

*Driver's License # or *Non-Driver's ID#

***required information**

Approved 3/20/2000

Rev. 06/23/2021—Effective 07/01/2021



Alabama Secretary of State



The Friends Foundation of the Birmingham Public Library	
Entity ID Number	000 - 550 - 640
Entity Type	Domestic Non-Profit Corporation
Principal Address	Not Provided
Principal Mailing Address	Not Provided
Status	Exists
Place of Formation	Jefferson County
Formation Date	07/30/1998
Registered Agent Name	BLALOCK, RENEE
Registered Office Street Address	2100 PARK PLACE BIRMINGHAM, AL 35203
Registered Office Mailing Address	2100 PARK PLACE BIRMINGHAM, AL 35203
Nature of Business	CHARITABLE/LITERARY/RESEARCH/EDUCATIONAL PURPOSES
Capital Authorized	
Capital Paid In	
Directors	
Director Name	NOT PROVIDED
Director Street Address	Not Provided
Director Mailing Address	Not Provided
Incorporators	
Incorporator Name	POOL, JAMES M
Incorporator Street Address	Not Provided
Incorporator Mailing Address	Not Provided
Transactions	
Transaction Date	04/20/1999
Miscellaneous Filing Entry	AMENDMENT FILED
Transaction Date	04/21/1999
Miscellaneous Filing Entry	AMENDMENT FILED
Transaction Date	04/07/2010
Registered Agent Changed From	BULOW, JACK F THE BIRMINGHAM PUBLIC LIBRARY 2100 PARK PLACE BIRMINGHAM, AL 35203
Transaction Date	08/20/2014

The Friends Foundation of the Birmingham Public Library	
Director/Manager/Organizer Activity	NOT PROVIDED
Transaction Date	08/20/2014
Principal Office Changed From	BIRMINGHAM, AL
Transaction Date	05/31/2016
Legal Name Changed From	The Birmingham Public Library Foundation
Scanned Documents	
Purchase Document Copies	
Document Date / Type / Pages	07/30/1998 Certificate of Formation 10 pgs.
Document Date / Type / Pages	04/20/1999 Miscellaneous Entry 5 pgs.
Document Date / Type / Pages	04/21/1999 Miscellaneous Entry 10 pgs.
Document Date / Type / Pages	04/07/2010 Registered Agent Change 2 pgs.
Document Date / Type / Pages	08/26/2014 Articles of Amendment 3 pgs.
Document Date / Type / Pages	06/02/2016 Articles of Amendment 4 pgs.

[Browse Results](#)

[New Search](#)

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: DEC 01 2002

BIRMINGHAM PUBLIC LIBRARY
FOUNDATION
2100 PARK PLACE
BIRMINGHAM, AL 35203

Employer Identification Number:
31-1612175
DIN:
402268009
Contact Person: D. A. DOWNING ID# 31805
Contact Telephone Number:
(877) 829-5500
Our Letter Dated:
September 1998
Advance Ruling Period Begins:
July 1998
Advance Ruling Period Ends:
December 31, 2002
Addendum Applies:
No

Dear Applicant:

Our letter of the above date stated that we had determined your organization is exempt under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) and that you would be treated as a publicly supported organization and not as a private foundation during your advance ruling period. This was based on our determination that you could reasonably be expected to be an organization described in sections 170(b)(1)(A)(vi) and 509(a)(1) or in section 509(a)(2).

We also stated that at the end of your advance ruling period you would have to establish that you were in fact an organization described in one of the above sections.

Our records indicate that your advance ruling period begins and ends on the dates shown above. Your exempt status as an organization described in section 501(c)(3) is still in effect. However, to establish that you are a publicly supported organization described in sections 170(b)(1)(A)(vi) and 509(a)(1) or in section 509(a)(2), please complete the attached Form 8734, Support Schedule for Advance Ruling Period, for each of the tax years in your advance ruling period.

The information requested in this letter is required to support your claim to be other than a private foundation. It is needed in addition to any required Form 990 or other annual return. Please send it to us within 90 days from the end of your advance ruling period.

If we do not receive this information, we will presume you are a private foundation and you will be treated as a private foundation as of the first day of your first tax year for purposes of sections 507(d) and 4940 of the Code. In addition, if you do not provide the information by the time requested, it will be considered by the Internal Revenue Service that you have not taken all reasonable steps to secure the determination you requested. Under section

Letter 1046 (DO/CG)

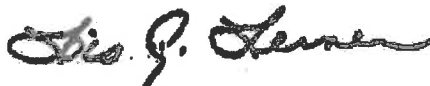
BIRMINGHAM PUBLIC LIBRARY

7428(b)(2) of the Code, not taking all reasonable steps, in a timely manner, to secure the determination may be considered as a failure to exhaust administrative remedies available to you within the Service, and may preclude the issuance of a declaratory judgment in the matter under judicial proceedings.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Thank you for your cooperation.

Sincerely yours,



Lois G. Lerner
Director, Exempt Organizations

Enclosures:
Form 8734
Copy of this letter

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Friends Foundation of the Birmingham Public Library

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶

501 (c)(3) Non Profit Organization

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

2100 Park Place

6 City, state, and ZIP code

Birmingham, AL 35203

Requester's name and address (optional)

7 List account number(s) here (optional)

Print or type. See specific instructions on page 3.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			-			-				
--	--	--	---	--	--	---	--	--	--	--

or

Employer identification number

3	1	-	1	6	1	2	1	7	5
---	---	---	---	---	---	---	---	---	---

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶

Sandra Lee

Date ▶ **2-10-2022**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

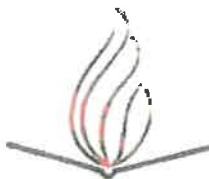
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



BIRMINGHAM PUBLIC LIBRARY

Preserving the Past, Exploring the Future

Library Board By-Laws

I. ORGANIZATION, MEMBERSHIP, POWERS AND DUTIES

A. Legislative Authority

1. The Birmingham Library Board is established under Alabama law and the Birmingham City Code to manage and control the Birmingham Public Library, its branches and all other library interests of the City. City Code Sections 2-5-71 through 2-5-78 and Section 3-3-14 are incorporated by reference into these by-laws.

2. The Board's statutory authority includes: to manage and control the Birmingham Public Library and all other library property owned by or under the control of the city; to acquire or transfer books or other real or personal property for library uses and purposes; to build or lease and maintain library buildings, branches and other facilities under its control, to provide rules and regulations for its own governance, the governance of its officials and employees and the governance of the libraries, branches and other facilities under its control; to appoint a library director, librarians, library assistants, employees, and agents as necessary for the proper administration of the library. (Section 2-5-73.)

3. The Board may authorize the City of Birmingham to act as its purchasing, disbursing and contracting agency in accordance with established policies of the City. The Board is subject to the competitive bid requirements as set out in Alabama law. (Section 3-3-14)

B. Membership, appointments

1. The library board consists of 9 members appointed by the city council to five-year terms, and who shall enter upon their duties at the first meeting of such board in January following appointment. In addition, the president of the Friends of Birmingham Public-Jefferson County Free Library, Inc., or any successor to such organization, shall at all times be an advisory nonvoting member of such board by virtue of the office. (Section 2-5-72) The Friends of Birmingham Public Library is considered by the Board to be the successor organization as specified.

2. Board members shall attend board meetings regularly and shall serve as officers and committee members as elected or appointed. After a third absence from a regularly-scheduled board meeting, during a given year, the President shall notify that board member of such absences. If a member is absent for four regularly-scheduled regular Board meetings during a given year, the Board can recommend to the City Council that such member be replaced. Board members shall have the right to petition the Board to excuse absences.

3. In the event of the death or resignation of any member of the library board prior to the expiration of his or her term of service, the City Council appoints a replacement to serve out the unexpired term. The selectee shall enter upon his or her duties at the next regular monthly meeting of the board. (Section 2-5-72)

4. Board members are limited by City law to two successive full terms. (Ordinance 90-214a)

5. The members of the library board shall receive no compensation, but in the event it is necessary duties for any member or committee of members to make any trips for inspection of library systems or buildings, to attend professional workshops or meetings, or to fulfill other responsibilities, actual traveling and living expenses on these trips shall be paid; provided, that full and detailed vouchers of these expenses shall be filed and preserved. (Section 2-5-74.) Until such time as a travel policy is adopted, this section shall apply only if funds are available for travel and expenses; the Director is



6. A board member may resign from the Board by written notice to the City Council, with copies to the Director and the President of the Board.

II. MEETINGS

A. Regular meetings

1. The regular meeting of the board shall be held on the second Tuesday of each month at locations determined by the board and announced prior to the meeting. All meetings are open to the public.
2. Written notice of the board meeting will be delivered to board members at least five days before the scheduled meeting. Notice of the Board meetings shall include the tentative agenda and support materials, date, time and location of the meeting.
3. Members who are unable to attend scheduled board meetings should notify the library director. Should there occur an apparent need to cancel a regularly scheduled meeting, whether for lack of a quorum or otherwise, the library director shall notify the President and the President shall have authority to cancel such a meeting.
4. A majority of voting members of the Library Board shall constitute a quorum for transaction of business. Board members may not attend or vote by proxy.
5. The order of business for regular meetings of the board shall be:

- Call to order
- Invocation
- Presentations (may be given at any time at the discretion of the President)
- Approval of Agenda
- Approval of Consent Agenda

- Approval of Minutes
- Approval of Financial Reports
- Approval of routine Personnel Actions

- Operational items requiring Board approval
- Reports of Committees
- Unfinished Business
- New Business
- Director's Report
- Next meeting date
- Adjournment

6. Agenda items considered to be routine and non-controversial may be placed on the Consent Agenda and approved by one motion. If a board member requests discussion of an item on the Consent Agenda, it will be removed from Consent and discussed at the regular place in the agenda.
7. Robert's Rules of Order, latest revised edition, shall govern the parliamentary procedure of the board.

B. Special meetings

1. Special meetings may be called by the President with the approval of at least six board members, or by action of a majority of the board at any meeting at which a quorum is present.
2. Notice of special meetings, whether oral or written, shall be given, if possible, at least three days before the meeting.
3. Only items on the announced agenda may be considered at a special meeting.

C. Annual Meeting

1. The annual meeting of the Board shall be held in February of each year.
2. At the annual meeting, yearly reports shall be presented. (Section 2-5-73)

A. Committees

1. Standing committees will include, but are not limited to the following:

- Long Range Planning
- Personnel
- Finance
- Advocacy, Fundraising, and Development
- Policies, Procedures and By-Laws
- Nominating

2. Matters requiring official Board action shall, whenever possible, be assigned first to the appropriate committee for a recommendation. In certain circumstances as specified elsewhere in these by-laws, the Committee chair shall be authorized to make a recommendation.

3. Standing and special committees shall meet as determined necessary by the committee chair. The President and the Director shall be informed in advance of all committee meetings.

4. Special committees may be appointed to oversee special projects, perform research and investigation, or other duties as the Board may determine. Such committees shall have specified duties and a specified term.

5. Standing and special committees and their chairs shall be appointed by the President.

6. Committees shall have at least three members. The President of the board shall be a member of all standing and special committees, entitled to vote only in case of a tie.

B. Election of Officers

1. The nominating committee shall recommend a president and vice president which slate shall be presented at the annual meeting. Nominations may also be submitted from the floor at the annual meeting.

2. At the annual meeting, the board members, by majority vote of those members present, shall elect from among their members a president and vice president who shall take office at the conclusion of the annual meeting. The parliamentarian will be appointed by the president.

3. Officers shall be subject to election annually. There is no limit on the number of terms to which an individual can be elected to office.

4. A vacancy in any office shall be referred to the nominating committee which shall present a nominee at the next regular or special meeting. An officer elected to fill a vacancy shall be elected for the unexpired term of his or her predecessor in office.

C. Duties and Responsibilities of Officers

1. The President shall preside at all meetings of the board, appoint all committees, authorize calls for any special meetings of the board, and generally perform the customary duties of presiding officer of the board.

2. The Vice President shall serve in the absence of the president or in the event the president is unable to serve.

3. The Parliamentarian shall advise the Board of proper procedure under Roberts' Rules of Order as well as any other governing statutes, codes or laws.

4. The library director shall be ex officio secretary of the board, and shall carefully preserve its proceedings and be responsible for the custody and safekeeping of all its archives, records and papers.

5. The director, as Secretary, shall keep an active and accurate account of all proceedings of regular and special board meetings. The library director shall review and approve the minutes of each board meeting and shall cause copies of the minutes to be distributed to each board member prior to the next board meeting.

IV. LIBRARY DIRECTOR

A. The Library Director is chosen by the Board as its Chief Executive Officer, and serves at the pleasure of the Board.

B. The Director acts under the direction of the Board, but the Board can confer upon the Director the power of appointment or recommendation for Library employees, as well as other powers and authority.

C. The library director shall conduct the operation of the library, including its branches, under the direction of the library board and shall prepare, subject to the approval of the library board, rules and regulations for the use of the main library and all branches.

D. The library director shall render to the library board at the annual meeting, a report of the operations of the library system for the preceding twelve months, and whenever requested by the library board or any of its committees, such reports of current operations of the library system as may be required. (Section 2-5-75)

V. POLICIES AND PROCEDURES

A. By-laws

1. The Policies, Procedures and By-Laws Committee will review by-laws and policies annually and present a report and recommendations at any regularly scheduled meetings.
2. These by-laws may be amended at any regular meeting by a majority vote, provided that the amendment shall have been submitted in writing at least thirty (30) days prior to the date of any such meeting, or at the previous regular meeting.
3. These by-laws and any subsequent changes take effect upon approval by a majority of the Birmingham Library Board.

B. Policies

1. The Library Board shall adopt an annual budget, upon its submission by the Director and the review and recommendation of the Finance Committee.
2. All contracts, payments and financial transactions must be approved by the Board or, in the case of routine transactions as defined by the Alabama Bid Law, by the Finance Committee.
3. Routine personnel actions (hiring or termination below the level of Coordinator) shall be implemented by the Director. Written authorization of such actions shall be provided by the president of the library board. Personnel actions at the level of Coordinator or above must be approved by the Board before being implemented by the administration.
4. The Board has established as policy that all branch libraries shall be named with geographic or neighborhood designations. (10/26/95)

Adoptions and Revisions

- Amended by the Birmingham City Council on May 29, 2018.
- Adopted by the Birmingham Public Library Board on March 21, 1996.
- Revised by the Birmingham Public Library Board on April 24, 1997.
- Revised by the Birmingham Public Library Board on August 28, 2003.
- Revised by the Birmingham Public Library Board on May 19, 2005.
- Revised by the Birmingham Public Library Board on June 28, 2007.
- Revised by the Birmingham Public Library Board on November 19, 2009.
- Revised by the Birmingham Public Library Board on October 28, 2010.
- Revised by the Birmingham Public Library Board on October 27, 2011.
- Revised by the Birmingham Public Library Board on June 20, 2013.
- Revised by the Birmingham Public Library Board on August 9, 2016.



Birmingham Public Library

Application For Use of Meeting Room Facilities

Please read our Policy and Guidelines for Meeting Rooms Usage before completing this application.

Date(s) and hour(s) requested:

For each date requested, give day, date, beginning time and ending time. Include time for room set-up and breakdown. Application form and fee(s) must be submitted at least five (5) days prior to dates requested. Payments must be received at the time reservations are being made. Rental fees for meeting spaces are non-refundable, and are due upon reservation request.

Meeting location: Birmingham Public Library- Central location- 2100 Park Place-Birmingham, AL 35203

Meeting date: Bards & Brews 1/6/2023, 2/3/2023, 3/3/2023, 4/14/2023, 5/5/2023, 6/2/2023, 8/4/2023, 9/1/2023, 10/6/2023, 11/3/2023

Meeting hours: 6:30 P.M.to 8:30 P.M.

A Novel Tasting: 4/6/2023 5:00 PM to 8:30 PM

Classic Cocktails: 10/24/2023 5:00 PM to 9:00 PM

Room set-up for auditorium is theater style only. (Availability of tables and chairs will be made at the time of reservation. No Additional tables or chairs will be gathered or set-up prior/during scheduled meeting time.)

Information about the person completing the application:

Name: Bessie Miller

Phone number day:205-479-4660 night: 205-238-5205

Address: 663 The Heights Lane

City: Calera State:AL Zip: 35040

Information about the individual or group holding the meeting:

Organization or group name:

Friends Foundation of the Birmingham Public Library

Phone number 205-226-3613

Address: 2100 Park Place, Birmingham, AL 35203

Name of chief officer: Sandra V. Lee

Brief history of the group or organization:

The Friends Foundation of the Birmingham Public Library fundraises to support programming, improve facilities, and purchase equipment that is beyond the library's annual budget. The Foundation improves access to library resources—books and other reading materials, historical collections, educational programs, and technology—through the generous donations of individuals, foundations and corporations throughout the region. The Friends Foundation believes that increasing the reach of the Birmingham Public Library can substantially improve the lives of Birmingham citizens.

Purpose of this meeting (Library meeting rooms are not available for commercial/business ventures):

Bards & Brews

Expected Attendance is 70

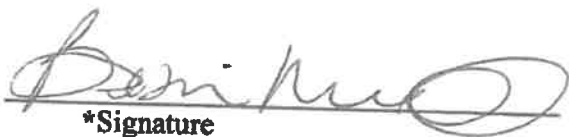
A Novel Tasting

Expected Attendance is 275

Classic Cocktails

Expected Attendance is 250

The undersigned, on behalf of the above-mentioned organization, has read and agrees to comply with policy and procedures governing the public use of library meeting rooms. The applicant also accepts full responsibility for any damages to facilities or equipment and agrees to confine the organization's activities to the assigned room.


*Signature

Bessie.Miller@cobpl.org

*Email

21405020347106

*Library Card #

12/9/2022

Date

205-470-4660

*Telephone

AL DL #7222392

*Driver's License # or *Non-Driver's ID#

**required information*

Approved 3/20/2000

Rev. 06/23/2021—Effective 07/01/2021



Trustees

Willie S. Davis, III
President

Kimberly Richardson
Vice President

Lynn Flowers-Martin
Parliamentarian

Yawntreshia Coleman

R. Jordan Davis

Yolanda Hardy

Jamaine Johnson

John Lyons, Jr.

Mona Lisa Morris

Randall L. Woodfin, Mayor
City of Birmingham

Wardine T. Alexander, President
Birmingham City Council

Janine M. Langston
Executive Library Director

December 12, 2022

Dear Bessie Miller,

The Birmingham Public Library gives permission to the Friends Foundation of the Birmingham Public Library to host:

A Novel Tasting event on April 6, 2023

Bards & Brews events on 1/6/2023, 2/3/2023, 3/3/2023, 4/14/2023, 5/5/2023, 6/2/2023, 8/4/2023, 9/1/2023, 10/6/2023, 11/3/2023

Classic Cocktails on 10/24/2023

This event will be held in the Birmingham Public Library's central downtown location at 2100 Park Place, Birmingham, Alabama 35203.

Sincerely,

Janine Langston
Executive Director
City of Birmingham
Birmingham Public Library



December 12, 2022

Mayor Randall Woodfin
Birmingham City Hall
710 20th Street North
Birmingham, Alabama 35203-2216

Trustees

Wille S. Davis, III
President

Kimberly Richardson
Vice President

Lynn Flowers-Martin
Parliamentarian

Yawntreshia Coleman

R. Jordan Davis

Yolanda Hardy

Jemaine Johnson

John Lyons, Jr.

Mona Lisa Morris

Dear Mayor Woodfin,

The Birmingham Public Library (BPL) and the Friends Foundation of BPL are excited to announce Classic Cocktails, a Magic City Classic Kickoff Party. Classic Cocktails will take place on Tuesday, October 24, 2023, from 5:30 to 9:00 p.m., at downtown's Central Library. The event will feature a tasting of locally distilled spirits, music, tailgate food, a cigar bar, 360 photo booth, wine and beer bar, and more!

This fun event will help the Birmingham Public Library continue to fulfill its mission of providing the community with the highest-quality experience in lifelong learning, cultural enrichment, and enjoyment. Classic Cocktails will fund the Library's programs, including Bards & Brews, the Book Mobile, Literacy Leaders, the Local Authors Expo, and Summer Learning, as well as support all BPL branches.

Thank you for your support.

Bessie Miller

Friends of the Birmingham Public Library Event Liaison

Randall L. Woodfin, Mayor
City of Birmingham

Wardline T. Alexander, President
Birmingham City Council

Janine M. Langston
Executive Library Director



December 12, 2022

Mayor Randall Woodfin
Birmingham City Hall
710 20th Street North
Birmingham, Alabama 35203-2216

Trustees

Willie S. Davis, III
President

Kimberly Richardson
Vice President

Lynn Flowers-Martin
Parliamentarian

Yawntreshia Coleman

R. Jordan Davis

Yolanda Hardy

Jarmaine Johnson

John Lyons, Jr.

Mona Lisa Morris

Dear Mayor Woodfin,

The Friends Foundation of the Birmingham Public Library will host "Bards & Brews" poetry series on the following dates: 1/6/2023, 2/3/2023, 3/3/2023, 4/7/2023, 5/5/2023, 6/2/2023, 8/4/2023, 9/1/2023, 10/6/2023, 11/3/2023. Bards & Brews is a spoken word poetry performance/beer tasting event hosted by the Birmingham Public Library, usually held on the first Friday of each month except July and December. Slams are held quarterly in February, May and September; the other sessions are open mic. You must be 18 or over to attend, and 21 or over to drink.

This event will help the Birmingham Public Library continue to fulfill its mission of providing the community with the highest-quality experience in lifelong learning, cultural enrichment, and enjoyment.

Thank you for your support.

Bessie Miller
Friends of the Birmingham Public Library Event Liaison

Randall L. Woodfin, Mayor
City of Birmingham

Wardine T. Alexander, President
Birmingham City Council

Janine M. Langston
Executive Library Director



**BIRMINGHAM
PUBLIC LIBRARY**

December 12, 2022

Mayor Randall Woodfin
Birmingham City Hall
710 20th Street North
Birmingham, Alabama 35203-2216

Trustees

Wille S. Davis, III
President

Kimberly Richardson
Vice President

Lynn Flowers-Martin
Parliamentarian

Yawntreshia Coleman

R. Jordan Davis

Yolanda Hardy

Jemaine Johnson

John Lyons, Jr.

Mona Lisa Morris

Randall L. Woodfin, Mayor
City of Birmingham

Wardine T. Alexander, President
Birmingham City Council

Janine M. Langston
Executive Library Director

Dear Mayor Woodfin,

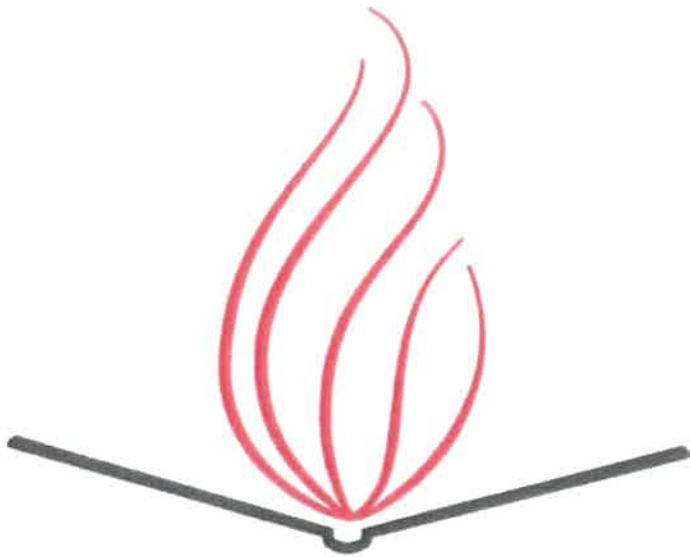
On Thursday, April 6, 2023, the Friends Foundation of the Birmingham Public Library will host its "A Novel Tasting" fundraising event. This special evening will feature a tasting of wines, craft beers, and locally distilled spirits; live music; catered food; a silent auction; door prizes; cryptic corks; and a VIP reception.

This festive event will help the Birmingham Public Library continue to fulfill its mission of providing the community with the highest-quality experience in lifelong learning, cultural enrichment, and enjoyment. A Novel Tasting will fund the Library's programs, including Bards & Brews, the Book Mobile, Literacy Leaders, the Local Authors Expo, and Summer Learning, as well as support all BPL branches.

Thank you for your support.

Bessie Miller

Friends of the Birmingham Public Library Event Liaison



BIRMINGHAM
PUBLIC LIBRARY

**Disaster and Emergency Plan for the
Birmingham Public Library**

Updating June 10, 2020

Updated March 9, 2018

Updated and Revised September 30, 2015

Originally created June 2011

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GUIDELINES FOR HANDLING EMERGENCIES

In coping with emergencies in a building, the single most important thing a staff can know is how the building and the equipment in it work. All locations have idiosyncrasies, but there are generalizations that can be made.

1. All locations should have an evacuation plan.
2. All staff should know the location of all emergency exits.
3. Everyone should know where fire extinguishers are located.
4. Staff members should be aware of the location of all circuit breaker boxes.
5. All circuit breakers should be labeled correctly.
6. Staff members should be aware of the location of all shutoff valves for water and gas and should know how to open and close them.

EMERGENCY RESPONSE CONTACTS

EMERGENCY SERVICES	CONTACT NUMBER
Emergencies	911
Police Dispatch (non-emergencies)	(205) 328-9311
Birmingham Communications Department	(205) 254-2489
Fire and Rescue Service (medical emergencies)	911
Jefferson County Emergency Management Agency	(205) 254-2039
On Guard Security	(205) 520-0757
City of Birmingham (Office of Customer Service)	(205) 297-8025
Kevin Moore (Chief Operating Officer)	(205) 254-2320
Don Lupo (Office of Citizens Assistance)	(205) 335-4573
Andre Bittas (Director of Planning, Engineering and Permits)	(205) 254-2211
City of Birmingham (Public Works)	(205) 254-2063 (day) (205) 254-6344 (night)
Street and Sanitation	(205) 254-6344 (night)
Poison Control	1-800-222-1222
Alabama Power (power outage) (customer service)	1-800-888-2726 1-888-430-5787
Spire, Inc. Gas Company	1-800-292-4008
Jefferson County Animal Services	(205) 591-6522
Wildlife Removal Service	(205) 255-3255
Birmingham Water Works	(205) 244-4000

EMERGENCY CALL LIST

This list includes individuals who should be contacted immediately should there be a disaster. Listed below are the names in call order along with the time it would normally take them to get from their homes to the library.

Name	Estimated response time in minutes
Ka'ryn Davis-West / Security Manager	20 minutes
Kenny Padgett / Head of Maintenance	25 minutes
Byron Hall / Maintenance	15 minutes
Lawrence Billips / Maintenance	15 minutes
Michael Bailey / Maintenance	25 minutes
Janine Langston, Deputy Director	20 minutes
Damein Baity, Chief Financial Officer	20 minutes
Rod Zeigler, Building Superintendent	15 minutes
Richard Manoske, Network Administrator	25 minutes

This list appears in priority order regarding emergency, after-hour calls.

LIST OF STAFF / KEY PERSONNEL

Deputy Director:	Janine Langston
Work Telephone:	(205) 226-3614
E-mail Address:	Janine.Langston@cobpl.org, janine.langston@birminghamal.gov
Cell Phone:	(205) 568-2678
Chief Financial Officer	
Maintenance/Building Service	
Page Room/Delivery Service	
Work Telephone:	Damein Baity
E-mail Address:	(205) 226-3606
Cell Phone:	Damein.Baity@cobpl.org, Damein.Baity@birminghamal.gov
	(205) 876-6832
Security Manager / Regional Manager	
Work Telephone:	Ka'ryn Y. Davis-West
E-mail Address:	(205) 226-3776
Work Cell Phone:	Karyn.Davis-West@cobpl.org
Cell Phone:	(205) 568-5189
	(205) 222-9881
Head, Maintenance	
Work Telephone:	Kenny Padgett
Cell Phone:	(205) 226-3706
	(205) 240-5852
Maintenance Worker	
Work Telephone:	Byron Hall
Work Cell:	(205) 226-3706
	(205) 288-4596
Maintenance Worker	
Work Cell:	Michael Baily
Cell Phone:	(205) 438-0933
	(205) 240-9483
Maintenance Worker	
Work Telephone:	Lawrence Billups
Cell Phone:	(205) 226-3706
	(205) 438-0930
Network System Administrator	
IT Services	Richard Manoske
Cell Phone:	(205) 226-3701
	(205) 617-6462
Regional Manager	
Work Telephone:	Bessie Miller
Cell Phone:	(205) 882-1039
	(205) 470-4660
Regional Manager	
Work Telephone:	Loretta Jones
Work Telephone:	205) 226-3741
Cell Phone:	(205) 600-6561
	(205) 282-2347

CENTRAL DEPARTMENTS

ARCHIVES

Name: Jim Baggett
Title: Head of Archives
Work phone: (205) 226-3631
Work email: Jim.Baggett@cobpl.org
Cell phone: (205) 777-9352

BUILDING SERVICES

Name: Roderick Zeigler
Title: Building Superintendent
Work Phone: (205) 226-3706 or (205) 438-0932
Work Email: Rod.Zeigler@cobpl.org
Cell Phone: (205) 882-1036

BUSINESS OFFICE

Name: Damein Baity
Title: Chief Financial Officer
Work phone: (205) 226-3606
Work email: Damein.Baity@cobpl.org, Damein.Baity@birminghamal.gov
Home phone: (205) 515-9331
Cell phone: (205) 876-6832

BUSINESS SCIENCE TECHNOLOGY/SOCIAL SCIENCES

Name: Jim Murray
Title: Head of Business Science Technology and Social Sciences
Work phone: (205) 226-3640
Work e-mail: Jim.Murray@cobpl.org
Home phone: (205) 871-9228
Cell phone: (205) 215-3438

CATALOG

Name: Cynthia Barnett
Title: Head of Technical Services
Work Phone: (205) 226-3721
Work email: Cynthia.Barnett@cobpl.org
Cell phone: (205) 213-1022

CIRCULATION

Name: Alisha Johnson
Title: Circulation Department Head
Work phone: (205) 226-3601
Work email: Alisha.Johnson@cobpl.org
Cell phone: (205) 908-9497

CITIZEN SERVICES

Name: Jiemin Fan
Title: Citizen Services Department Head
Work phone: (205) 226-3705
Work email: Jiemin.Fan@cobpl.org
Cell phone: (205) 261-1736

**COLLECTION MANAGEMENT
ACQUISITIONS / CATALOGING**

Name: Caleb West
Title: Director of Collection Management
Work phone: (205) 226-3727
Work email: Caleb.West@cobpl.org
Work Cell: (205) 639-2052
Cell Phone: (205) 243-1779

COMPUTER SERVICES

Name: Maurice Harley
Title: Education Training Coordinator
Work phone: (205) 226-3696
Work email: Maurice.Harley@cobpl.org
Cell phone: (205) 593-1070

DEVELOPMENT

Name: Catherine Frey
Title: Director of Library Development
Work phone: (205) 226-3613
Work email: Catherine.Frey@cobpl.org
Cell phone: (205) 567-9002

FICTION

Name: Gus Jones
Title: Head of Fiction
Work phone: (205) 226-3687
Work email: Gus.Jones@cobpl.org
Cell phone: (205) 259-9583

INFORMATION TECHNOLOGY

Name: Richard Manoske
Title: IT Manager / IMS Administrator
Work phone: (205) 226-3701
Work email: Richard.Manoske@cobpl.org
Cell phone: (205) 617-6462

SOUTHERN HISTORY

Name: Mary Beth Newbill
Title: Head of Southern History and Government Documents
Work phone: (205) 226-3666
Work email: Mary.Newbill@cobpl.org
Home phone: (205) 822-9091
Cell phone: (256) 532-5436

PUBLIC RELATIONS

Name: Roy L. Williams
Title: Director of Public Relations
Work phone: (205) 226-3746
Work email: Roy.Williams@cobpl.org
Cell phone: (205) 572-1359

TEENS/ YOUTH /ARTS/LITERATURE/SPORTS

Name: Heather McWilliams
Title: Head of Teens / Youth/ Arts – 2nd floor
Work phone: (205) 226-3651
Work email: Heather.McWilliams@cobpl.org
Cell phone: (205) 310-0559

BRANCH LIBRARIES

Regional Manager

Name: Ka'ryn Y. Davis-West
Title: Regional Manager
Work phone: 205-226-3776
Work email: Karyn.Davis-West@cobpl.org
Work Cell: (205) 568-5189
Home: (205) 222-9881
Estimated Response Time: 20 mins

Libraries responsible for:

Avondale	Central	North Avondale
North Birmingham	Smithfield	Titusville

Regional Manager

Name: Bessie Miller
Title: Regional Manager
Work phone: 205-882-1039
Work email: Bessie.Miller@cobpl.org
Work Cell: (205) 882-1039
Cell phone: (205) 470-4660
Estimated Response Time: 45 mins

Libraries responsible for:

East Lake	Inglenook	Pratt City
Southside	Springville Road	Woodlawn

Regional Manager

Name: Loretta Jones
Title: Regional Manager
Work phone: (205) 226-3741
Work email: Loretta.Jones@cobpl.org
Cell phone: (205) 282-2347
Work Cell: (205) 600-6561
Estimated Response Time: 20 mins

Libraries Responsible for:

East Ensley	Ensley	Five Points
Powderly	West End	Wylam

LIBRARY BRANCH HEADS

AVONDALE / NORTH AVONDALE

Name: Carla A. Perkins
Title: Librarian II, Senior Manager
AVONDALE
509 40th Street South
Birmingham, AL 35222
NORTH AVONDALE
501 43rd St. N.
Birmingham, AL 35222
Work phone: AV (205) 226-4003 NA (205) 592-2082
Home Phone: (205) 663-8159
Cell Phone: (205) 260-5156
E-mail: Carla.Perkins@cobpl.org
Estimated Response Time: 45 mins

EAST LAKE / WOODLAWN

Name: William Darby
Title: Branch Manager
EAST LAKE
5 Oporto-Madrid Blvd. S
Birmingham, AL 35206
WOODLAWN
5709 1st Ave. N
Birmingham, AL 35212
Work phone: EL (205) 836-3341 WL (205) 595-2001
Work email: William.Darby@cobpl.org
Home phone: 205-640-8964
Cell phone: 205-567-0672
Estimated response time: 20 mins

ENSLEY

Name: *Closed at this time*
ENSLEY
1201 25th St. Ensley
Birmingham, AL 35218

FIVE POINTS WEST / EAST ENSLEY

Name: Lynn Piper Carpenter
Title: Librarian II, Senior Manager
FIVE POINTS
4812 Avenue W.
Birmingham, AL 35208
EAST ENSLEY
900 14th St. Ensley
Birmingham, AL 35218
Work phone: (205)226-4017
Work email: Lynn.Carpenter@cobpl.org
Cell phone: (205) 369-2574
Estimated response time: h: 20 minutes, o: 20 minutes

INGLENOOK

Name: Tamiko Nixon
Title: Branch Manager
INGLENOOK
4100 40th Terrace N
Birmingham, AL 35217
Work phone: (205) 849-8739
Work email: Tamiko.Nixon@cobpl.org
Cell phone: (205) 527-3882
Estimated response time: 30 minutes

NORTH BIRMINGHAM

Name: Karnecia Williams
Title: Librarian II, Senior Manager
NORTH BIRMINGHAM
2501 31st Ave. N
Birmingham, AL 35207
Work phone: 205-226-4025
Work email: Karnecia.Williams@cobpl.org
Cell phone: (205) 266-2255
Estimated response time: 30 minutes

POWDERLY

Name: Candice Hardey
Title: Branch Manager
POWDERLY
3301 Jefferson Ave SW
Birmingham, AL 35221
Work Phone: 205-925-6178
Work E-mail: Candice.Harley@cobpl.org
Cell Phone: (205) 960-9987
Estimated Response time: 15 minutes

PRATT CITY

Name: Sandra Ross
Title: Branch Manager
PRATT CITY
709 Dugan Ave
Birmingham, AL 35214
Work phone: (205) 791-4997
Work email: Saundra.Ross@cobpl.org
Cell phone: (205) 994-0800
Estimated response time: 30 mins

SMITHFIELD

Name: Sequoria Lewis
Title: Branch Manager
SMITHFIELD
1 8TH Ave. W
Birmingham, AL 35204
Work phone: (205) 324-8428
Work email: Sequoria.Lewis@cobpl.org
Cell phone: (205) 910-5865
: 1 hour

SOUTHSIDE

Name: Pam Jessie
Title: Branch Manager
SOUTHSIDE LIBRARY
1814 11th Ave South
Birmingham, AL 35205
Work phone: (205) 933-7776
Cell phone: (205) 447-0662
Work e-mail: Pam.Jessie@cobpl.org
Estimated response time: 25 minutes

SPRINGVILLE ROAD

Name: Vincent Solfronk
Title: Branch Manager
SPRINGVILLE ROAD
1224 Old Springville Rd.,
Birmingham, AL 35215

Work Phone: (205) 226-4081
Work email: Vincent.Solfronk@cobpl.org
Cell Phone: (205) 602-4716
Estimated response time: 20 mins

TITUSVILLE

Name: Reba Williams
Title: Branch Manager
TITUSVILLE
2 6th Ave SW
Birmingham, AL 35211

Work phone: 205 322-1140
Work Email: Reba.Williams@cobpl.org
Cell phone: 205-706-8477
Estimated response time: 15 minutes

WEST END

Name: Elizabeth Lynn Hutchins
Title: Branch Manager
WEST END
1348 Tuscaloosa Ave SW
Birmingham, AL 35211

Work phone: (205) 226-4089
Work email: Lynn.Hutchins@cobpl.org
Cell phone: (251) 776-4780
Estimated response time: 25 mins

WYLAM

Name: Selina Johnson
Title: Branch Manager
WYLAM LIBRARY
4300 7th Ave
Wylam, AL 35224

Work phone: (205) 785-0349
Work email: Selina.Johnson@cobpl.org
Cell phone: (205) 989-7794
Home phone: (205) 276-8635
Estimated response time: 30 minutes

BOARD OFFICERS

Name: Eunice Johnson Rogers
Title: President

Name: Willie S. Davis III
Title: Vice President

Name: Lynn Flowers-Martin
Title: Parliamentarian

Name: Judge Scott Vovell
Title: Trustee

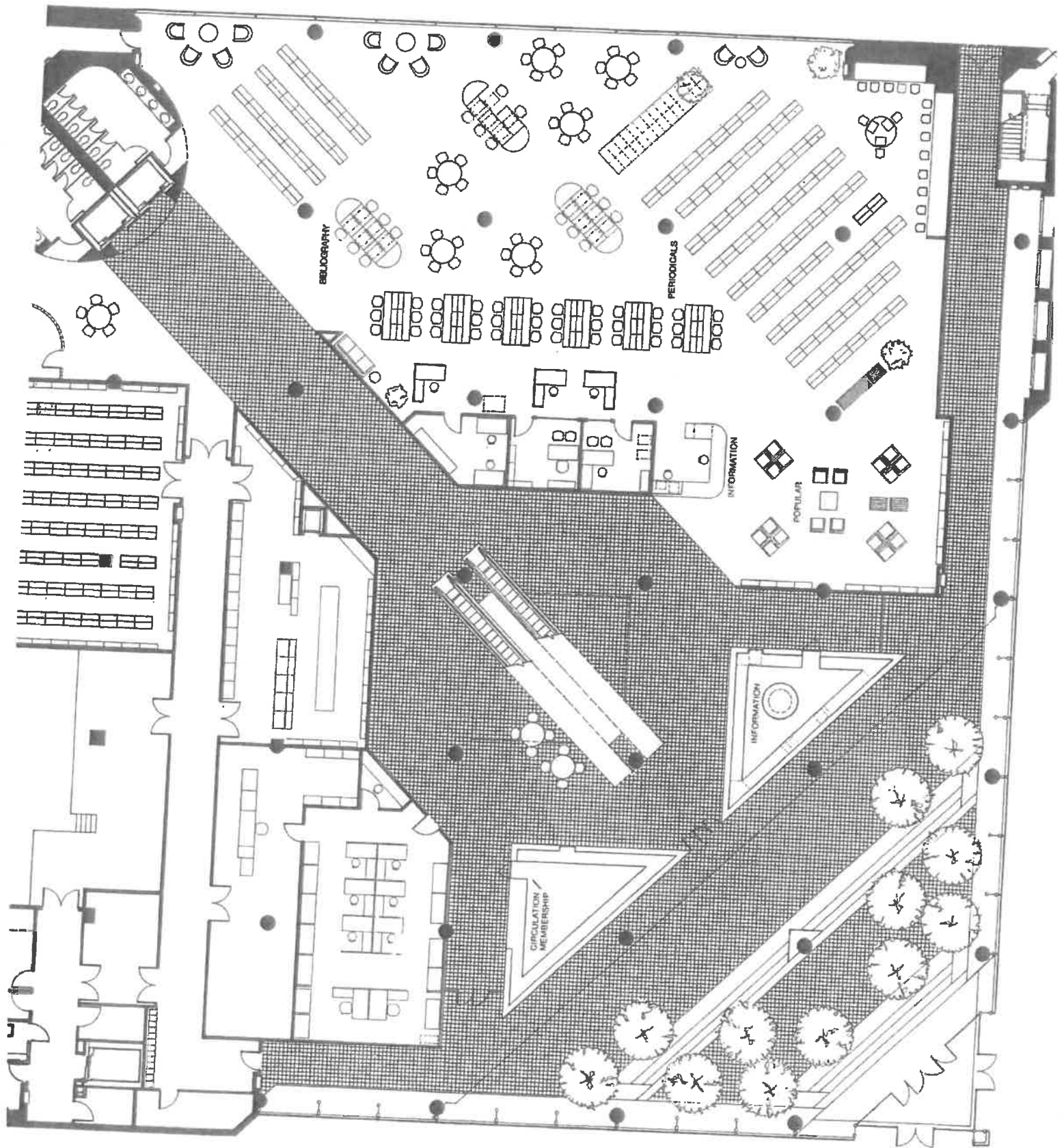
Name: Fatima Carter
Title: Trustee

Name: Mona Lisa Morris
Title: Trustee

Name: Sherri Nielson
Title: Trustee

Name: Kimberly Richardson
Title: Trustee

Name: James A. Sullivan
Title: Trustee



PARCEL ID: 012200253021001000

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

DATE: Thursday, December 22, 2022 8:09:21 AM

OWNER: BIRMINGHAM CITY OF

ADDRESS: 710 20TH ST N

CITY/STATE: BIRMINGHAM AL

ZIP+4: 35203--2216

SITE ADDR: 2100 PARK PL

CITY/STATE: BHAM, AL

ZIP: 35203

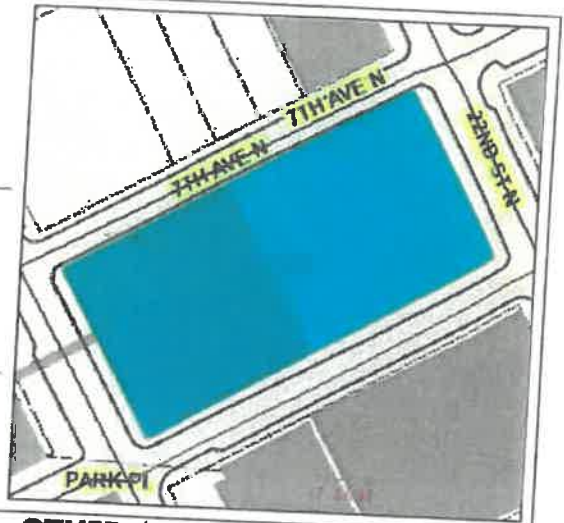
LAND: \$3,192,000.00

BLDG: \$0.00

OTHER: \$0.00

AREA: 77,241.40

ACRES: 1.77



SUBDIVISION INFORMATION:

NAME BIRMINGHAM BLOCKS

BLOCK: 32

LOT: 1-12

Land Slide Zones: Not in Land Slide Zones

Historic Districts: Not in Historic Districts

Commercial Revitalization District: Cultural District

Fire District: In Fire District

Flood Zones: Not in Flood Zones

Tax Increment Financing District: In Tax Increment Financing District

Neighborhoods: Central City (1201)

Communities: Northside (12)

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

Zoning Outline: B4

Demolition Quadrants: DEM Quadrant - 3

Impaired Watersheds: Not in Impaired Watersheds

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: 1/3/23

Application Type: Restaurant Retail Liquor – Type 020

Subject: Applicant's Entity Name True Story Brewing Company LLC
Business Name True Story Brewing Company
Business Address 5510 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 Crestwood North Neighborhood Association met on 1/24/23 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)

18 Attendance 0 Oppose 18 Support 0 No Recommendation

Reason for Opposition There is no opposition.

Applicant: X attended NA meeting _____ did not attend NA meeting

Frank McCray
President/Officer

Neighborhood Officers: (Please return this form to the of attention Latonya Tate /Public Safety; City of Birmingham; 710 North 20th Street, Birmingham, AL 35203; City Council Chambers; 3rd 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: True Story Brewing Company LLC

Mailing Address: 5510 Crestwood Blvd
Birmingham, AL 35212

Trade Name: True Story Brewing Company

Location Address: 5510 Crestwood Blvd

Contact Number: (205)747-5929

Contact Person:
Craig Shaw

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 4TBS/16CHS

Date Applied: 1/3/23

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) True Story Brewing Company 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] Craig Lee Shaw	Member	[REDACTED] Birmingham, AL	1154 Lake Forest Circle Birmingham, AL 35244	1 year

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 2016098 Page: 1 of 4 Date: 9/22/2016 County: Jefferson
506

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

3. Trade Name True Story Brewing Company
- 4(a) Location 5510 Crestwood Blvd
Exact Street Number, or if on Highway, give details as to Location
Birmingham, Alabama Zip Code 35212 County Jefferson Shelby
- (b) Length of time at this location
- (c) Mailing Address: **5510 Crestwood Blvd Birmingham, AL 35212**
- (d) Business Phone **(205)541-4393** Fax: _____ Other Contact: **(205)747-5929**

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 Crestwood Realty LLC
112 24th St N Birmingham, AL 35203
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? **4TBS/16CHS**

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 3rd day of January, 2023

Craig Shaw
Signature of Affiant

[Signature]
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.

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: True Story Brewing Company LLC
Attention: _____
Address: 5510 Crestwood Blvd
City: Birmingham State: AL Zip Code: 35212
Area Code and Phone Number: _____
Area Code and Fax Number: _____
Name of Contact Person: _____
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): True Story Brewing Company
Attention: _____
Address: 5510 Crestwood Blvd
City: Birmingham State: AL Zip: 35212
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/Brew Pub 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 81-3934494 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
Shaw, Craig	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:

Craig Shaw

Signature of Person Completing This Application

Jan 3 2023

Date

Craig Shaw

Print the Name of the Person Completing This Application

205-427-1606

Phone Number of Person Completing Application

CITY OFFICE USE ONLY Location

WORKS APPROVED AND COMMENTS:
CB2-RG-1/3/2023
MUST BE APPROVED
BY CITY COUNCIL FIRST!

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 <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"/>
--	---

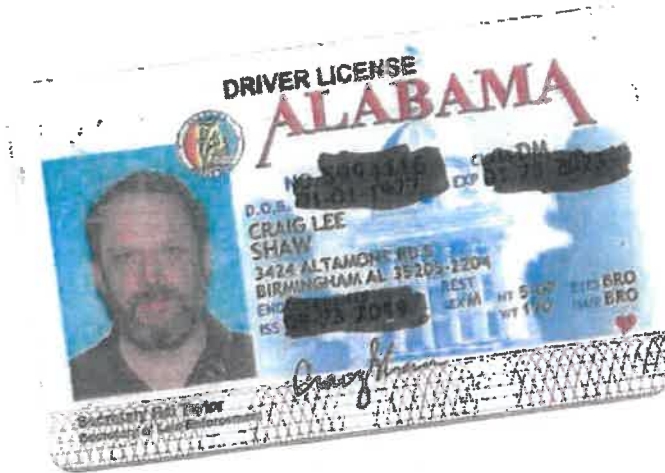
Trade Name and Location Address of office in Birmingham. If you are registering more than one location, please use this section. Attach additional sheets if necessary. (Important Note: All business locations are subject to zoning approval.)
Location

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"/>
--	---



SS# [REDACTED]
154 LAKE FOREST CIRCLE
1 Year
[REDACTED] / BIRMINGHAM, AL

**ARTICLES OF ORGANIZATION
OF**

TRUE STORY BREWING COMPANY LLC

County Division Code: AL040
Inst. # 201608506 Pages: 1 of 4
I certify this instrument filed on
9/22/2016 3:49 PM Doc: INC
Alan L. King, Judge of Probate
Jefferson County, AL. Rec: \$63.00
Clerk: SKIPWITHH

The undersigned, for the purpose of forming a limited liability company under the Alabama Limited Liability Company Law, Title 10A, Chapters 1 (to the extent applicable to limited liability companies) and 5 of the Code of Alabama (1975), as amended (the "Alabama Limited Liability Company Law"), hereby files the following Articles of Organization with the probate judge of Jefferson County, where the registered office of the limited liability company will be located, and attests that the facts stated in these Articles of Organization are true and correct:

ARTICLE I

NAME

The name of this Limited Liability Company shall be:

TRUE STORY BREWING COMPANY LLC

ARTICLE II

DURATION

The period of duration is perpetual unless the Limited Liability Company shall be sooner dissolved and its affairs wound up in accordance with its Articles of Organization or Operating Agreement.

ARTICLE III

PURPOSES

The nature of the business of the Limited Liability Company and its objects, purposes and powers are:

- (a) To own, manage, and operate a brew pub and/or other entertainment establishment;
- (b) To manage, purchase or acquire by assignment, transfer or otherwise, and hold, mortgage or otherwise pledge, and to sell, exchange, transfer, deal in and in any manner dispose of, real or personal property of any kind, class, interest or type, wheresoever situated, and to exercise, carry out and enjoy any licenses, power, authority, concession, right or privilege which any limited liability company may make or grant in connection therewith;
- (c) To subscribe for, acquire, hold, sell, assign, transfer, mortgage, pledge or in any manner dispose of shares of stock, bonds or other evidences of indebtedness or securities issued or created by any corporation of Alabama or any other state or any foreign country and, while the owner thereof, to exercise the rights, privileges and powers of ownership, including the rights to vote

thereon, to the same extent as a natural person may do, subject to the limitations, if any, on such rights now or hereafter provided by the laws of Alabama;

(d) To acquire the goodwill, rights, assets and properties, and to undertake the whole or any part of the liabilities, of any person, firm, association or corporation; to pay for the same in cash, debt obligations of the Limited Liability Company or by the transfer of an interest or the granting of membership in the Limited Liability Company or otherwise; to hold, or in any manner dispose of, the whole or any part of the property so acquired; to conduct in any lawful manner the whole or any part of the business so acquired; and to exercise all the powers necessary or convenient in and about the conduct and management of such business; and

(e) In general, to carry on any other lawful business whatsoever in connection with the foregoing or which is calculated, directly or indirectly, to promote the interest of the Limited Liability Company or to enhance the value of its properties.

The enumeration herein of the powers, objects and purposes of the Limited Liability Company shall not be deemed to exclude or in any way limit by inference any powers, objects or purposes which the Limited Liability Company is empowered to exercise, whether expressly by purpose or by any of the laws of the State of Alabama or any reasonable construction of such laws.

ARTICLE IV

REGISTERED AGENT/OFFICE

The location and mailing address of the initial registered office of the Limited Liability Company shall be 5510 Crestwood Boulevard, Birmingham, Alabama 35212 and its registered agent at such address shall be Craig Shaw.

ARTICLE V

MEMBERS

The name and address of the initial member (the "Member") of the Limited Liability Company are:

Craig Shaw

4222 Fourth Avenue South, Unit B
Birmingham, Alabama 35222

ARTICLE VI

ADDITIONAL MEMBERS

The Members reserve the right to admit additional Members upon the terms and conditions of the Limited Liability Company's Operating Agreement or upon the unanimous consent of the Members.

ARTICLE VII

DISSOLUTION CAUSED BY CESSATION OF MEMBERSHIP


The cessation of membership of one or more Members for any reason shall not cause the dissolution of the Limited Liability Company.

ARTICLE VIII

MANAGEMENT

Management is vested in the Members of the Limited Liability Company.

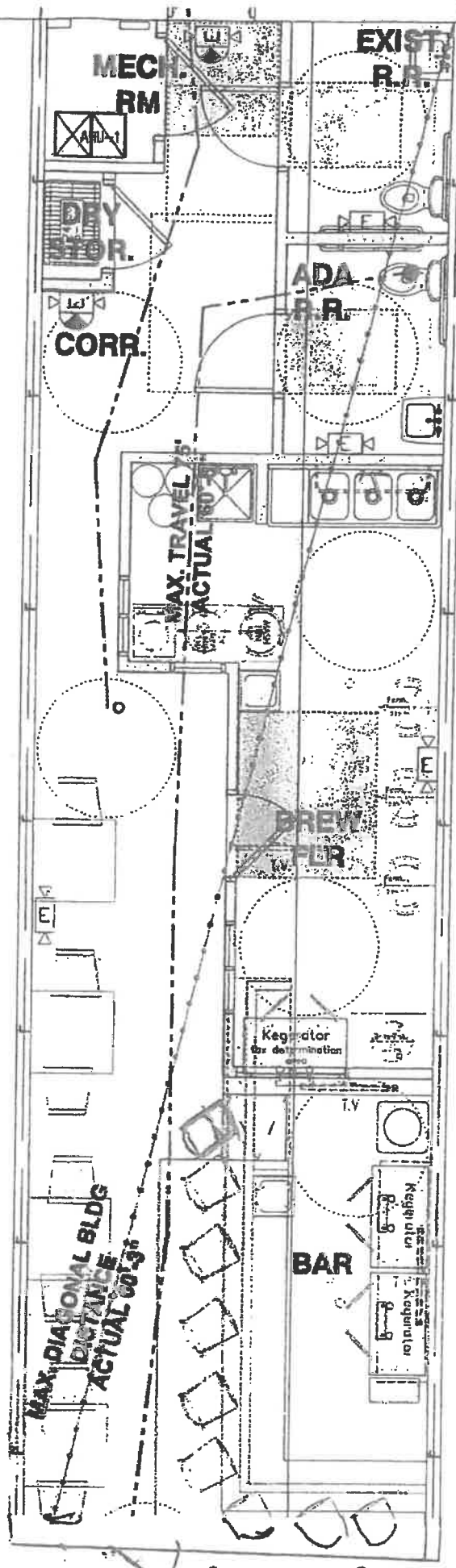
IN WITNESS WHEREOF, the undersigned Member has executed these Articles of Organization, on this the 21 day of September, 2016.



Craig Shaw, its Member

THIS DOCUMENT WAS PREPARED BY:

**Matt Carroll
Johnstone Carroll LLC
2204 Lakeshore Drive, Suite 303
Birmingham, AL 35209**



SERVICE/BAR 278
 SQ. FT. @200
 SQ.FT./PERSON =
 2 PEOPLE

75 SQ.FT @7
 SQ.FT./PERSON =
 11 PEOPLE

329 SQ.FT @15
 SQ.FT./PERSON =
 22 PEOPLE

ILLUMINATED EMERGENCY EGRESS ("EXIT") SIGNAGE & EGRESS LIGHTING W/ BATTERY BACK-U

 EGRESS LIGHTING W/ BATTERY BACK-UP

 EGRESS PATH AND DIRECTION AT MAX TRAVEL DISTANCE

 EGRESS PATH POINT OF DISCHARGE TO A PUBLIC WAY, WITH MINIMUM CLEAR DIMENSION (DOOR IN OPEN POSITION INDICATE)
 34" Clear

 EXISTING RATED CMU WALL (ASSUMED)

NOTE: PROVIDE FIRE EXTINGUISHERS OF TYP AND QUANTITY REQUIRED BY THE LOCAL FIRE MARSHALL. CONFIRM REQUIREMENTS PRIOR TO INSTALL.

PARCEL ID: 012300281020015000

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

DATE: Tuesday, January 3, 2023 9:10:17 AM

OWNER: CRESTWOOD REALTY LLC (90%) & RL

ADDRESS: 112 24TH STREET N, STF#201

CITY/STATE: BIRMINGHAM AL

ZIP+4: 35203

SITE ADDR: 5500 CRESTWOOD BLVD

CITY/STATE: , AL

ZIP: 35212

LAND: \$1,038,100.00

BLDG: \$1,806,500.00

OTHER: \$0.00

AREA: 148,297.63

ACRES: 3.40



SUBDIVISION INFORMATION:

NAME CRESTWOOD-1ST SEC 23-28-1

BLOCK:

LOT: 5

Land Slide Zones: Not in Land Slide Zones

Historic Districts: Woodlawn Highlands

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: Crestwood No (401)

Communities: Crestwood (4)

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

Zoning Outline: CB2

Demolition Quadrants: DEM Quadrant - 4

Impaired Watersheds: Impaired Watershed - Upper Village Creek

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: 1/23/23

Application Type: Special Retail Liq Type 160/More than 30 Days

Subject: Applicant's Entity Name Woodlawn Theatre Bham LLC
Business Name Woodlawn Theatre
Business Address 5503 1st Ave 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 type="checkbox"/> Restaurant Retail Liquor | <input checked="" 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 Woodlawn Neighborhood Association met on 1/23/23 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)

5 Attendance 0 Oppose 5 Support 0 No Recommendation

Reason for Opposition We are in great support of this establishment having their liquor license. We have been working closely to the Woodlawn Theatre along with the WBA.

Applicant: _____ attended NA meeting did not attend NA meeting

Vahudky
President/Officer

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

New Application: Special Retail Liquor Type 160/More than 30 Days

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

Name of Applicant: Woodlawn Theatre Bham LLC

Mailing Address: 5503 1st Ave N
Birmingham, AL 35212

Trade Name: Woodlawn Theatre

Location Address: 5503 1st Ave N
Birmingham, AL 35212

Contact Number: (205)482-2650

Contact Person:
Bekah Fox

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 100CHS

Date Applied: 1/23/23

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

SPECIAL RETAIL LIQ TYPE 160/MORE 30 DAYS

(Enter Type of License Applied For)

By: **GS**

(Revenue Official)

1. Name of Applicant (s) Woodlawn Theatre Bham 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] William Loy Mason	Member	[REDACTED] Georgia	4129 N Cahaba Dr Vestavia, AL 35243	13 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 20190658 Page: 1 of 4 Date: 7/1/2019 County: Jefferson
14

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

3. Trade Name Woodlawn Theatre

4(a) Location 5503 1st Ave N
Exact Street Number, or if on Highway, give details as to Location
Birmingham, Alabama Zip Code 35212 County Jefferson Shelby

(b) Length of time at this location

(c) Mailing Address: **5503 1st Ave N Birmingham, AL 35212**

(d) Business Phone _____ Fax: _____ Other Contact: **(205)482-2650**

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 5503 Investments LLC
5503 1st Ave N Birmingham, AL 35212
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? **100CHS**

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 23rd day of January, 2023

[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:
Special Retail Lic Type 160/More than 30 days

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: Woodlawn Theatre Bham LLC
 Attention: _____
 Address: 5503 1st Ave N
 City: Birmingham State: AL Zip Code: 35212
 Area Code and Phone Number: (205)482-2650
 Area Code and Fax Number: _____
 Name of Contact Person: Bekah Fox
 E-Mail: bekah@woodlawntheatrebham.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): Woodlawn Theatre
 Attention: _____
 Address: 5503 1st Ave N
 City: Birmingham State: AL Zip: 35212
 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) **Event Center**
- 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: Event Center Product: Alcohol/Special Events

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 84-2357459 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.

APPLICATION FOR TAX CERTIFICATE (CITY OF BIRMINGHAM, ALABAMA)

3

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
Mason, William	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] 1/23/2023
Signature of Person Completing This Application Date

Will Mason 205-908-9455
Print the Name of the Person Completing This Application Phone Number of Person Completing Application

CITY OFFICE USE ONLY Location

<p>ZONING APPROVAL AND COMMENTS: <u>OK C-32 01/23/2023 E.R. K.S.</u></p> <p>* Must Be Approved By City Council *</p>	<p>SIC OR NAICS _____</p> <p>BLIC _____</p> <p>TERRITORY _____</p> <p>ANNEX _____</p> <p>HEALTH DEPT PERMIT _____</p> <p>OTHER REQUIRED PERMIT _____</p> <p>ARTICLES OF INCORPORATION _____</p> <p>CERTIFICATE OF AUTHORITY _____</p> <p>TAX FORMS ORDERED <input type="checkbox"/> NBL ORDERED <input type="checkbox"/></p>
	<p>HOME OCCUPATION CERTIFICATE EXCLUDED</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE</p>

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"/>

SSN [REDACTED]



DRIVER LICENSE

ALABAMA

NO. [REDACTED]

CLASS D

D.O.B. [REDACTED]

WILLIAM LOY MASON

4129 N GARDNER DR VESTAL AL 35893-5006

ISS [REDACTED]

REST EXM

HT 5-11 WT 160

EYES GRN HAIR BRO

Secretary Hal Taylor
Secretary of Law Enforcement

[Signature]

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 Judge of Probate in the county where the entity's initial registered office is located. The information required in this form is required by Title 10A.

INSTRUCTIONS: Mail one (1) signed original and two (2) copies of this completed form and the appropriate filing fees to the Office of the Judge of Probate in the county where the limited liability company's (LLC) registered office is/will be located. Contact the Judge of Probate's Office to determine the county filing fees. Make a separate check or money order payable to the Secretary of State for the state filing fee of \$100.00 for standard filing (based on date of receipt and volume) or \$200.00 for expedited service (processed within approximately 3 business days after date of receipt from the County Probate Office) and the Judge of Probate's Office will transmit the fee along with a certified copy of the Certificate to the Office of the Secretary of State within 10 days after the Certificate is filed. Once the Secretary of State's Office has indexed the filing the information will appear at www.sos.alabama.gov under the Government Records tab and the Business Entity Records link - you may search by entity name. Your notification of filing was provided by the Probate Judge's Office via a stamped copy which is evidence of existence (if it is certified by the Probate Office) according to 10A-1-4.04(c) and the Secretary of State's Office does not send out a copy. You may pay the Secretary of State fees by credit card if the county you are filing in will accept that method of payment. Your entity will not be indexed if the credit card does not authorize and will be removed from the index if the check is dishonored.

County Division Code: AL040
Inst. # 2019065814 Pages: 1 of 4
I certify this instrument filed on
7/1/2019 3:28 PM Doc: INC
Alan L. King, Judge of Probate
Jefferson County, AL. Rec: \$63.00

Clerk: WORTHYV

(For County Probate Office Use Only)

The information completing this form must be typed (for your convenience the information is fill-able on this computer form on the website above).

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, Title 10A-1-5.06. You may use Professional or Series before Limited Liability Company if they apply or you may use those abbreviations):
Woodlawn Theatre Bham LLC
2. A copy of the Name Reservation certificate from the Office of the Secretary of State must be attached and the name reserved must agree with item 1 above [proves name reservation under 10A-1-4.02(f)].

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

Cheyenne Moseley, LegalZoom.com, Inc.
9900 Spectrum Drive
Austin, TX 78717

(For SOS Office Use Only)

DOMESTIC LIMITED LIABILITY COMPANY (LLC) CERTIFICATE OF FORMATION

3. The name of the Registered Agent located at the Registered Office (only one agent):

USCA, Inc.

Street **(No PO Boxes)** address of Registered Office (must be located in Alabama):

100 Oxmoor Road, Suite 110, Birmingham, AL 35209 (County of 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:

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

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

6. The filing of the limited liability company is effective immediately on the date filed by the Judge of Probate or at the delayed filing date (cannot be prior to the filing date) specified in this filing. 10A-1-4.12

The undersigned specify / / as the effective date (must be on or after the date filed in the office of the county Judge of Probate, but no later than the 90th day after the date this instrument was signed) and the time of filing to be : AM 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).

06 / 28 / 2019
Date (MM/DD/YYYY)


Signature as required by 10A-5A-2.04

Cheyenne Moseley, Assistant Secretary

Typed Name of Above Signature

LegalZoom.com, Inc., Organizer

Typed Title (Organizer or Attorney-in-fact)

Additional Organizers/Attorney-in-facts may sign (add additional sheets if necessary).

**Attachment Certificate of Formation of
Woodlawn Theatre Bham LLC**

1. **With the exception of a transfer of interest as set forth in section 3 below, additional Persons may become Members of the Company and be issued additional Ownership Interests only if approved by and on terms determined by a unanimous written agreement signed by all of the existing Members.**
2. **Before a Person may be admitted as a Member of the Company, that Person must sign and deliver to the Company the documents and instruments, in the form and containing the information required by the Company, that the Members deem necessary or desirable, including, but not limited to, a signed consent.**
3. **A Member may transfer Membership Interests to any other Person without the consent of any other Member. A person may acquire Membership Interests directly from the Company upon the written consent of all Members. A person that acquires Membership Interests in accordance with this paragraph will be admitted as a Member of the Company only after the requirements of paragraph 2 above are complied with in full.**

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:

Woodlawn Theatre Bham LLC

This name reservation is for the exclusive use of Woodlawn Theatre Bham, 4129 N Cahaba Drive, Birmingham, AL 35243 for a period of one year beginning June 10, 2019 and expiring June 10, 2020



RES843369

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 10, 2019

Date

John H. Merrill

Secretary of State

STATE OF ALABAMA
(JEFFERSON COUNTY)

LEASE AGREEMENT

This Lease Agreement is made to be effective as of the 1st of December, 2022 by and between 5503 Investments LLC (hereinafter referred to as "Landlord") and Woodlawn Theatre Bham, LLC (hereinafter referred to as "Tenant").

Section 1. LEASED PREMISES:

(a) Landlord hereby leases to Tenant and Tenant hereby rent from Landlord the following described premises (hereinafter referred to as the "Leased Premises") situated in Jefferson County, Alabama to-wit:

A space consisting of approximately 3812 square feet more or less as a part of the Retail Center located at 5503 1st Ave North Birmingham, AL 35212 (hereinafter referred to as the "Retail Center"). The location and boundaries of the Leased Premises are identified and outlined on Exhibit A attached hereto and made a part hereof.

Notwithstanding Exhibit A, Landlord shall not be deemed to, and does not, represent or warrant to Tenant that the Retail Center has or will have any specified tenant or tenants, tenant mix, or type or types of businesses therein or that the locations or dimensions of the premises of any other tenants of the Retail Center or the design or layout of the Retail Center are exactly as indicated on Exhibit A. Landlord expressly reserves the right to increase, reduce or change the number, dimensions and locations of the walks, buildings, parking areas and other facilities in any manner whatsoever as Landlord shall deem proper and reserves the right to make alterations or additions to, and to build additional stories on, the building in which the Leased Premises are contained and to add buildings adjoining the same or elsewhere in the Retail Center.

(b) For all purposes under this Lease, the term "floor area" of the Leased Premises and each such building in the Retail Center, shall be the number of square feet at each level or story and shall be measured from center line to center line of the common walls, from the outside of exterior uncommon walls, and from the front of the Tenant's lease line. In computing the leasable area of the Retail Center or the Leased Premises, no deductions shall be made for columns, partitions, stairs or other structures or equipment.

Section 2. COMPLETED DOCUMENT AND WAIVER: The submission of this Lease for examination by Tenant does not constitute an offer or option to lease the Leased Premises and it is not intended as a reservation of the Leased Premises for the benefit of Tenant. On the contrary it is expressly understood that this Lease shall not be effective or binding upon the parties until it is fully and properly executed by Tenant and Landlord.

Section 3. LENGTH OF TERM: The term of this Lease shall be for 60 months following the commencement of the term unless sooner terminated as herein provided.

Section 4. COMMENCEMENT AND EXPIRATION OF TERM: The term of this Lease shall be for a period of sixty (60) months, commencing on the 1st of January, 2023, and terminating on the 31st of December, 2028.

Section 5. SECURITY DEPOSIT: This section has been waived, no security deposit is required at the start of this lease.

Section 6. STATEMENT AS TO LEASE TERM: When the commencement and the termination date of the Lease Term have been determined as provided in Section 4 hereof, upon request of either party or Landlord's mortgagee, Landlord and Tenant shall execute and deliver a written statement in recordable form specifying the commencement date and termination date of the Lease term.

Section 7. RENT: Tenant covenants and agrees that it will pay Landlord, as Fixed Minimum Rent (hereinafter sometimes referenced to as "Rent" or "Fixed Minimum Rent") for the Leased Premises during the term of this Lease, the following:

(a) The obligation to pay the Fixed Minimum Rent hereunder shall begin on the commencement date of the term of this Lease. Tenant shall pay the pro rata monthly portion of the Fixed Minimum Rent for any fractional period of a month included in the term of this Lease. Such proration shall be based on a thirty (30) day month and shall be due and payable at the beginning of such fractional period. The Fixed Minimum Rent shall be paid in equal monthly installments in advance on the first day of each month during the term of this Lease without deduction or setoff as follows:

Commencing with the 1st of January, 2023 and continuing through the 31st of December, 2028, the Fixed Minimum Rent shall be payable in monthly installments of \$5,000 dollars.

Base Rent Increases: Effective in 12 months, and annually thereafter, the monthly base rent shall be increased by 3% over the previous year's monthly base rent, rounded to the nearest dollar.

(b) In the event Tenant fails to pay Rent or any charge or charges of any nature specified under this Lease when such charge or charges become due and payable, Tenant shall pay to Landlord a late fee totaling ten percent (10%) of all such delinquent charges. Additionally, should Tenant issue a check to Landlord that is not honored by its bank for whatever reason, Tenant shall pay a returned check charge of One Hundred Dollars (\$100) plus any applicable late fee.

Section 8. DEFINITION OF "LEASE YEAR": The Lease Term shall commence upon the Commencement Date. If the Commencement Date is any day other than the first day of a calendar month, the First Lease Year shall be the period of time from the Commencement Date until the end of

This instrument was prepared by:
David P. Condon, P.C.
100 Union Hill Drive Suite 200
Birmingham, AL 35209

Send tax notice to:
5503 Investments, LLC
4129 N. Cahaba Drive
Birmingham, Alabama 35243

WARRANTY DEED

STATE OF ALABAMA
JEFFERSON COUNTY

KNOW ALL MEN BY THESE PRESENTS

That in consideration of One Hundred Twenty Five Thousand and 00/100 Dollars (\$125,000.00) to the undersigned grantor in hand paid by the grantee herein, the receipt and sufficiency of which is acknowledged,

Silvertron One Properties, LLC

(hereinafter referred to as "Grantor") does grant, bargain, sell and convey unto

5503 Investments, LLC

(hereinafter referred to as "Grantee") the following described real estate situated in Jefferson County, Alabama to-wit:

Lot 3, Block 6, according to the Map of Resurvey of A.B. Johnston, as recorded in Map Book 4, Page 59, in the Office of the Judge of Probate of Jefferson County, Alabama.

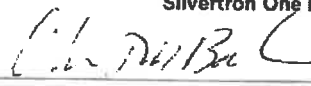
- Subject to:
- (1) 2020 ad valorem taxes not yet due and payable;
 - (2) all mineral and mining rights not owned by the Grantor; and
 - (3) all easements, rights-of-way, restrictions, covenants and encumbrances of record.

TO HAVE AND TO HOLD UNTO Grantee, its successors and assigns, forever;

And Grantor does for itself and for its successors and assigns covenant with Grantee, its successors and assigns, that it is lawfully seized in fee simple of said premises; that they are free from all encumbrances, unless otherwise noted above; that it has a good right to sell and convey the same as aforesaid; that it will and its successors and assigns shall warrant and defend the same to Grantee, its successors and assigns forever, against the lawful claims of all persons.

IN WITNESS WHEREOF, Grantor has set its seal by its authorized representative, this 14th day of November, 2019.

Silvertron One Properties, LLC



(Seal)
BY: Chris Boehm
ITS: Managing Member

STATE OF ALABAMA
JEFFERSON COUNTY

I, the undersigned Notary Public in and for said County, in said State, hereby certify that Chris Boehm as Managing Member of Silvertron One Properties, LLC whose name is signed to the foregoing conveyance, and who is known to me, acknowledged before me on this day, that being informed of the contents of the conveyance and with full authority as such Managing Member he/she executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this 14th day of November, 2019.





Notary Public: Gilmer T. Simmons
My Commission Expires: 12/20/2021

A. Settlement Statement

U.S. Department of Housing and Urban Development
OMB Approval No. 2502-0265

B. Type of Loan

1. FHA 2. FmHA 3. Conv. Unins. 5. File Number 19-1737D 7. Loan Number 8. Mortgage Insurance Case Number
4. VA 5. Conv. Ins.

C. Note: This form is required to give you a statement of account settlement basis. Amounts paid to or by the settlement agent are shown marked "to" or "by" were paid outside the closing, they are shown here for information purposes and are not included in the total. **WARNING:** It is a crime to knowingly make false statements to the United States on this or any other similar form. Penalties upon conviction can include a fine and imprisonment. For details see Title 18 U.S. Code Section 1001 and Section 1010.

TitleExpress Settlement System
Printed 11/14/2019 at 08:21 OPC

D. NAME OF BORROWER: 5503 Investments, LLC
ADDRESS:
E. NAME OF SELLER: Silvertron One Properties, LLC
ADDRESS:
F. NAME OF LENDER: CASH
ADDRESS:
G. PROPERTY ADDRESS: 5503 1st Avenue North, Birmingham, AL 35212
H. SETTLEMENT AGENT: David P. Condon, P.C.
PLACE OF SETTLEMENT: 100 Union Hill Drive, Suite 200, Birmingham, AL 35209
I. SETTLEMENT DATE: 11/14/2019

J. SUMMARY OF BORROWER'S TRANSACTION:				K. SUMMARY OF SELLER'S TRANSACTION:			
100. GROSS AMOUNT DUE FROM BORROWER				400. GROSS AMOUNT DUE TO SELLER			
101. Contract sales price		125,000.00		401. Contract sales price		125,000.00	
102. Personal Property				402. Personal Property			
103. Settlement charges to borrower (line 1400)		724.00		403.			
104.				404.			
105.				405.			
Adjustments for items paid by seller in advance				Adjustments for items paid by seller in advance			
106. City/town taxes	11/14/19 to 09/30/20	435.78		406. City/town taxes	11/14/19 to 09/30/20	435.78	
107. County taxes				407. County taxes			
108. Assessments				408. Assessments			
109.				409.			
110.				410.			
111.				411.			
112.				412.			
120. GROSS AMOUNT DUE FROM BORROWER		126,159.78		420. GROSS AMOUNT DUE TO SELLER		125,435.78	
200. AMOUNTS PAID BY OR ON BEHALF OF BORROWER				500. REDUCTIONS IN AMOUNT DUE TO SELLER			
201. Deposit or earnest money		5,000.00		501. Excess Deposit (see instructions)			
202. Principal amount of new loans				502. Settlement charges to seller (line 1400)		2,255.33	
203. Existing loan(s) taken subject to				503. Existing loan(s) taken subject to			
204.				504. Payoff of First Mortgage Loan			
205.				505.			
206.				506. 1031 Exchange Proceeds		125,341.45	
207.				507.			
208.				508.			
209.				509.			
Adjustments for items unpaid by seller				Adjustments for items unpaid by seller			
210. City/town taxes				510. City/town taxes			
211. County taxes	10/01/19 to 11/14/19	94.33		511. County taxes	10/01/19 to 11/14/19	94.33	
212. Assessments				512. Assessments			
213.				513.			
214.				514.			
215.				515.			
216.				516.			
217.				517.			
218.				518.			
219.				519.			
220. TOTAL PAID BY/FOR BORROWER		5,094.33		520. TOTAL REDUCTION AMOUNT DUE SELLER		127,691.11	
300. CASH AT SETTLEMENT FROM OR TO BORROWER				600. CASH AT SETTLEMENT TO OR FROM SELLER			
301. Gross amount due from borrower (line 120)		126,159.78		601. Gross amount due to seller (line 420)		125,435.78	
302. Less amounts paid by/for borrower (line 220)		5,094.33		602. Less reduction amount due seller (line 520)		127,691.11	
303. CASH FROM BORROWER		121,065.45		603. CASH FROM SELLER		2,255.33	

SUBSTITUTE FORM 1099 SELLER STATEMENT The information contained herein is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanctions will be imposed on you if this item is required to be reported and the IRS determines that it has not been reported. The Contract Sales Price described on line 401 above constitutes the Gross Proceeds of this transaction.

You are required by law to provide the settlement agent (Fed. Tax ID No. _____) with your correct taxpayer identification number. If you do not, provide your correct taxpayer identification number, you may be subject to civil or criminal penalties imposed by law. Under penalties of perjury, I certify that the number shown on this statement is my correct taxpayer identification number.

TIN: _____ SELLER(S) SIGNATURE(S) _____
SELLER(S) NEW MAILING ADDRESS: _____
SELLER(S) PHONE NUMBERS: _____ (H) _____ (W)

STATEMENT

TitleLxpress Settlement System Printed 11/14/2019 at 08:21 DPC

SALES/BROKER'S COMMISSION based on price \$125,000.00 =		PAID FROM BORROWER'S FUNDS AT SETTLEMENT	PAID FROM SELLER'S FUNDS AT SETTLEMENT
of commission (line 700) as follows:			
700	Commission paid at Settlement		
800. ITEMS PAYABLE IN CONNECTION WITH LOAN			
801.	Loan Origination Fee %		
802.	Loan Discount %		
803.	Appraisal Fee		
804.	Credit Report		
805.	Lender's Inspection Fee		
806.	Mortgage Application Fee		
807.	Assumption Fee		
808.			
809.			
810.			
811.			
900. ITEMS REQUIRED BY LENDER TO BE PAID IN ADVANCE			
901.	Interest From to @ \$ /day		
902.	Mortgage Insurance Premium for to		
903.	Hazard Insurance Premium for to		
904.			
905.			
1000. RESERVES DEPOSITED WITH LENDER FOR			
1001.	Hazard Insurance mo. @ \$ /mo		
1002.	Mortgage Insurance mo. @ \$ /mo		
1003.	City Property Tax mo. @ \$ /mo		
1004.	County Property Tax mo. @ \$ /mo		
1005.	Annual Assessments mo. @ \$ /mo		
1009.	Aggregate Analysis Adjustment	0.00	0.00
1100. TITLE CHARGES			
1101.	Settlement or closing fee to David P. Condon, P.C.	275.00	275.00
1102.	Abstract or title search		
1103.	Title examination		
1104.	Title insurance binder		
1105.	Document Preparation		
1106.	Notary Fees		
1107.	Attorney's fees		
	includes above items No:		
1108.	Title Insurance to Magic City Title		610.30
	includes above items No:		
1109.	Lender's Coverage \$		
1110.	Owner's Coverage \$ 125,000.00 - 610.30		
1111.			
1112.	Qualified Intermediary Fee to Magic City Title		300.00
1113.	Doc Prep for 1031 to Clayton T. Sweeney		700.00
1200. GOVERNMENT RECORDING AND TRANSFER CHARGES			
1201.	Recording Fees Deed \$ 19.00 : Mortgage \$: Release \$	19.00	
1202.	City/County tax stamps Deed \$: Mortgage \$		
1203.	State Tax/Stamp Deed \$ 125.00 : Mortgage \$	125.00	
1204.	Deed \$: Mortgage \$: Release \$		
1205.	eRecording Fee to David P. Condon Recordation	5.00	5.00
1300. ADDITIONAL SETTLEMENT CHARGES			
1301.	Survey	300.00	300.00
1302.	Recording of Release to Judge of Probate		16.00
1303.	Sewer Assessment Letter to Jefferson County Sewer Billing		23.28
1304.	Municipal Assessment Letter to David P. Condon, P.C.		11.75
1305.	Property Tax Due to Jefferson County Tax Collector (P.O.C.) 853.90 Seller		
1306.	Certificate of Compliance to David P. Condon, P.C.		14.00
1307.	Property Tax Due to David P. Condon, P.C. (P.O.C.) 426.15 Seller		
1400.	TOTAL SETTLEMENT CHARGES (enter on lines 103, Section J and 502, Section K)	724.00	2,255.33

HUD CERTIFICATION OF BUYER AND SELLER

I have carefully reviewed the HUD-1 Settlement Statement and to the best of my knowledge and belief, it is a true and accurate statement of all receipts and disbursements made on my account or by me in this transaction. I further certify that I have received a copy of the HUD-1 Settlement Statement.

By: [Signature]
Buyer's Member

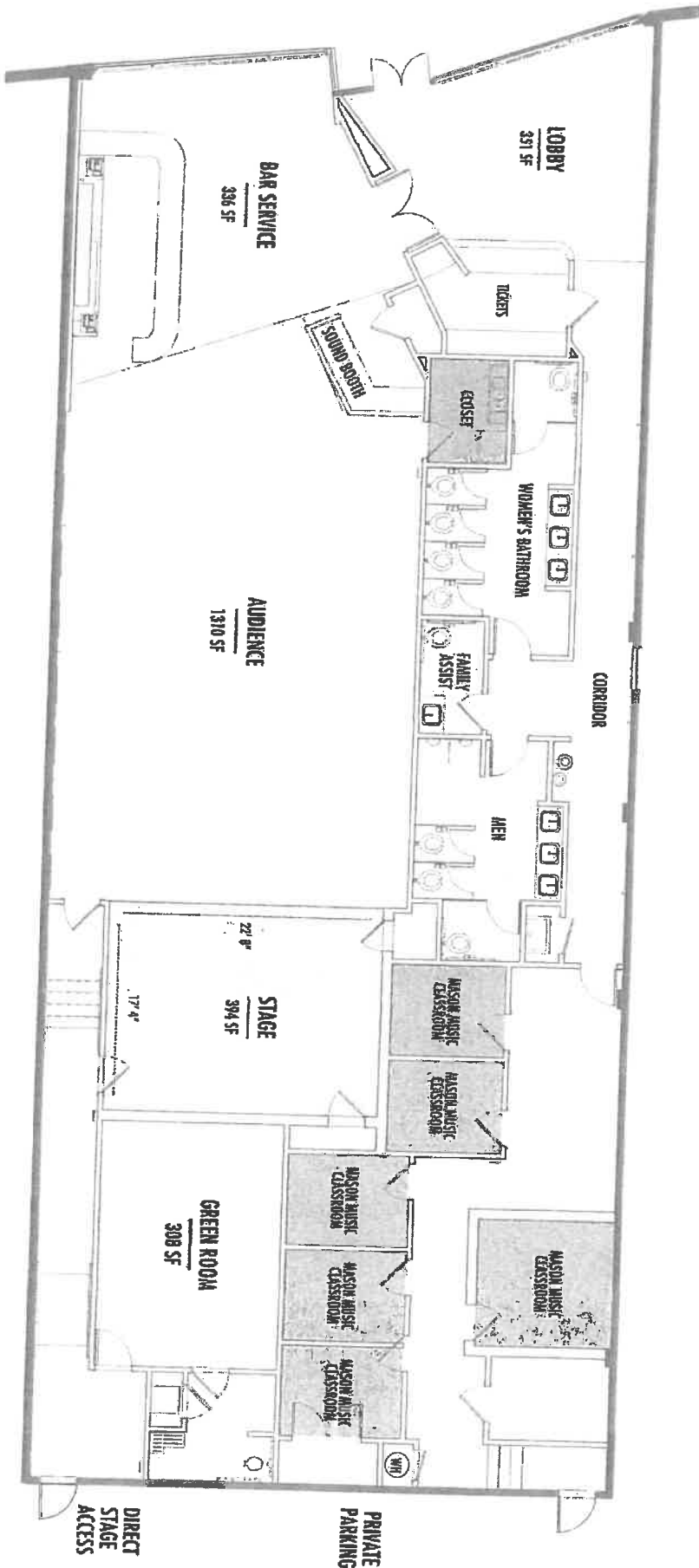
Silverton One Properties, LLC
By: [Signature]
Buyer's Member

WARNING: IT IS A CRIME TO KNOWINGLY MAKE FALSE STATEMENTS TO THE UNITED STATES ON THIS OR ANY SIMILAR FORM. PENALTIES UPON CONVICTION CAN INCLUDE A FINE AND IMPRISONMENT. FOR DETAILS SEE TITLE 18 U.S. CODE SECTION 1001 AND SECTION 1010.

The HUD-1 Settlement Statement which I have prepared is a true and accurate account of this transaction. I have issued or will cause the funds to be disbursed in accordance with this Statement.
SETTLEMENT AGENT: [Signature] DATE: 11/14/19



WOODLAWN
THEATRE



VENUE FLOORPLAN

Emergency Procedures

Mitigation, Preparedness, Response, Recovery

There are two exits out of the building (one at the front of the building, one at the back) - both have push bars. Exit Signs are lit and visible.

List of Emergency Contacts will be on the front of the daily logbook

Updated floor plans, capacity and emergency procedures, including routes to the nearest exit are placed where employees can easily and quickly read them.

Emergency procedure drills are reviewed/run frequently. Those responsible for daily operations need to feel comfortable with procedures and take the drills of them seriously.

All staff must be able to communicate the venue emergency safety procedures to patrons.

Staff should interact with customers during an emergency by:

Clearly and calmly telling them if there is a need to stay put or evacuate

Directing the flow of traffic toward the exit

Visually confirming that everyone is evacuating

No one is permitted to reenter the building until officials have deemed it safe to do so.

Staff will regularly:

Check doors to make sure they are opening properly

Test lights to see if they are secured and providing the necessary visibility

Check furniture pieces for stability

Make sure all art, products and equipment are not in danger of falling

Main entry door, emergency exits & all bathroom doors should be in working order

Theater will ensure proper signage:

Clearly marked exits (lit)

Directions to indicate non-visible exits

Clearly labeled locked doors/"Not An Exit"

Security

Current known hours of operation will be Wednesday through Saturday from 4pm to midnight. Additional days/hours will be added as the Woodlawn Theatre is booking but will still fall under the guidelines of the ABC board.

The Theatre has secured general and liquor liability insurance.

The Theatre is equipped with a complete alarm system, glass-break technology and exterior cameras for both front and back coverage.

Our neighbors at 5505 (Woodlawn Bar & Lounge) also have exterior cameras.

The Theatre will provide our East Precinct with a monthly calendar of events via Captain J. Quigley-Vining (julie.quigley-vining@birminghamal.gov, (205) 279-8939). This document will share event details and request extra patrol as available. Should our crime prevention officer position be filled we would include that officer in this correspondence.

Every night the Theatre is open there will be on-site security/door guy to assist bar tenders and management with checking identification and general premise security for those coming in or returning to their vehicles. This includes nights where it is solely bar operations.

Every Theatre-programmed event will hire off-duty officers for after dark to address parking security. This will be done in cooperation with neighboring businesses on weekend nights.

Every private event will have a Theatre-specific security person supplied per their contract and be given the contact information to hire off-duty officers for parking lot security.

The Theatre is an active member of the Woodlawn Business Association and remains in good standing and communication with the Woodlawn Neighborhood Association. We have cultivated partnership with our neighboring businesses and look forward to bringing more foot traffic to our district. We are also aware of the positive perception we have the opportunity to contribute to, as well as, increased foot traffic which statistically changes the frequency of crime.

Worth Noting: in Quarter 1 of 2023 there are plans to install lighting in the alleyway behind the businesses on 1st Ave N between 55th Street and 55th Place. This will be an additional aid in security for all who access our businesses from those doorways.

Emergency Procedures

The Theatre has worked closely with City authorities to bring this historic building to code. Fire extinguishers and a high level sprinkler system based on occupancy has been installed throughout the building.

See attached for a mock up of the emergency exit procedure signage.

A graphic designer is working on the final version to be installed in the designated areas.

A First Aid and CPR certified employee will be on site at all times.

See below for a specific list of emergency procedures we have been working on for all Theatre staff to adhere to:

"Mitigation, Preparedness, Response, Recovery"

There are three exits out of the building (one at the front of the building, one at the back of the Theatre and one at the back of Mason Music Foundation) - all three have push bars. Exit Signs will be lit and visible.

A List of Emergency Contacts will be on the front of the daily logbook and a copy at the lobby desk. Updated floor plans, capacity and emergency procedures, including routes to the nearest exit are placed where employees/patrons can easily and quickly read them.

Emergency procedure drills are reviewed/run frequently. Those responsible for daily operations need to feel comfortable with procedures and take the drills of them seriously.

All staff must be able to communicate the venue emergency safety procedures to patrons.

Staff should interact with customers during an emergency by:

Clearly and calmly telling them if there is a need to stay put or evacuate

Directing the flow of traffic toward the exit

Visually confirming that everyone is evacuating

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Main entry door, emergency exits & all bathroom doors should be in working order

Theater will ensure proper signage:

Clearly marked exits (lit)

Directions to indicate non-visible exits

Clearly labeled locked doors/"Not An Exit"

Woodlawn Theatre

5503 1st Ave N

Birmingham, Alabama 35212

Staff

Rebekah Fox (General Manager), (205) 482-2650

Will Mason (Owner), (205) 908-9455

Amber Pope (Mason Music Foundation Studio Director), (205) 482-0495

POLICE & FIRE:

All emergency: 911

Non Emergencies: (205) 328-9311

Community Concerns/Information

Captain J. Quigley-Vining (East Precinct), (205) 279-8939

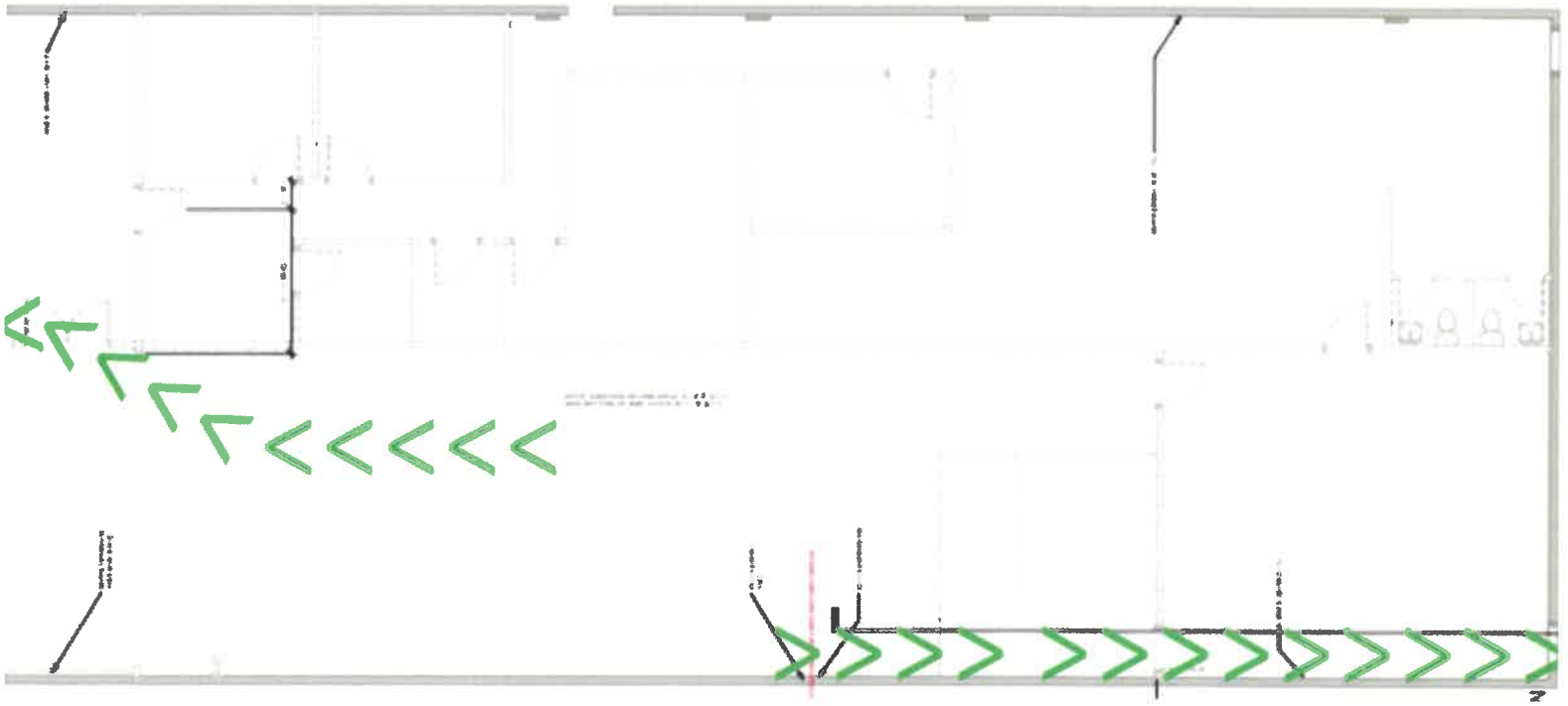
Jason Avery (WNA President/February 1st), (205) 994-4518

Valencia King (WNA Vice President/February 1st), (205) 306-9965

Neighbors

Corey Whatley (Owner of Woodlawn Bar & Lounge: 5505), (205) 566-7390

Theuda Tusajiwe (Owner of Nmosa Designs: 5501), (205) 541-6361



Neighborhood Voting Form: Liquor Applications

Date: 12/20/22

Application Type: Special Retail Liquor over 30 Days

Subject: Applicant's Entity Boundless, LLC
 Name
 Business Name Lumi
 Business Address 2201 2nd Ave S, Ste 202

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 checked="" 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 _____ 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 20th Street, Birmingham, AL 35203; City Council Chambers; 3rd Floor)

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

1/19/2023
Left VM
Haven't met system
yet

New Application: Special Retail Liquor Type 160/ More than 30 Days

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

Name of Applicant: Boundless, LLC

Mailing Address: 1607 Cullom St S
Birmingham, AL 35205

Trade Name: Lumi

Location Address: 2201 2nd Ave S, Ste 202

Contact Number: (205)401-0533

Contact Person:
Ariana Pellegra

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 10TBS/150CHS

Date Applied: 12/20/22

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

SPECIAL RETAIL LIQ TYPE 160/MORE 30 DAYS

By: GS

(Enter Type of License Applied For)

(Revenue Official)

1. Name of Applicant (s) Boundless, 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] Ariana Soleil Pellegra	Member	[REDACTED] North Carolina	1607 Cullom St S Birmingham, AL 35205	1 year

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 2019102 Page: 1 of 3 Date: 9/30/2019 County: Jefferson
443

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

3. Trade Name Lumi

4(a) Location 2201 2nd Ave S, Ste 202
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: **1607 Cullom St S Birmingham, AL 35205**

(d) Business Phone _____ Fax: _____ Other Contact: **(205)401-0533**

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 Electric Birmingham LLC
2201 2nd Ave S Ste 11 Birmingham, AL 35233
Address

(b) Give a full description of the premises for which a license is desired: New Construction Existing Structure
Description 2 Story Bldg

(c) Is establishment equipped with tables and chairs? Yes No If "Yes", how many? **10TBS/150CHS**

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 Catered Food
- (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>AD - 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 20th day of December, 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.

For Zoning Purposes
Special Retail Lic Type 160 - More than
30 Days

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: Boundless, LLC
Attention: _____
Address: 1607 Cullom St S
City: Birmingham State: AL Zip Code: 35205
Area Code and Phone Number: (205)401-0533
Area Code and Fax Number: _____
Name of Contact Person: Ariana Pellegra
E-Mail: hello@boundless@vrated.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): Lumi
Attention: _____
Address: 2201 2nd Ave S, Ste 202
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) **Event Center**
- 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: Event Center Product: Special Events/Catered Food/Alcohol

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 84-3206863 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.

- TAX IDENTIFICATION NUMBERS NOW ASSIGNED TO YOU: (Write "None" if no number assigned)**
- Sales Tax
 - Sellers Use Tax
 - Consumers Use Tax
 - Lease Tax
 - Occupational Tax- Employers
 - Lodgings Tax
- 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, 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
Pellegra, Ariana	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] _____ 12.20.2022 _____
Signature of Person Completing This Application Date

Ariana Pellegra _____ 205-401-0533 _____
Print the Name of the Person Completing This Application Phone Number of Person Completing Application

CITY OFFICE USE ONLY - Location _____

K.B.

ZONING APPROVAL AND COMMENTS:
OK M1 12/20/22 E.P.
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 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 []



DRIVER LICENSE




NO. [REDACTED]

**ARIANNA SOLEIH
PELEGRINA**

DOB: [REDACTED] SEX: [REDACTED] HAIR: [REDACTED] EYES: [REDACTED]

2588 WOODWARD DRIVE
HOOPER AL 35110-2831

HT 5' 7" WT 130 AL 1883

CLASSIFICATION: A

Arianna Pellegrina



MEDICAL

1. Remain calm.
2. Call **911** and stay on the line until the dispatcher tells you to hang up.
3. When calling 911 from a cell phone, identify your location as at 2201 2nd Ave S, Suite 202.
4. Do **NOT** move the victim or give first aid unless you are trained and certified to do so.
5. Remain with the victim and try to keep the victim warm and alert by talking with them until emergency response teams arrive.

TORNADOS AND WINDS

1. Proceed to the nearest interior room that has been designated as a tornado evacuation point and close the door (Refer to floor plan).
2. Monitor the storm . Do not leave the safe place until given the all clear.

LUMI Safety Plan

EMERGENCY TELEPHONE NUMBERS

POLICE AND FIRE911
LUMI Business Representative..... 205-387-3560

EVACUATION PLAN

1. Exit the building through the closest exit. **DO NOT** use the elevator.
2. All personnel should be familiar with the exit paths for their areas. **REFER TO YOUR FLOOR PLAN** and be familiar with the shortest path possible.
3. Proceed in an orderly manner as quickly as possible to the nearest exit and then to the designated reporting area.
4. Stay in the designated reporting area until you are instructed to leave. This way an accurate head count can be taken.
5. Upon arrival of emergency personnel, LUMI's staff will assist them in whatever manner they request or direct. The fire department and/or the Sheriff's department will clear the building, checking elevators, areas for the use of the physically disabled, and laboratory areas in the building.

Emergency alarms being turned off DOES NOT mean the building is clear and safe to re-enter. They are silenced so that emergency response personnel are able to communicate with each other. DO NOT RE-ENTER THE BUILDING for any reason until instructed to do so by fire department, emergency response, or police officials.

FIRE

1. If there is immediate danger, remain calm and follow evacuation procedures and **then** call **911** from a nearby building.
2. If there **IS NOT** an immediate danger, immediately call **911**.
3. When calling **911** from a cell phone, identify your location as at 2201 2nd Ave S, Suite 202.
4. **DO NOT RE-ENTER BUILDING.**

IF YOU ARE TRAPPED IN THE BUILDING...

1. If the door to the room you are in is hot to the touch and/or smoke is seeping in around it, **DO NOT OPEN IT.**
2. Remain calm.
3. Pack the crack under the door with clothing or other material to keep the smoke out.
4. Let someone know you are trapped. Call **911** and stay on the line until the dispatcher tells you to hang up. If there is no phone available, yell out the window, wave out the window to gain attention.
5. When calling 911 from a cell phone, identify your location as at 2201 2nd Ave S, Suite 202.
6. Stay low to the floor near the window as the smoke will fill higher areas first.

FIRE EXTINGUISHERS ARE TO BE USED ONLY TO PUT OUT A PATH OF FIRE TO GET OUT OF BUILDING. DO NOT USE A FIRE EXTINGUISHER TO PUT OUT THE FIRE.

COMMERCIAL LEASE

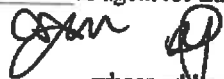

This is a legally binding contract. Seek competent advice prior to execution.

STATE OF ALABAMA JEFFERSON COUNTY

This Commercial Lease (the "Lease") is made this ____ day of November, 2022 between and among the following:

NAME OF LANDLORD: Electric Birmingham LLC whose address is: 2201 2nd Avenue South
____ Birmingham, AL 35233 Suite 111 _____ (hereinafter called "Landlord"), and

NAME OF AGENT: _____ whose address is:
_____ as agent for Landlord (hereinafter called
"Agent"), and

NAME OF TENANT: Boundless LLC  
~~Lumi Events~~ whose address is 2201 2nd Ave South
Suite 202 Birmingham, AL 35233 (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: That certain parcel of real property municipally known as 2201 2nd Avenue South, Birmingham, Alabama, Parcel ID 22 00 36 4 007 002.000, together with an approximately 5,000 square foot building and other structures and improvements located upon, and all appurtenances and other rights pertaining to said real property (collectively, the "Leased Premises"), subject to all existing easements as reflected on Exhibit "A" attached hereto, and the regulatory laws and ordinances of the political subdivision in which the Leased Premises is situated.

(b) Use. The Leased Premises shall be used by Tenant as a shared event space, and for other ancillary purposes directly related to the operation of said business, but for no other or different use or purpose without first obtaining the prior written consent of Landlord, which consent shall not be unreasonably withheld, conditioned or delayed. 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.. Landlord will retain the meeting and kitchen space for full use as coordinated with church.

2. **TERM.** The Term of this Lease is for Thirty Six (36) months (the "Term"), beginning upon the Commencement Date of the Leased Premises to Tenant in a shell condition outlined in Exhibit B and free from any other tenancies ("Commencement Date"), and ending on the date that is Thirty Six (36) months full calendar months after the Commencement Date, subject to adjustment as specified in Section 3(a) and/or extension pursuant to Section 47(c), unless sooner terminated pursuant to the terms and conditions provided for herein.

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 Judge of Probate in the county where the entity's initial registered office is located. **The information required in this form is required by Title 10A.**

INSTRUCTIONS: Mail one (1) signed original and two (2) copies of this completed form and the appropriate filing fees to the Office of the Judge of Probate in the county where the limited liability company's (LLC) registered office is/will be located. **Contact the Judge of Probate's Office to determine the county filing fees. Make a separate check or money order payable to the Secretary of State for the state filing fee of \$100.00 for standard filing (based on date of receipt and volume) or \$200.00 for expedited service (processed within approximately 3 business days after date of receipt from the County Probate Office) and the Judge of Probate's Office will transmit the fee along with a certified copy of the Certificate to the Office of the Secretary of State within 10 days after the Certificate is filed. Once the Secretary of State's Office has indexed the filing the information will appear at www.sos.alabama.gov under the Government Records tab and the Business Entity Records link – you may search by entity name. Your notification of filing was provided by the Probate Judge's Office via a stamped copy which is evidence of existence (if it is certified by the Probate Office) according to 10A-1-4.04(c) and the Secretary of State's Office does not send out a copy. You may pay the Secretary of State fees by credit card if the county you are filing in will accept that method of payment. Your entity will not be indexed if the credit card does not authorize and will be removed from the index if the check is dishonored.**

The information completing this form must be typed (for your convenience the information is fill-able on this computer form on the website above).

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*, Title 10A-1-5.06. You may use Professional or Series before Limited Liability Company if they apply or you may use those abbreviations): Boundless, LLC
2. A copy of the Name Reservation certificate from the Office of the Secretary of State must be attached and the name reserved must agree with item 1 above [proves name reservation under 10A-1-4.02(f)].

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

Ariana Pellegra

2548 Woodmeadow Lane
Birmingham, AL 35216

County Division Code: ALD40
Inst. # 2019102443 Pages: 1 of 3
I certify this instrument filed on
9/30/2019 11:36 AM Doc: INC
Alan L. King, Judge of Probate
Jefferson County, AL. Rec: \$63.00

Clerk: SSTEPHENS

(For County Probate Office Use Only)

(For SOS Office Use Only)

DOMESTIC LIMITED LIABILITY COMPANY (LLC) CERTIFICATE OF FORMATION

3. The name of the Registered Agent located at the Registered Office (only one agent):

Ariana Pellegra

Street (No PO Boxes) address of Registered Office (must be located in Alabama):

2548 Woodmeadow Lane Bham, AL 35216

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:

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

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

6. The filing of the limited liability company is effective immediately on the date filed by the Judge of Probate or at the delayed filing date (cannot be prior to the filing date) specified in this filing. 10A-1-4.12

The undersigned specify 09 / 30 / 2019 as the effective date (must be on or after the date filed in the office of the county Judge of Probate, but no later than the 90th day after the date this instrument was signed) and the time of filing to be _____ : _____ AM 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).

09 / 30 / 2019
Date (MM/DD/YYYY)

Ariana Pellegra
Signature as required by 10A-5A-2.04

Ariana Pellegra
Typed Name of Above Signature

Organizer
Typed Title (Organizer or Attorney-in-fact)

Additional Organizers/Attorney-in-facts may sign (add additional sheets if necessary).

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:

Boundless, LLC

This name reservation is for the exclusive use of Ariana Pellegra, 2548 Woodmeadow Lane, Birmingham, AL 35216 for a period of one year beginning September 29, 2019 and expiring September 29, 2020



RES856453

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.

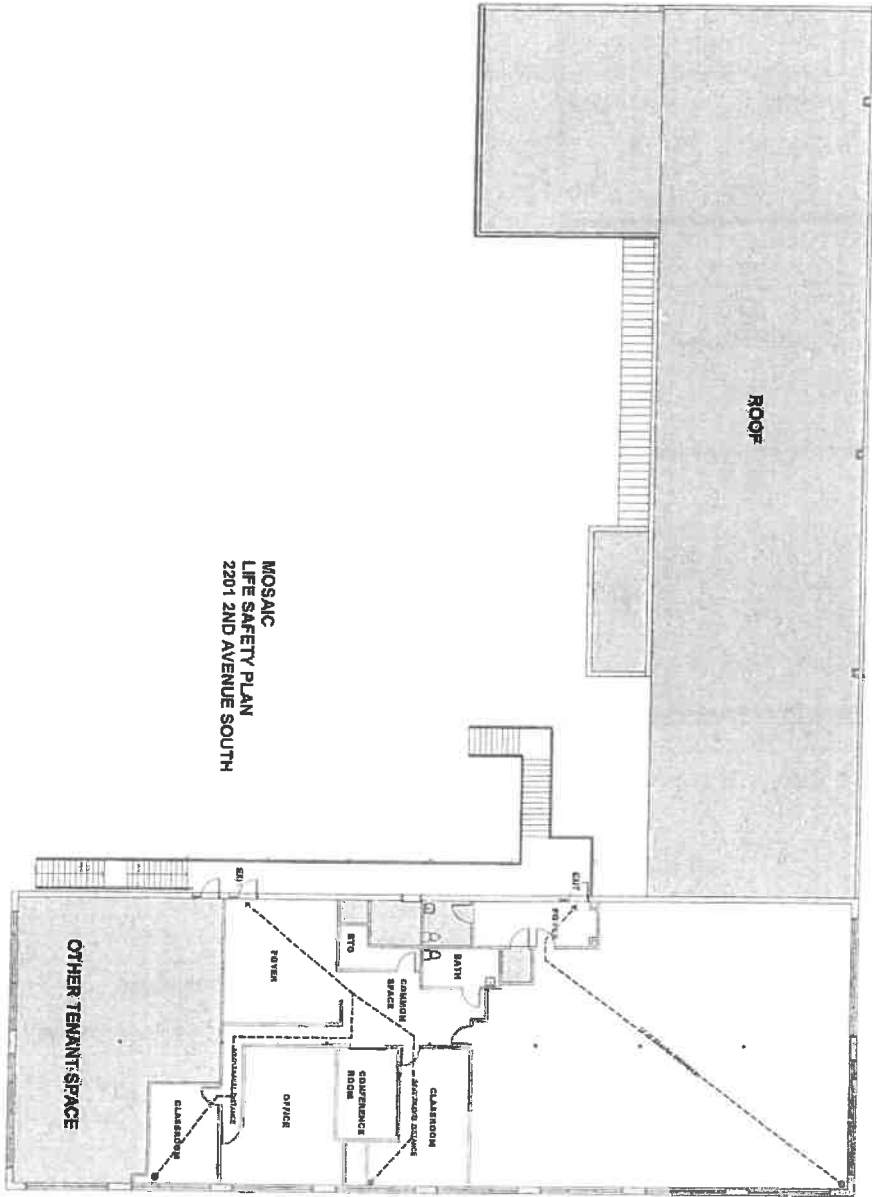
September 29, 2019

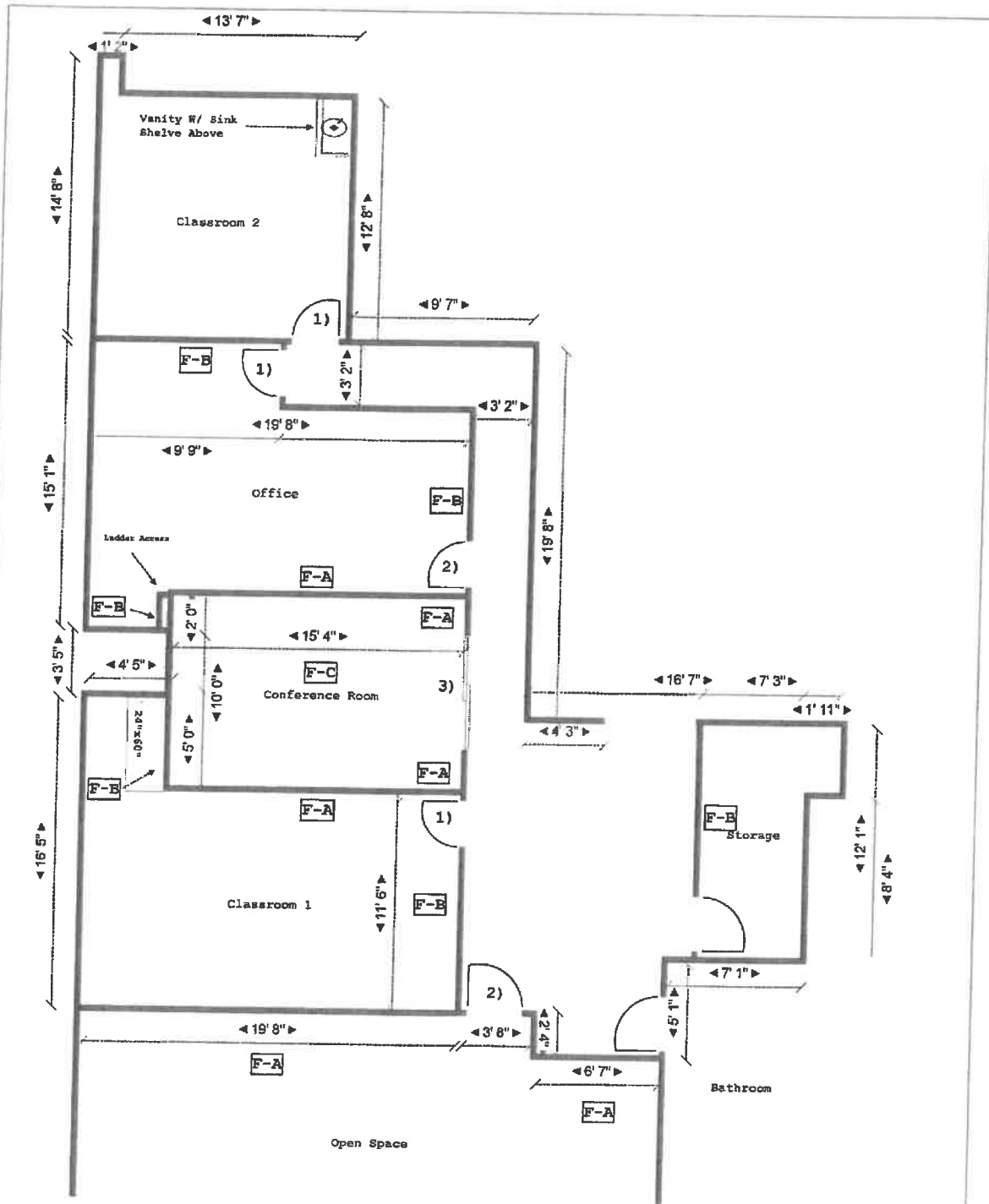
Date

John H. Merrill

Secretary of State

**MOSAIC
LIFE SAFETY PLAN
2201 2ND AVENUE SOUTH**





Door Schedule:

- 1) 2'6"x6'8" Solid Core; flush face; Metal Clad; RH - 3 count
- 2) 2'6"x8'8" Solid Core; flush face; Metal Clad; LH - 2 count
- 3) 5'0"x6'8" sliding glass/pocket glass/french double door - 1 count

Drywall Schedule:

- 8' Wall SF: 1,104
- 15' Wall SF: 1,440
- Ceiling SF: 156 (Conference Room)
- Drywall Size: 5/8

Insulation Schedule:

- Wall SF: 525 (Wall facing open space only)

Plywood Schedule:

- Wall SF: 525 (Wall facing open space only)

Framing Schedule:

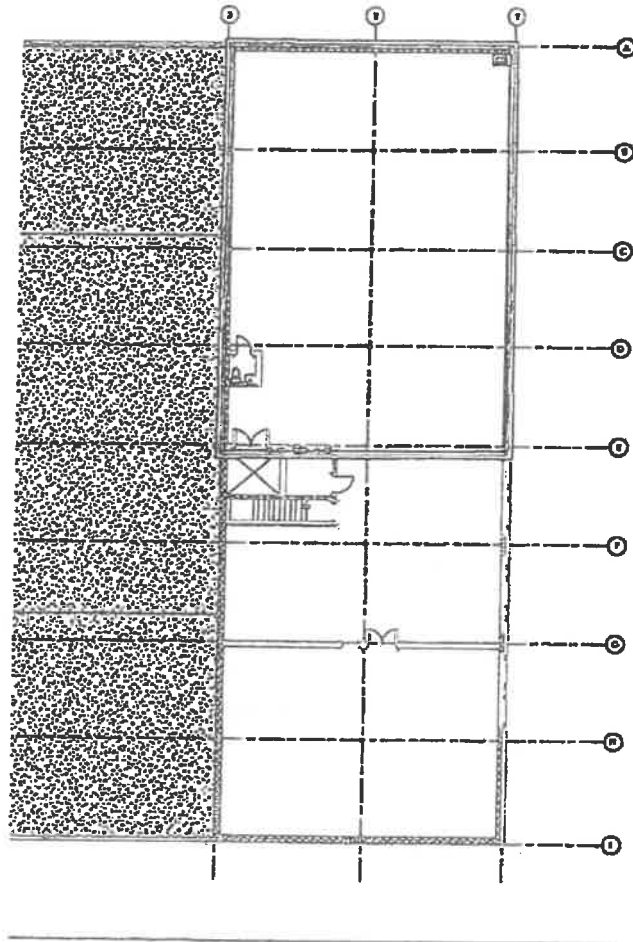
- F-A) Framing to Ceiling: - 96LF
- F-B) Framing at 8' - 138LF
- F-C) Ceiling decking - 176SF

Site:	2201 2nd Ave S, Birmingham, AL	Drawing:	8191301	Project:	0014	Drawn:	J. Hill	Notes:	N/A	Rebuild Birmingham
Title:	Mosaic Remodel	Scale:	1/4":1'0"	Date:	08/19/2019	Rev:	2			174 Oxmoor Rd, Birmingham, AL 35209

Exhibit A

The BEBCO Redevelopment Birmingham, Alabama

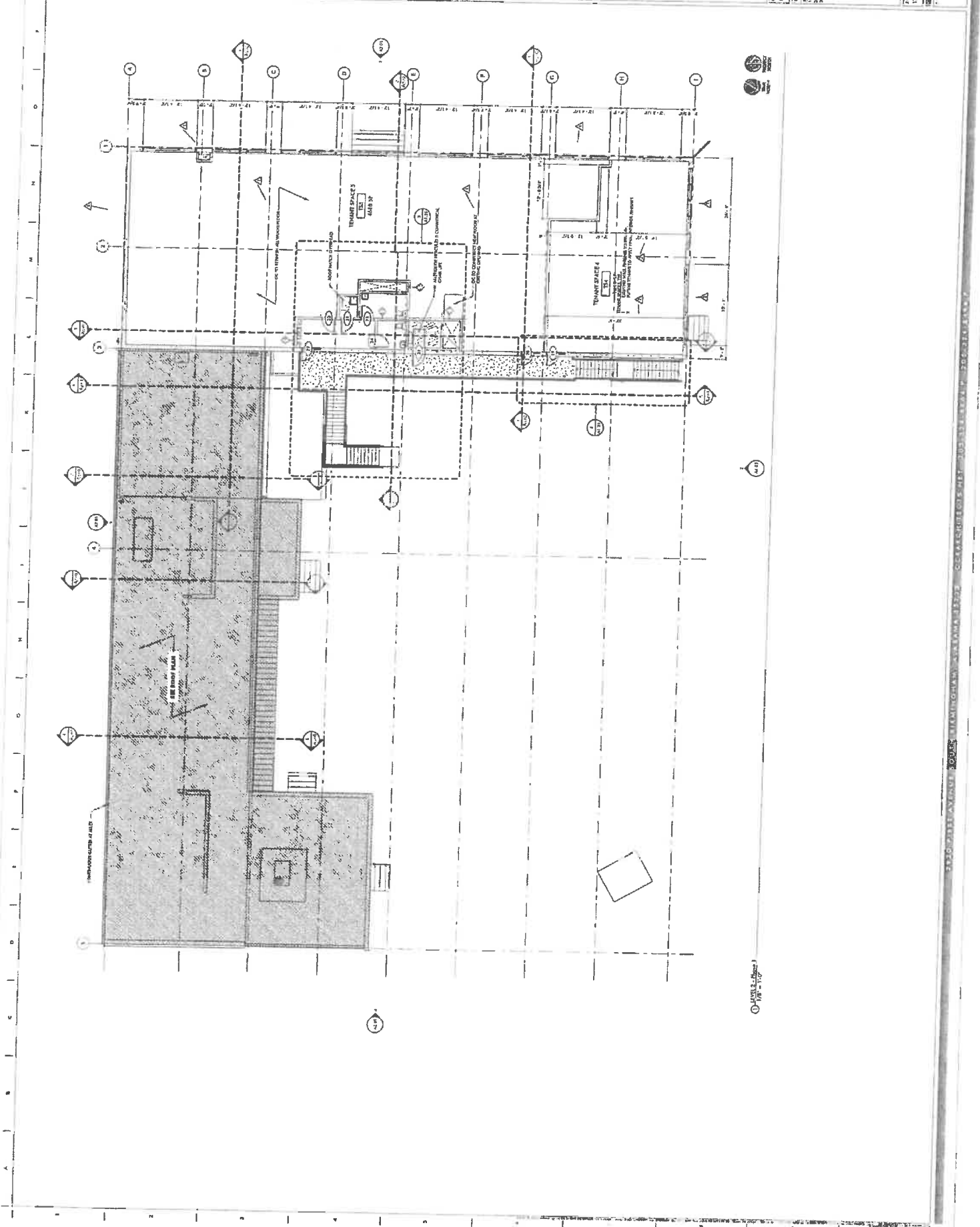
+/- 5,000 Square Feet as outlined in red below





BEBCO Building 2ND AVE & 22ND STREET SOUTH BIRMINGHAM, AL 35233

DATE: 07/20/2018
JOB NUMBER: 17081
DRAWING NUMBER: A1.02
REVISIONS:
1. REVISION
2. REVISION
3. REVISION



3320 7331 AVENUE SOUTH, BIRMINGHAM, ALABAMA 35222 CONTACT: (205) 933-1000 FAX: (205) 933-1007

LUMI Safety Plan

EMERGENCY TELEPHONE NUMBERS

POLICE AND FIRE911

LUMI Business Representative..... 205-387-3560

LUMI associates are available from 10am to 5:30pm Monday through Friday remotely and are only in the event space by appointment for tours or during events.

Weekend event hours are between 11 am and 10:30 pm. Clients can set up as early as 11am on the event day and break down as late as 10:30 pm. A licensed and insured caterer is required to serve alcohol. An off-duty officer is required for events with greater than 50 guests.

Evening events scheduled during the week have the same hours unless it's a morning/lunch event. If that is the case, the venue will open earlier in the morning, and the breakdown will happen before 5 pm. A licensed and insured caterer is required to serve alcohol. An off-duty officer is required for events more significant than 50 guests.

The venue can be reserved for filming and photoshoots during the weekdays by the hour.

EVACUATION PLAN

1. Exit the building through the closest exit. **DO NOT** use the elevator.
2. All personnel should be familiar with the exit paths for their areas. **REFER TO YOUR FLOOR PLAN** and be familiar with the shortest path possible.
3. Proceed in an orderly manner as quickly as possible to the nearest exit and then to the designated reporting area.
4. Stay in the designated reporting area until you are instructed to leave. This way an accurate head count can be taken.
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FIRE

1. If there is immediate danger, remain calm and follow evacuation procedures and **then** call **911** from a nearby building.
2. If there **IS NOT** an immediate danger, immediately call **911**.
3. When calling **911** from a cell phone, identify your location as at 2201 2nd Ave S, Suite 202.
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IF YOU ARE TRAPPED IN THE BUILDING...

1. If the door to the room you are in is hot to the touch and/or smoke is seeping in around it, **DO NOT OPEN IT.**
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6. Stay low to the floor near the window as the smoke will fill higher areas first.

FIRE EXTINGUISHERS ARE TO BE USED ONLY TO PUT OUT A PATH OF FIRE TO GET OUT OF BUILDING. DO NOT USE A FIRE EXTINGUISHER TO PUT OUT THE FIRE.

MEDICAL

1. Remain calm.
2. Call **911** and stay on the line until the dispatcher tells you to hang up.
3. When calling 911 from a cell phone, identify your location as at 2201 2nd Ave S, Suite 202.
4. Do **NOT** move the victim or give first aid unless you are trained and certified to do so.
5. Remain with the victim and try to keep the victim warm and alert by talking with them until emergency response teams arrive.

TORNADOS AND WINDS

1. Proceed to the nearest interior room that has been designated as a tornado evacuation point and close the door (Refer to floor plan).
2. Monitor the storm . Do not leave the safe place until given the all clear.

PARCEL ID: 012200364007002000

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

DATE: Tuesday, December 20, 2022 12:21:21 PM

OWNER: ELECTRIC BIRMINGHAM LLC

ADDRESS: 2201 2ND AVE SOUTH STE 11

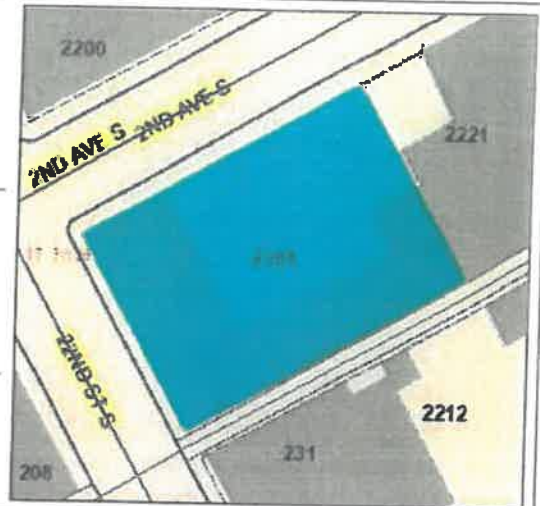
CITY/STATE: BIRMINGHAM AL

ZIP+4: 35233

SITE ADDR: 2201 2ND AVE S

CITY/STATE: BHAM, AL

ZIP: 35233



LAND: \$895,500.00

BLDG: \$117,400.00

OTHER: \$0.00

AREA: 28,102.09

ACRES: 0.65

SUBDIVISION INFORMATION:

NAME BEBCO SUBDIVISION

BLOCK: 138

LOT: 6A

:

Land Slide Zones: Not in Land Slide Zones

Historic Districts: Automotive

Commercial Revitalization District: Not in Commercial Revitalization District

Fire District: In Fire District

Flood Zones: Not in Flood Zones

Tax Increment Financing District: 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

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.

Public Safety Committee Meeting Agenda Submission Form

Date Submitted: February 9, 2023
For Meeting Date: February 14, 2023

Description of item as it should appear on agenda:

Contract with Blue Cross Blue Shield of Alabama for active and retiree dental insurance from July 1, 2023 through June 30, 2025 (two-year rate guarantee):

MONTHLY PREMIUMS

Active Value Plan

- Employee \$10.70
- Employee + 1 \$20.69
- Family \$32.27

Active Premier Plan

- Employee \$18.20
- Employee + 1 \$41.39
- Family \$65.38

Retiree Value Plan

- Employee \$10.70
- Employee + 1 \$20.69
- Family \$32.27

Retiree Premier Plan

- Employee \$18.20
- Employee + 1 \$41.39
- Family \$65.38

Submitted by: Jill M. Madajczyk, Chief HR Officer
Department: Human Resources
Extension: 2306
Recommended Funding Source: G/L Account: 001_263-021

City of Birmingham

Dental Plan and Rate Summary - Financial Results

Monthly	Enrollment		MetLife (Current)		MetLife (Renewal 1)		MetLife (Renewal 2)		Ameritas		Delta Dental (A)	
	Current	2022-23	2023-24	2023-25	2023-25	2023-25	2023-25	2023-25	2023-25	2023-25	2023-25	2023-25
Active Value Plan												
EE Only	70	\$11.56	\$12.25	\$12.48	\$10.70	\$11.56	\$12.80					
EE+1	116	\$22.25	\$23.59	\$24.03	\$20.69	\$22.25	\$24.63					
Family	254	\$34.70	\$36.78	\$37.48	\$32.27	\$34.70	\$38.42					
Subtotal	440	\$27.74	\$29.40	\$29.96	\$25.79	\$27.74	\$30.71					
Active Premier Plan												
EE Only	516	\$19.57	\$20.74	\$21.14	\$18.20	\$19.57	\$21.67					
EE+1	802	\$44.50	\$47.17	\$48.06	\$41.39	\$44.50	\$49.27					
Family	1,115	\$70.30	\$74.52	\$75.92	\$65.38	\$70.30	\$77.83					
Subtotal	2,433	\$51.04	\$54.10	\$55.12	\$47.47	\$51.04	\$56.51					
Retiree Value Plan												
EE Only	122	\$11.56	\$12.48	\$12.48	\$10.70	\$11.56	\$12.80					
EE+1	49	\$22.25	\$24.03	\$24.03	\$20.69	\$22.25	\$24.63					
Family	21	\$34.70	\$37.48	\$37.48	\$32.27	\$34.70	\$38.42					
Subtotal	192	\$16.82	\$18.16	\$18.16	\$15.61	\$16.82	\$18.62					
Retiree Premier Plan												
EE Only	222	\$19.57	\$21.14	\$21.14	\$18.20	\$19.57	\$21.67					
EE+1	96	\$44.50	\$48.06	\$48.06	\$41.39	\$44.50	\$49.27					
Family	41	\$70.30	\$75.92	\$75.92	\$65.38	\$70.30	\$77.83					
Subtotal	359	\$32.03	\$34.59	\$34.59	\$29.79	\$32.03	\$35.46					
Subtotal	3,424	\$127.62	\$136.26	\$137.83	\$118.65	\$127.62	\$141.30					
Monthly		\$151,104	\$160,465	\$163,191	\$140,522	\$151,104	\$167,295					
Annualized		\$1,813,245	\$1,925,577	\$1,958,290	\$1,686,259	\$1,813,245	\$2,007,545					
Change \$			\$112,332	\$145,045	-\$126,986	\$0	\$194,301					
Change %			6.2%	8.0%	-7.0%	0.0%	10.7%					

Note: quoted proposals include minimum compensation of 1% commission. Lockton will disclose any additional compensation, whether direct or indirect, and any intermediary/sub-broker fees if applicable.

Disclosure:

Alongside this Disclosure, you have been provided with a detailed summary and analysis of the incumbent quote(s) (and any recommended or alternate quotes, if applicable) based on what most aligns with the strategic direction you gave us in our pre-renewal strategy discussion. This exhibit is a high level summary of the incumbent and recommended markets we approached on your behalf and any compensation included with those quotes. Our recommendation is based upon a combination of quotation components, including: lowest carrier prices, contract type, terms, guarantees, and definitions as summarized in the Financial Analysis Summary.

Public Safety Committee Meeting Agenda Submission Form

Date Submitted: February 6, 2023
For Meeting Date: February 14, 2023

Description of item as it should appear on agenda:

Contract extension with EyeMed Vision Care for active employees from July 1, 2023 through June 30, 2025.

Current monthly rates are 100% employee paid and guaranteed through June 30, 2025:

- Employee \$4.47
- Employee + 1 \$8.98
- Family \$14.46

Submitted by: Jill M. Madajczyk, Chief HR Officer
Department: Human Resources
Extension: 2306
Recommended Funding Source: G/L Account: 001_215-103



City of Birmingham

CONTRACT EXTENSION FOR ACTIVE EMPLOYEES FROM JULY 1, 2023 - JUNE 30, 2025

SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam	\$20 copay	Up to \$45
Retinal Imaging	Up to \$39	Not covered
CONTACT LENS FIT AND FOLLOW-UP		
Fit and Follow-up - Standard	Up to \$40; contact lens fit and two follow-up visits	Not covered
Fit and Follow-up - Premium	10% off retail price	Not covered
FRAME		
Frame	\$0 copay; 20% off balance over \$130 allowance	Up to \$91
STANDARD PLASTIC LENSES		
Single Vision	\$20 copay	Up to \$30
Bifocal	\$0 copay	Up to \$50
Trifocal	\$0 copay	Up to \$70
Lenticular	\$0 copay	Up to \$70
Progressive - Standard	\$0 copay	Up to \$50
Progressive - Premium Tier 1 - 4	\$85 - 195 copay	Up to \$50
LENS OPTIONS		
Anti Reflective Coating - Standard	\$45	Up to \$5
Anti Reflective Coating - Premium Tier 1 - 3	\$57 - 85	Up to \$5
Photochromic - Non-Glass	\$75	Not covered
Polycarbonate - Standard	\$40	Not covered
Polycarbonate - Standard < 19 years of age	\$0 copay	Up to \$5
Scratch Coating - Standard Plastic	\$15	Not covered
Tint - Solid and Gradient	\$15	Not covered
UV Treatment	\$0 copay	Up to \$5
All Other Lens Options	20% off retail price	Not covered
CONTACT LENSES		
Contacts - Conventional	\$0 copay; 15% off balance over \$200 allowance	Up to \$140
Contacts - Disposable	\$0 copay; 100% of balance over \$200 allowance	Up to \$140
Contacts - Medically Necessary	\$0 copay; paid in full	Up to \$210
OTHER		
Hearing Care from Amplifon Network	Up to 64% off hearing aids; call 1.877.203.0675	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
FREQUENCY		
Exam	Once every plan year	Once every plan year
Frame	Once every other plan year	Once every other plan year
Lenses	Once every plan year	Once every plan year
Contact Lenses	Once every plan year	Once every plan year

(Plan allows member to receive either contacts and frame, or frames and lens services)

MONTHLY RATES

EE Only: \$4.47 EE + 1: \$8.98 Family: \$14.46

(Current rates are guaranteed through June 30, 2025)

40% OFF

additional complete pair of prescription eyeglasses

20% OFF

non-covered items, including non-prescription sunglasses

Find an eye doctor (Insight Network)

- 866.804.0982
- eyemed.com
- EyeMed Members App
- For LASIK, call 1.800.988.4221

Heads Up

You may have additional benefits.

Log into

eyemed.com/member

to see all plans included with your benefits.

EyeMed reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866.939.3633. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see online provider locator to determine which participating providers have agreed to the discounted rate. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, Policy number VC-19, form number M-9083, or Policy number VC-146, form number M-9184, in New York underwritten by Fidelity Security Life Insurance Company of New York, Policy Number VCN-1, form number MN-1, or Policy Number VCN-19, form number MN-28. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

Public Safety Committee Meeting Submission Sheet

Date Submitted: February 6, 2023
For Meeting Date: February 14, 2023

Description of item as it should appear on agenda:

Contract renewal with WEX for Health Flexible Spending Arrangement (FSA) and Dependent Care FSA from July 1, 2023 through June 30, 2026.

New administrative fee increased from \$2.65 per participant per month (PPPM) to \$2.95 PPPM.

Monthly fee minimum of \$50.00 will remain the same.

Rates are guaranteed through June 30, 2026

Submitted by: Jill M. Madajczyk, Chief HR Officer
Department: Human Resources
Extension: 2306
Recommended Funding Source: G/L Account: 001_215-098

City of Birmingham
710 North 20th Street
Suite 800
Birmingham, AL 35203

Thank you for your continued partnership with WEX. We wanted to confirm the following changes in administrative fees effective July 1, 2023 for City of Birmingham. These new rates are guaranteed until July 1, 2026:

Product Name	Old Fee Amount	Old Fee Minimum	New Fee Amount	New Fee Minimum
FSA - MONTHLY	\$2.65	\$50.00	\$2.95	\$50.00

We are committed to continuing to [improve and simplify the benefits experience](#) by releasing hundreds of enhancements to our technology and service each year. You may not even notice some of them. But each enhancement has a profound impact on the experience you and your participants enjoy with WEX.

Our goal is to be an extension of your HR team, taking care of your employees, so you can focus on the things that matter most to you. That's the WEX difference. We value your business and look forward to serving you in the future.

If you have any questions, please contact our service team at 877-765-8810.

Sincerely,



Andy Doeden
Senior Vice President – National Sales



Public Safety Committee Meeting Agenda Submission Form

Date Submitted: February 6, 2023
For Meeting Date: February 14, 2023

Description of item as it should appear on agenda:

Third party administrative services contract extension with Behavioral Health Systems (BHS) for mental health, substance use, and employee assistance program services (EAP) from July 1, 2023 through June 30, 2025.

All other provisions of the agreement, including Addendum A: Rate Schedule, shall remain in full force and effect.

Submitted by: Jill M. Madajczyk, Chief HR Officer
Department: Human Resources
Extension: 2306
Recommended Funding Source: G/L Account: 401_000.535-001



BEHAVIORAL HEALTH SYSTEMS

Behavioral Healthcare Programs for Business & Industry Since 1989

AMENDMENT #2

This Amendment to the INTEGRATED MHSA/EMPLOYEE ASSISTANCE PLAN AGREEMENT, entered into January 1, 2021, by and between Behavioral Health Systems, Inc. ("BHS") and City of Birmingham, Alabama ("City") is amended as follows:

1. Section 6. TERM, RENEWALS AND TERMINATION

(a) Initial and Renewal Terms. The initial term of this Agreement shall commence on January 1, 2021, and shall continue until June 30, 2025.

All other provisions of the Agreement, including Addendum A: Rate Schedule, shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have caused this Amendment to be executed on the day and year written below.

BEHAVIORAL HEALTH SYSTEMS, INC.

By Deborah Stephens
Its Founder, Chairman, & CEO
Date: December 12, 2022

CITY OF BIRMINGHAM, ALABAMA

By _____
Its _____
Date _____

BEHAVIORAL HEALTH SYSTEMS, INC.
INTEGRATED MHSA/EAP
FEE-FOR-SERVICE RATE SCHEDULE FOR
City of Birmingham

<u>SERVICE</u>	<u>FEES</u>
<u>INITIAL PATIENT CONSULT</u>	
Includes BHS intake, explanation of benefits, chart set-up, eligibility verification, assessment provider specialty/level of care determination, assistance in provider selection, initial assessment referral, patient & provider communication.	\$ 150
<u>INPATIENT/FACILITY/IOP TREATMENT</u>	<u>Current BHS National Ranges</u>
(Direct pass-thru on negotiated per diems/fees. May include physician fees.)	
Adult general psych	\$ 450-875
Child & Adolescent general psych	500-975
Adult substance abuse detox/rehab	350-750
Adolescent substance abuse detox/rehab	400-800
Partial hospitalization	250-425
Intensive Outpatient Substance Abuse Program (IOP)	3,000-5,000
<u>OUTPATIENT PSYCH TREATMENT</u>	
(Includes claims processing and cost/utilization reports)	
Medical Evaluation (M.D.)	\$ 225
Initial Assessment (non – M.D.)	\$ 175
Therapy (M.D.)	\$ 130
Therapy (non-M.D.)	\$ 110
Medication Checks (M.D.)	\$ 125
2013 APA Code Complexity	\$ 25
2013 APA Code Surcharges	\$ 50 – 175
Lab/Testing/Neuropsych/ECT	≤ UCR or as negotiated
ER/Transportation/ Non-PPO Services	≤ UCR or as negotiated
<u>CASE MANAGEMENT</u>	
Post-assessment treatment plan review, patient and provider communication, treatment coordination/provider referral; ongoing monitoring of interim treatment plans/progress notes/medical necessity; liaison with patient/provider/employer; aftercare monitoring; discharge planning; last chance agreement; fitness for duty/return to work determination; appeals administration.	\$ 100/hr.
(Average hours per case: inpatient: 8; outpatient: 2)	
<u>PPO ACCESS/ADMINISTRATION</u>	
(Per inpatient/facility episode of care [PHP/IOP @ 50%])	\$ 1,200
Access to BHS inpatient/outpatient PPO network/rates; new provider identification, negotiation & credentialing; open network provider requests; case-specific agreements; emergency facility affiliations; QA.	
<u>HDIIP ADMINISTRATION</u> (if applicable, HDIIP participants only)	\$ \$35/Claim
Includes PPO access, TPA fees, physician review charges and case management.	
<u>MEDICAL PLAN INTERFACE COORDINATION</u> (if applicable)	\$ No Charge
Includes regular claims coordination/reporting with medical carrier.	

Public Safety Committee Meeting Agenda Submission Form

Date Submitted: February 6, 2023

For Meeting Date: February 14, 2023

Description of item as it should appear on agenda:

Medical administrative services contract extension with Blue Cross and Blue Shield of Alabama for active employees group #65215 and retirees group #75861 from July 1, 2023 through June 30, 2024.

The current administrative charge of \$31.00 per contract per month (PCPM) will be extended through June 30, 2024.

Submitted by: Jill M. Madajczyk, Chief HR Officer

Department: Human Resources

Extension: 2306

Recommended Funding Source: G/L Account: Actives - 401_000.535-001

Retirees – 401_000.535-901



**Blue Cross Blue Shield
of Alabama**

An Independent Licensee of the
Blue Cross and Blue Shield Association

**Amendment
to
Enrollment Agreement
Customized BCBSAL Plan**

Group Name: The City Of Birmingham
Group Number: 65215 and 75861
Corporate Code: 652150001
Effective Date: 7/1/2023

Financial: Self Funded
Divisions: All
Document Type: Benefit Change

PHYSICAL ADDRESS

Address 1: 710 20Th St N
Address 2: City Hall/Room 800
County: Jefferson
County Code: 37
City: Birmingham
State: AL
Zip: 35203-2216

BILLING ADDRESS

Address 1: 710 20Th St N
Address 2: City Hall/Room 800
County: Jefferson
City: Birmingham
State: AL
Zip: 35203-2216

GROUP CONTACTS

Sal.	Name	Title	Telephone	Email
Billing: MS	Tamela Parrish	HR Division Manager	(205) 254-2797	tamela.parrish@birminghamal.gov
Benefits: MS	Marilynn Johnson	HR Division Manager	(205) 254-2819	marilynn.johnson@birminghamal.gov
Decision: MS	Jill Madajczyk	Chief HR Officer	(205) 254-2306	jill.madajczyk@birminghamal.gov

BCBSAL REPRESENTATIVES

Name	Telephone	Email
Account Executive: Chris Woertz	205/220-6943	Chris.Woertz@bcbsal.org
Account Manager: Shannon Nowak	205/220-5653	SNOWAK@bcbsal.org

Blue Cross and Blue Shield of Alabama's Identification Numbers

National Association of Insurance Commissioners 55433	Employer Identification Number 63-0103830
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Pharmacy Changes

Specialty Copay Incentive Program

Add Specialty Copay Incentive Program. Select generic and biosimilar specialty drugs in the Program will be listed at AlabamaBlue.com/SelectGenericSpecialtyandBiosimilarDrugList

In-network cost-sharing: 100% of the allowed amount, no deductible or copayment

Out-of-network cost-sharing: Not covered

FlexAccess

Add FlexAccess Program, effective 07/01/2023.

The administrative fee for the FlexAccess Program is 20% of the savings amount per eligible claim. Retail drugs listed on AlabamaBlue.com/FlexAccessDrugList are included in the Program ("Program-eligible drugs") and may change from time to time.

The cost share for Program-eligible drugs will vary based on available manufacturer assistance (such as manufacturer cost share assistance, manufacturer discount plans and/or manufacturer coupons). If assistance is available, member's out-of-pocket will be set by the drug manufacturer assistance program. Once assistance is exhausted, member's out-of-pocket will remain the same and Group will be responsible for any remaining approved drug cost. If member is deemed ineligible for assistance, claims will process at the standard benefit level. Eligible members who choose not to participate in the Program's enrollment process may be responsible for a cost share equal to the full amount of available manufacturer assistance for any Program-eligible drug.

Amounts paid out-of-pocket by member will apply towards deductible or out-of-pocket maximum. Any reimbursement or payment by a drug manufacturer assistance program under this Program may not apply towards the member's deductible or out-of-pocket maximum. (FXS)

Split Fill Program

Add Split Fill Program.

Pharmacy Coordination of Benefits

Model COB (Prime 03)

Employer chooses the Prime 03 method of coordination of benefits (COB) for pharmacy claims. This method compares primary liability to secondary liability and selects the more cost effective payment on a claim by claim basis.

Financial Updates

Administration Fees

\$31.00 per contract.

In the event of termination of the plan, the retention on paid claims during the run-out period will be 7.00% for Health.

Special Instructions

Add Disease Management Program – Chronic Kidney Disease Management

Administrative fee is \$275 per participating member per month for face-to-face or \$200 per participating member per month for telephonic. (CKD)

The City of Birmingham will be using their \$50,000 wellness credit to pay for the REACH-Chronic Kidney Disease program.

Group is wanting to update their dialysis benefits as follows:

Premier Plan (Group # 65215 divisions 001 and 05S):

In Network at Dialysis Center Inc. (DCI) = 100% of allowed amount subject to benefit period deductible.

In-Network (other than DCI) = 70% of allowed amount subject to benefit period deductible

Out-of-Network = 50% of allowed amount subject to benefit period deductible.

Value Plan (Group # 65215 divisions 003, 07S and 700; and all divisions under Group # 75861):

In Network at Dialysis Center Inc. (DCI) = 100% of allowed amount subject to benefit period deductible.

In-Network (other than DCI) = 90% of allowed amount subject to benefit period deductible

Out-of-Network = 70% of allowed amount subject to benefit period deductible.

Virta Health Chronic Condition Management Program (Type 2 Diabetes and Prediabetes) - Claim Based Model

Add Virta Health Chronic Condition Management Program- Claim Based Model. Virta Health is a medically supervised, research-backed treatment to reverse type 2 diabetes through nutritional ketosis and to reverse prediabetes through a low carbohydrate diet - without calorie-counting, surgery, or more medication.

The classification of members eligible for this program is:

•Employees, Spouses, and dependents (ages 18-79), attach (VR6)

Cost for Type 2 Diabetes is \$225 per participating member per month for first the 12 months of the member's participation and \$175 per participating member per month starting with the 13th month of the member's participation. Cost for Prediabetes is \$149 per participating member per month.

The following admin fees will be extended from 1/1/2023 though 6/30/2024:

Administration fee = \$31.00 PCPM with a 7% claims run-out.

Mental Health and Substance Abuse Integration fee = \$1.00 PCPM

Group is changing their renewal date to 7/1/2024.

All other arrangements remain the same.

Riders and codes are for internal use only.



Customer Signature
Authorized Representative
Chief HR Officer

Blue Cross and Blue Shield of Alabama
Representative
Account Manager

Title

Title

2/6/2023

Date

Date