



# BIRMINGHAM CITY COUNCIL

**PUBLIC SAFETY COMMITTEE MEETING  
TUESDAY, FEBRUARY 28, 2023  
CITY COUNCIL CHAMBERS- 1:00PM  
COUNCILOR LATONYA A. TATE (CHAIRMAN)**

**AGENDA**

- A. CALL TO ORDER
- B. APPROVAL OF MINUTES- February 14, 2023
- C. LIQUOR LICENSES
  - 1. Center ST Brothers Food Mart LLC- TRANSFER APPLICATION
  - 2. ESQ Birmingham, LLC- NEW APPLICATION
  - 3. HBCU SpringComing LLC- NEW APPLICATION
  - 4. Jacob Alliance LLC- TRANSFER APPLICATION
- D. ORDINANCE/RESOLUTION
  - 5. Birmingham Fire & Rescue
- E. ADJOURNMENT



## LIQUOR LICENSES

<p>1.</p> <p>Brother Food Mart 6 2<sup>nd</sup> Ave N Birmingham, AL 35204</p> <p><b>Peter Kitur</b></p>	<p>Beer Off Premise Wine Off Premise</p> <p><b>TRANSFER APPLICATION</b></p>	<p><input type="checkbox"/> Approved Consent Agenda  <input type="checkbox"/> Approved pending            NA____ Zoning____  <input type="checkbox"/> No Recommendation  <input type="checkbox"/> DO NOT RECOMMEND  <input type="checkbox"/> Date: _____  <input type="checkbox"/> Delayed: _____</p>
<p>2.</p> <p>Emmy Squared Pizza 300 Summit Blvd, Ste 104 Birmingham, AL 35243</p> <p><b>Amanda Schafner</b></p>	<p>Restaurant Retail Liquor</p> <p><b>NEW APPLICATION</b></p>	<p><input type="checkbox"/> Approved Consent Agenda  <input type="checkbox"/> Approved pending            NA____ Zoning____  <input type="checkbox"/> No Recommendation  <input type="checkbox"/> DO NOT RECOMMEND  <input type="checkbox"/> Date: _____  <input type="checkbox"/> Delayed: _____</p>
<p>3.</p> <p>HBCU SpringComing LLC 604 Seven Oaks RD Orange, NJ 07050</p> <p><b>George Peters</b></p>	<p>Special Retail Liquor (7 days or less)</p> <p><b>NEW APPLICATION</b></p>	<p><input type="checkbox"/> Approved Consent Agenda  <input type="checkbox"/> Approved pending            NA____ Zoning____  <input type="checkbox"/> No Recommendation  <input type="checkbox"/> DO NOT RECOMMEND  <input type="checkbox"/> Date: _____  <input type="checkbox"/> Delayed: _____</p>
<p>4.</p> <p>Five Points Market 1904 11<sup>th</sup> Ave S Birmingham, AL 35205</p> <p><b>Yaqoob Alshega</b></p>	<p>Beer Off Premise Wine Off Premise</p> <p><b>TRANSFER APPLICATION</b></p>	<p><input type="checkbox"/> Approved Consent Agenda  <input type="checkbox"/> Approved pending            NA____ Zoning____  <input type="checkbox"/> No Recommendation  <input type="checkbox"/> DO NOT RECOMMEND  <input type="checkbox"/> Date: _____  <input type="checkbox"/> Delayed: _____</p>

## RESOLUTIONS

<p>5.</p> <p>A Bill of Sale to transfer surplus public safety equipment described as twenty (20) sections of three (3) - inch fire hoses to the Childersburg Fire Department, to serve the needs of area residents, for a sum of \$1.00.</p> <p><b>Department: Fire &amp; Rescue</b></p>	<p><input type="checkbox"/> Approved Consent Agenda  <input type="checkbox"/> Approved pending            NA____ Zoning____  <input type="checkbox"/> No Recommendation  <input type="checkbox"/> DO NOT RECOMMEND  <input type="checkbox"/> Date: _____  <input type="checkbox"/> Delayed: _____</p>
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# COMMITTEE REPORT



JOINT SPECIAL CALLED PUBLIC SAFETY AND COMMITTEE OF THE WHOLE MEETING  
TUESDAY, FEBRUARY 14, 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, Smitherman, Williams

**A. CALL TO ORDER**

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

**B. APPROVAL OF MINUTES - January 24, 2023**

**Action Taken:**

**Councilor Tate Motioned to Approve.**

**Councilor Smitherman Seconded the Motion.**

**The January 24, 2023 Joint Public Safety and Special Called Committee of the Whole Meeting Minutes were approved as recorded.**

**C. LIQUOR LICENSES**

**Bodega**

3401 5<sup>th</sup> Ave S

Contact: Kevin Freeman

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

There were no incidents reported for this location.

The location meets Zoning requirements.

There are no tax delinquencies for this location.

**Action Taken:**

**Councilor Smitherman Motioned to Approve.**

**Councilor Tate Seconded the Motion.**

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

**Bosses @ Midtown**

201 Richard Arrington Jr. Blvd S

Contact: Angela Gooden

**Lounge Retail Liquor Class I Pool Table Permit/NEW APPLICATION**

**Action Taken:**

**Councilor Smitherman Motioned to Approve.**

**Councilor Tate Seconded the Motion.**

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

**The Garage**

2304 10<sup>th</sup> Terrace S

Contact: Robert Ryan

**Restaurant Retail Liquor/TRANSFER APPLICATION**

There were no incidents reported for this location.

The location meets Zoning requirements.

MINUTES

There are no tax delinquencies for this location.

**Action Taken:**

**Councilor Smitherman Motioned to Approve.**

**Councilor Tate Seconded the Motion.**

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

**The Late Rollers Package Store**

1101 3<sup>rd</sup> Ave W., Ste C

**Contact:** Cache Steelwell

**Lounge Retail Liquor Class II (Package Store)/NEW APPLICATION**

**The neighborhood is not in support of the application.**

The establishment is located in a shopping center/suite and there were 42 calls at this location for the last year.

The location meets Zoning requirements.

There are no tax delinquencies for this location.

**Action Taken:**

**Councilor Tate Motioned to Forward Item to the City Council Agenda with No Vote for Approval and set a public hearing.**

**Councilor Smitherman Seconded the Motion.**

**Item Forwarded to the City Council Agenda with a No Vote for the Public Safety Committee and to set a public hearing.**

**SodexoLive!**

2221 9<sup>th</sup> Ave N

**Contact:** Jessica Morey

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

There were no incidents reported for this location.

The location meets Zoning requirements.

There are no tax delinquencies for this location.

**Action Taken:**

**Councilor Smitherman Motioned to Approve.**

**Councilor Tate Seconded the Motion.**

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

**Birmingham Central Library Meeting Facilities**

2100 Park Place

**Contact:** Catherine Frey

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

There were no incidents reported for this location.

The location meets Zoning requirements.

There are no tax delinquencies for this location.

**Action Taken:**

**Councilor Smitherman Motioned to Approve.**

**Councilor Tate Seconded the Motion.**

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

**True Story Brewing Company**

5510 Crestwood Blvd

**Contact:** Craig Shaw

**Restaurant Retail Liquor/NEW APPLICATION**

There were no incidents reported for this location.

MINUTES

The location meets Zoning requirements.  
There are outstanding occupational taxes, but should be cleared by the City Council Agenda.

**Action Taken:**

**Councilor Smitherman Motioned to Approve.**

**Councilor Tate Seconded the Motion.**

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

**Woodlawn Theatre**

5503 1<sup>st</sup> Ave N

**Contact:** Bekah Fox

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

There were no incidents reported for this location.

The location meets Zoning requirements.

There are no tax delinquencies for this location.

**Action Taken:**

**Councilor Williams Motioned to Approve.**

**Councilor Tate Seconded the Motion.**

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

**Lumi**

2201 2<sup>nd</sup> Ave S., Ste. 202

**Ariana Pellegra**

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

There were no incidents reported for this location.

The location meets Zoning requirements.

There are no tax delinquencies for this location.

**Action Taken:**

**Councilor Williams Motioned to Approve.**

**Councilor Smitherman Seconded the Motion.**

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

**D. ORDINANCE / RESOLUTIONS**

**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):**

**Office of Human Resources**

**Action Taken:**

**Item Removed.**

**Contract extension with EyeMed Vision Care for active employees from July 1, 2023 through June 30, 2025.**

**Office of Human Resources**

**Action Taken:**

**Councilor Smitherman Motioned to Approve.**

**Councilor Williams Seconded the Motion.**

**Item Recommended to the City Council 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.**

**COUNCIL CHAMBERS**

**MINUTES**

**Office of Human Resources**

**Action Taken:**

**Councilor Williams Motioned to Approve.**

**Councilor Smitherman Seconded the Motion.**

**Item Recommended to the City Council 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.

**Office of Human Resources**

**Action Taken:**

**Councilor Smitherman Motioned to Approve.**

**Councilor Williams Seconded the Motion.**

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

**E. ADJOURNMENT**

**Councilor Smitherman Motioned to Adjourn.**

**Councilor Williams Seconded the Motion.**

**The Meeting Adjourned.**



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

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

Name of Applicant: Center ST Brothers Food Mart LLC

Mailing Address: 6 2<sup>nd</sup> Ave N  
Birmingham, AL 35204

Trade Name: Brothers Food Mart

Location Address: 6 2<sup>nd</sup> Ave N

Contact Number: (205)499-4431

Contact Person:  
Peter Kitur

New Application

Transfer

**Type of License**

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

Kitchen equipped: yes  no

Number of table and chairs NA

Date Applied: 10/13/22

Revenue Examiner: GS

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

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

**New Application**   
**Transfer**

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

**By: GS**

(Enter Type of License Applied For)

(Revenue Official)

1. Name of Applicant (s) Center ST Brothers Food Mart 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] Peter Kitur	Member	[REDACTED] Kenya	2716 11 <sup>th</sup> Ave S, Apt 11 Birmingham, AL 35205	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 001-028 Page: 1 of 3 Date: 07/06/2022 County: Jefferson  
512

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

3. Trade Name Brothers Food Mart

4(a) Location 6 2<sup>nd</sup> Ave N  
Exact Street Number, or if on Highway, give details as to Location  
Birmingham, Alabama Zip Code 35204 County  Jefferson  Shelby

(b) Length of time at this location

(c) Mailing Address: 6 2<sup>nd</sup> Ave N Birmingham, AL 35204

(d) Business Phone \_\_\_\_\_ Fax: \_\_\_\_\_ Other Contact: (205)499-4431

5. Name, trade name and License number of last or previous licensee: **Jay One Inc**  
Trade name Center Street Food Mart Year 2017 Type 150K 150N Taxpayer ID 469359

6 (a) Owner of real estate for which license is desired Keval LLC  
6 2<sup>nd</sup> Ave N Birmingham, AL 35204  
Address

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

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

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

*1/19/2023  
was gonna  
call the President*

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

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

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

Name	Violation Charged	Name of Court	Date	Disposition of Case
<u>NO</u>	<u>-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 13<sup>th</sup> 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:  
Beer/Wine Off Premise Only  
Transfer

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: Center ST Brothers Food Mart LLC  
Attention: \_\_\_\_\_  
Address: 6 2<sup>nd</sup> Ave N  
City: Birmingham State: AL Zip Code: 35204  
Area Code and Phone Number: (205)499-4431  
Area Code and Fax Number: \_\_\_\_\_  
Name of Contact Person: Peter Kitur Website Address: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

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): Brothers Food Mart  
Attention: \_\_\_\_\_  
Address: 6 2<sup>nd</sup> Ave N  
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: Jay One Inc  
Trade Name (d/b/a) Center Street Food Mart  
Mailing Address of Former Owner 6 2<sup>nd</sup> Ave N  
Address (es) of Former Location(s) Same  
Area Code and Phone Number of Former Owner: (205)566-0370

**Section 5 TYPE OF OWNERSHIP**

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

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

**Section 6 - TYPE OF BUSINESS**

Please indicate the principal business activity category.

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

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

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

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

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

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

Federal ID Tax Number 88-3121424      Number of Employees in Birmingham (Required) \_\_\_\_\_

**Section 9 - COMMENCEMENT OF BUSINESS ACTIVITY**

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

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

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

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

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

NAME	TITLE	SOCIAL SECURITY NUMBER
Kitur, Peter	Owner	[REDACTED]

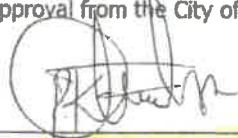
**Section 12 – CORPORATE RESIDENT AGENT OR LOCAL MANAGER**

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

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

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



10-13-2022

Signature of Person Completing This Application

Date

PETER KITUR

205-499-4431

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 M11-M Legal Non-Conforming  
 10/13/2022 EOR must be  
 Approved By City Council

HOME OCCUPATION CERTIFICATE EXECUTED  
 YES  NO  NOT APPLICABLE

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

APPLICATION FOR TAX CERTIFICATE (CITY OF BIRMINGHAM, ALABAMA)

SECTION 14 - ADDITIONAL TAXABLE LOCATIONS

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

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

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

CITY OFFICE USE ONLY - Location

ZONING APPROVAL AND COMMENTS:
HOME OCCUPATION CERTIFICATE EXECUTED [ ] 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 [ ]



LIMITED TERM

FN DRIVER LICENSE

ALABAMA



NO. 9-9092  
07199

CLASS D  
2070

D.O.B.  
PETER  
KITUR

2716 11TH AVES APT 11  
BIRMINGHAM AL 35205-1724

ISS 05-11-2007

HT 6-00 EYES BRO  
WT 200 HAIR BLK

Secretary Hai Taylor  
Secretary of Law Enforcement





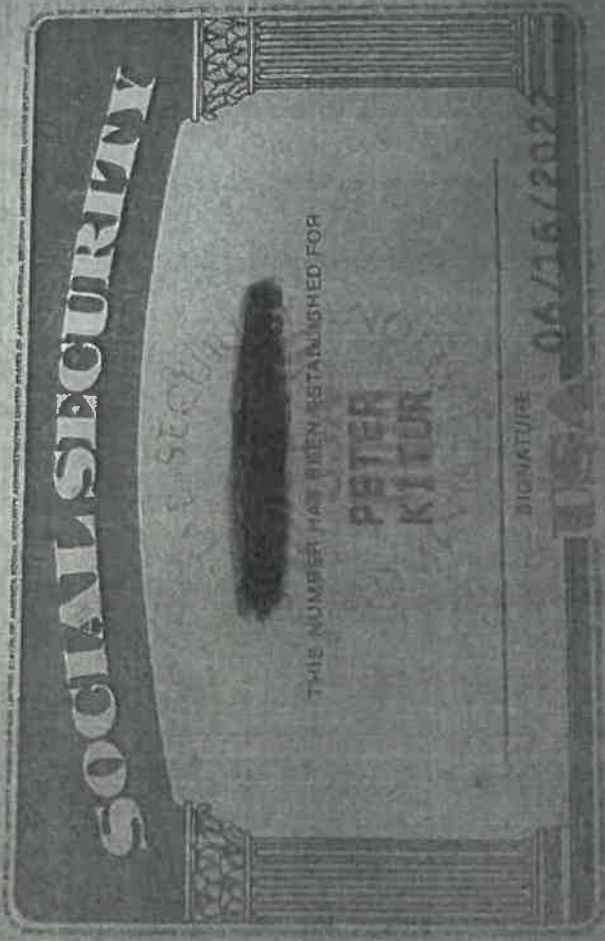
# YOUR SOCIAL SECURITY CARD

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

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

contains important

the signature line.



## SOCIAL SECURITY

THIS NUMBER HAS BEEN ESTABLISHED FOR

PETER  
KITTON

SIGNATURE

06/16/2022

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

I, Jay One Inc (current taxpayer), holding City of Birmingham

License ID# [REDACTED], located at 6 2nd Ave N (business address)

Birmingham, AL 35204 (six-digit City ID), hereby agree that said License be

transferred to Center ST Brothers Food Mart LLC

provided Center ST Brothers Food Mart 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 Center ST Brothers Food Mart 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 m.v. pater

DATE 10/13/22

APPLICANT Peter kitor

DATE 10/13/22

Witness [Signature]  
NOTARY [Signature]

DATE 10/13/22



DRIVER LICENSE

ALABAMA

NO. [REDACTED] CLASS D  
 D.O.B. [REDACTED] EXP. [REDACTED]  
 NIREUBEN VINOBBHAI  
 PATEL  
 6781 CATHWICK DR  
 MC CALL AL 35111-5424  
 ENDOBHAI VINODHAI PATEL  
 HT 5'00 WT 130 HA BRN  
 US [REDACTED] [REDACTED] [REDACTED]



## Commercial Lease Agreement

This Lease is between Keval LLC, Lessor (the "Landlord") and Center Street Brothers Food Mart, LLC, Lessee (the "Tenant") and Peter Kitur as an additional Guarantor of the Lessee's obligations hereunder. The start date of this Lease is July 15<sup>th</sup>, 2022 (the "Commencement Date"). Landlord hereby agrees to lease the property located at 6 2<sup>nd</sup> Avenue North, in Birmingham, Jefferson County, Alabama, (the "Leased Premises") to Tenant upon the terms and conditions set forth herein.

1. Leased Premises: 6 2nd Ave N, Birmingham, Alabama 35204
2. Permitted Use: The leased area shall be used for a gas station and convenience store. Tenants have the use of the space as a part of a branded gas station. The Branding time limit should run with the lease. No sublease of the Leased Premises is allowed, without Landlord's express written approval of a specifically named Lessee.
3. Rent. The monthly rent shall be three thousand dollars (\$3,000) for the first 5 years of this lease. The monthly rent shall be four thousand dollars (\$4,000) per month in years 6-10 of this lease. Lessee shall then have the option to extend this lease for another 5 years after the initial 10 years, with the consent of the landlord, whereupon monthly rent shall be five thousand dollars (\$5,000) in years 11-15. Rent for the first month (or partial month) of this lease shall be due and payable before Tenant takes possession of the Leased Premises. If the Commencement Date is not the first day of a month, then rent for the first month shall be prorated. A detailed annual rent schedule provided 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 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:

CENTER ST BROTHERS FOOD MART 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): PETER KITUR

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

6 2nd Avenue N Birmingham, AL 35204

\*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	
001-028-512	DLL
Date	07/06/2022
Time	16:50:00
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 / 6 / 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 4 : 50  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 / 6 / 2022  
Date (MM/DD/YYYY)

PETER KITUR  
Signature as required by 10A-5A-2.04

Member/President  
Typed title (organizer or attorney-in-fact)

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

## **Additional Details**

### **Organizers**

**Organizer**

**Street Address**

**Mailing Address**

**PETER KITUR**

**6 2nd Avenue N  
Birmingham, AL 35204**

**6 2nd Avenue N  
Birmingham, AL 35204**

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:

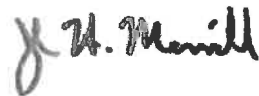
**CENTER ST BROTHERS FOOD MART LLC**

This name reservation is for the exclusive use of PETER KITUR, 6 2nd Avenue N, Birmingham, AL 35204 for a period of one year beginning July 06, 2022 and expiring July 06, 2023

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

July 06, 2022

Date



RES032831

**John H. Merrill**

**Secretary of State**



Date of this notice: 07-06-2022

Employer Identification Number:  
88-3121424

Form: SS-4

Number of this notice: CP 575 G

CENTER ST BROTHERS FOOD MART LLC  
ELDORÉT FOOD MART  
% PETER KITUR SOLE MBR  
6 2ND AVE N  
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 88-3121424. 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.

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](http://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.



**PARCEL ID:** 012900031009006000

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

**DATE:** Wednesday, October 12, 2022 3:40:02 PM

**OWNER:** KEVAL LLC

**ADDRESS:** 6 2ND AVE N

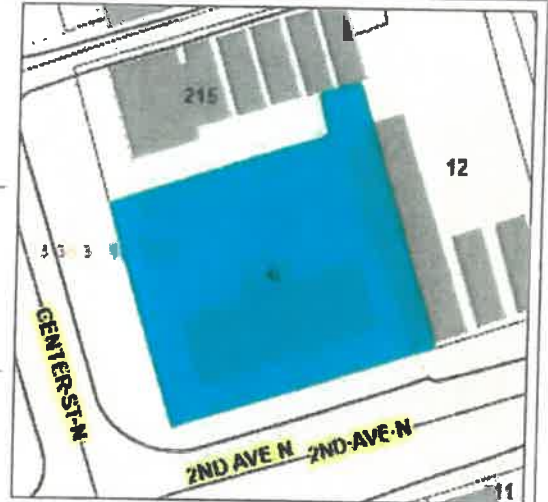
**CITY/STATE:** BIRMINGHAM AL

**ZIP+4:** 35204--4752

**SITE ADDR:** 6 2ND AVE N

**CITY/STATE:** BHAM, AL

**ZIP:** 35204



**LAND:** \$37,400.00

**BLDG:** \$592,200.00

**OTHER:** \$0.00

**AREA:** 21,929.56

**ACRES:** 0.50

**SUBDIVISION INFORMATION:**

**NAME** WILBANKS SUR RESUR 29-3-1

**BLOCK:**

**LOT:** 3-A

**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:** Smithfield (1605)  
**Communities:** Smithfield (16)  
**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.



# Neighborhood Voting Form: Liquor Applications

Date: 1/25/23

## Application Type: Restaurant Retail Liquor Type 020

Subject: Applicant's Entity Name ESQ birmingham, LLC  
Business Name Emmy Squared Pizza  
Business Address 300 Summit Blvd, Ste 104

### 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 Overtown Neighborhood Association met on 2-7-23 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    4 Support    \_\_\_ No Recommendation

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

Applicant:  attended NA meeting     did not attend NA meeting

Quetta M. Al  
President/Officer

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



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

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

Name of Applicant: ESQ Birmingham, LLC

Mailing Address: 3015 Poston Ave, Ste 200  
Nashville, TN 37203

Trade Name: Emmy Squared Pizza

Location Address: 300 Summit Blvd, Ste 104

Contact Number: (251)626-7704

Contact Person:  
Amanda Schafner

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 24TBS/86CHS

Date Applied: 1/25/23

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 LIQOUR-TYPE 020**  
(Enter Type of License Applied For)

**By: GS**  
(Revenue Official)

1. Name of Applicant (s) ESQ 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
TNDL# [REDACTED] Howard Bruce Greenstone	President	[REDACTED] Hackensack, NJ	919 Waterswood Dr Nashville, TN 37220	

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 \_\_\_\_\_ Page: \_\_\_\_\_ Date: \_\_\_\_\_ County: \_\_\_\_\_  
Foreign Corporation: certificate of Authority Date: \_\_\_\_\_ (get copy of original papers)

3. Trade Name Emmy Squared Pizza
- 4(a) Location 300 Summit Blvd, Ste 104  
Exact Street Number, or if on Highway, give details as to Location  
Birmingham, Alabama Zip Code 35243 County  Jefferson  Shelby
- (b) Length of time at this location \_\_\_\_\_
- (c) Mailing Address: **3015 Poston Ave, Ste 200 Nashville, TN 37203**
- (d) Business Phone \_\_\_\_\_ Fax: \_\_\_\_\_ Other Contact: **(251)626-7704**

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 Bayer Development CO LLC  
250 Summit Blvd Birmingham, AL 35243  
Address \_\_\_\_\_
- (b) Give a full description of the premises for which a license is desired: New Construction  Existing Structure   
Description  Shopping Center
- (c) Is establishment equipped with tables and chairs? Yes  No  If "Yes", how many? **24TBS/86CHS**

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 25<sup>th</sup> day of January, 2023

André Schief  
 Signature of Affiant

Mary Stuber  
 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)

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: ESQ Birmingham, LLC  
Attention: \_\_\_\_\_  
Address: 3015 Poston Ave, Ste 200  
City: Nashville State: TN Zip Code: 37203  
Area Code and Phone Number: (251)626-7704 (256)490-3004  
Area Code and Fax Number: \_\_\_\_\_  
Name of Contact Person: Amanda Schafner  
E-Mail: Ahschafner.law@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): Emmy Squared Pizza  
Attention: \_\_\_\_\_  
Address: 300 Summit Blvd, Ste 104  
City: Birmingham State: AL Zip: 35243  
Area Code and Phone Number of Business Location: \_\_\_\_\_  
Area Code and Fax Number of Business Location: \_\_\_\_\_  
Name of Contact Person at Business Location: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Website Address: \_\_\_\_\_

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

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

**Section 5 - TYPE OF OWNERSHIP**

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

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

**Section 6 - TYPE OF BUSINESS**

Please indicate the principal business activity category.

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

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

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

Activity: Restaurant Product: Alcohol/Food

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

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

Federal ID Tax Number 92-0518772 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
Greenstone, Howard	President	[REDACTED]

Section 12 - CORPORATE RESIDENT AGENT OR LOCAL MANAGER

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

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

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

Signed:

Amanda Schafner - Attorney at Law      1/25/2023  
Signature of Person Completing This Application      Date

Amanda Schafner      256-490-3004  
Print the Name of the Person Completing This Application      Phone Number of Person Completing Application

CITY OFFICE USE ONLY - Location

ZONING APPROVAL AND COMMENTS:  
Q-Ca  
City license must be approved by City Council  
JBM 1-25-23  
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

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

Tennessee  
THE VOLUNTEER STATE

USA  
TN



*Greestone Howard Bruce*

DL NO. 145991-901 DOB 01/07/1960  
EXP 02/11/2029 ISS 02/11/2021  
CLASS DM END NONE  
REST NONE  
SEX M HGT 6'-03" EYES GRN  
DD [REDACTED]

GREESTONE  
HOWARD BRUCE  
919 WATERSWOOD DR  
NASHVILLE, TN 37220

Save Time, Renew Online  
www.Tennessee.Gov

Rev [REDACTED]

**ENDORSEMENTS:**  
None



**CLASS:** DM Vehicles <26,000 (Operator), Motorcycles, motor-driven cycles & scooters

**RESTRICTIONS:** None

**ORGAN DONOR**  I hereby certify that I am 18 or older, of sound mind, and upon my death, wish to make an anatomical gift noted here:

- Any Organ/Tissue
- Entire Body
- Blood Type \_\_\_\_\_
- RH Factor \_\_\_\_\_

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_

Specific Organ(s)/Tissue \_\_\_\_\_

**FOR NON-PHOTO  
SIGN HERE:**

\_\_\_\_\_





**LIMITED POWER OF ATTORNEY**

STATE OF TENNESSEE  
COUNTY OF DAVIDSON

KNOW ALL MEN BY THESE PRESENTS, that ESQ BIRMINGHAM, LLC (hereinafter "ESQ") organized and existing under the laws of the State of Alabama constitutes and appoints the law firm of James B. Pittman, Jr., P.C., James B. Pittman, Jr., Jon C. Archer II, and Amanda Schafner as true and lawful agent(s) and Attorney(s)-in-Fact (herein called my "Attorney") with full power of substitution, for ESQ in its name, place and stead to do every act of every kind with respect to the transfer, application or renewal of Alabama Beverage Control liquor licenses for the manufacture, wholesale, warehousing and/or retail sale of alcoholic beverages applied for or in the name of ESQ and to act on its behalf in any and all counties and/or cities in the State of Alabama, with all the powers the undersigned would possess if personally present for the transaction of business with regard to the transfer, application or renewal of said liquor licenses and application and registration for a sales tax account, including signing documents with respect to the above-described matters.

Pursuant hereto, my said Attorney may take any and all such actions on behalf of ESQ as its Attorney-in-Fact. No person dealing with ESQ's said Attorney shall be required to see to the application of any funds or property paid or given for my account and the receipt given by, or any other juristic acts performed by ESQ's said Attorney shall be as final and binding upon ESQ's interest in the transfer as if performed by ESQ.

This Special Power of Attorney may be revoked by ESQ in whole or in part at any time by delivering or causing to be delivered to my said Attorney written notice of such revocation, provided, however, that no such revocation shall vitiate, invalidate, or impair any action taken prior to receipt of such written notice. Unless sooner terminated, this Power of Attorney shall remain in full force and effect for one year from the date of execution below.

Any and every person or entity dealing with or accepting and relying on instruments executed or any act taken by ESQ's Attorney under the provisions of this Power of Attorney prior to actual receipt of any written notice from ESQ that the powers conferred herein or any of them have been revoked, amended or restricted, shall be fully protected against any claims or contention by ESQ, its successors, or assigns with respect to their right to rely upon the existence and continuing effect of this Power of Attorney and all provisions herein regardless of any lapse of time from and after the date of execution hereof. A copy of this Limited Power of Attorney shall be as valid and enforceable as the original.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 15th day of September, 2022.

ESQ BIRMINGHAM, LLC




By: Howard Greenstone

As Its: President

STATE OF TENNESSEE  
COUNTY OF DAVIDSON

I, Julie Colleran, the undersigned authority, a Notary Public in and for said County in said State, hereby certify that Howard Greenstone, whose name as President of ESQ BIRMINGHAM, LLC, an Alabama limited liability company, is signed to the foregoing assignment and who is known to me, acknowledged before me on this day, that being informed of the contents of said assignment, he/she, as such officer and with full authority, executed the same voluntarily for and as the act of said limited liability company on the day the same bears date.

Given under my hand and official notarial seal this the 15th day of September, 2022.



Notary Public  
My Commission Expires: 07/07/25

## LEASE AGREEMENT

THIS LEASE AGREEMENT is entered into by and between **BAYER RETAIL COMPANY II, L.L.C.**, a Delaware limited liability company (hereinafter called "Landlord"), and **ESQ Birmingham LLC**, a Alabama limited liability company (hereinafter called "Tenant").

WITNESSETH:

### ARTICLE I

#### Premises

**Section 1.01. Premises Leased.** Landlord hereby leases to Tenant, and Tenant hereby leases from Landlord, the Leased Premises. The building or buildings in which the Leased Premises are located are constructed or will be constructed in the Shopping Center.

**Section 1.02. Outdoor Seating Area.** Tenant shall be allowed, at Tenant's expense, an "Outdoor Seating Area" designated on Exhibit "A-1". The Outdoor Seating Area is subject to all applicable laws, codes, ordinances, rules and regulations applicable to the Leased Premises and the business conducted therein and Landlord's approval for the design, which shall not be unreasonably withheld, conditioned or delayed. Tenant shall be responsible for fixturing the Outdoor Seating Area in a manner reasonably approved by Landlord. The Outdoor Seating Area shall be deemed part of the Leased Premises for all purposes under this Lease except for the calculation Floor Area with regard to the payment of Minimum Rent or Additional Rent due under the Lease.

(a) **Percentage Rent.** Notwithstanding anything to the contrary contained herein, Tenant acknowledges that all sales and revenues derived from services performed and sales made in the Outdoor Seating Area shall be included in Gross Sales for the purpose of determining Tenant's Percentage Rent payable in accordance with this Lease.

(b) **Operation of Outdoor Seating Area.** Tenant shall open the Outdoor Seating Area for business only during those hours when the Leased Premises are open for business.

(c) **Furniture in Outdoor Seating Area.** Tenant shall install, at its sole cost and expense, all furniture, equipment, lighting, and signage (collectively, "Furniture") in the Outdoor Seating Area.

(d) Tenant acknowledges and agrees that:

(i) The Furniture shall meet the highest standards of quality and appearance consistent with a first-class restaurant and the design and construction of the Shopping Center;

(ii) The Furniture shall not be used or placed in the Outdoor Seating Area until its design, size, color, position, and method of attachment or installation are first approved by Landlord in writing; and

(iii) Tenant shall be solely responsible for any destruction, damage, theft, or vandalism of, or to, the Furniture.

(e) **Cleanliness of Outdoor Seating Area.** Tenant shall clean (including power washing, as reasonably necessary) and keep in good repair the Outdoor Seating Area and Furniture and shall remove all trash generated therefrom on a daily basis or more frequently as needed. If Tenant fails to clean or keep the Outdoor Seating Area in good repair or remove trash therefrom, then in addition to and not in lieu of any other remedy to which Landlord may be entitled, Landlord shall have the right but not the obligation, upon twenty-four (24) hours prior written notice to Tenant, to clean, repair, or remove the trash on Tenant's behalf; and Tenant shall pay Landlord's cleaning, repair, or trash removal costs (including any overtime costs) immediately upon Landlord's demand therefor.

(f) **Repairs to Common Areas.** Tenant shall reimburse Landlord immediately upon Landlord's written demand therefor, the cost of repairs or restoration of the Common Areas arising out of Tenant's use of the Outdoor Seating Area or acts or negligence of Tenant, its customers, employees,

**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:

ESQ 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): Emily Ferrell

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

2901 2nd Ave S, Suite 130 Birmingham, AL 35233

\*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	
001-039-572	DLL
Date	09/13/2022
Time	10:20:00
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 9 / 13 / 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 10 : 20  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 / 13 / 2022  
Date (MM/DD/YYYY)

Howard Greenstone  
Signature as required by 10A-5A-2.04  
President  
Typed title (organizer or attorney-in-fact)

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

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:

**ESQ Birmingham LLC**

This name reservation is for the exclusive use of Howard Greenstone, 3015 Poston Ave, Ste. 200, Nashville, TN 37203 for a period of one year beginning September 13, 2022 and expiring September 13, 2023

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



RES045688

September 13, 2022

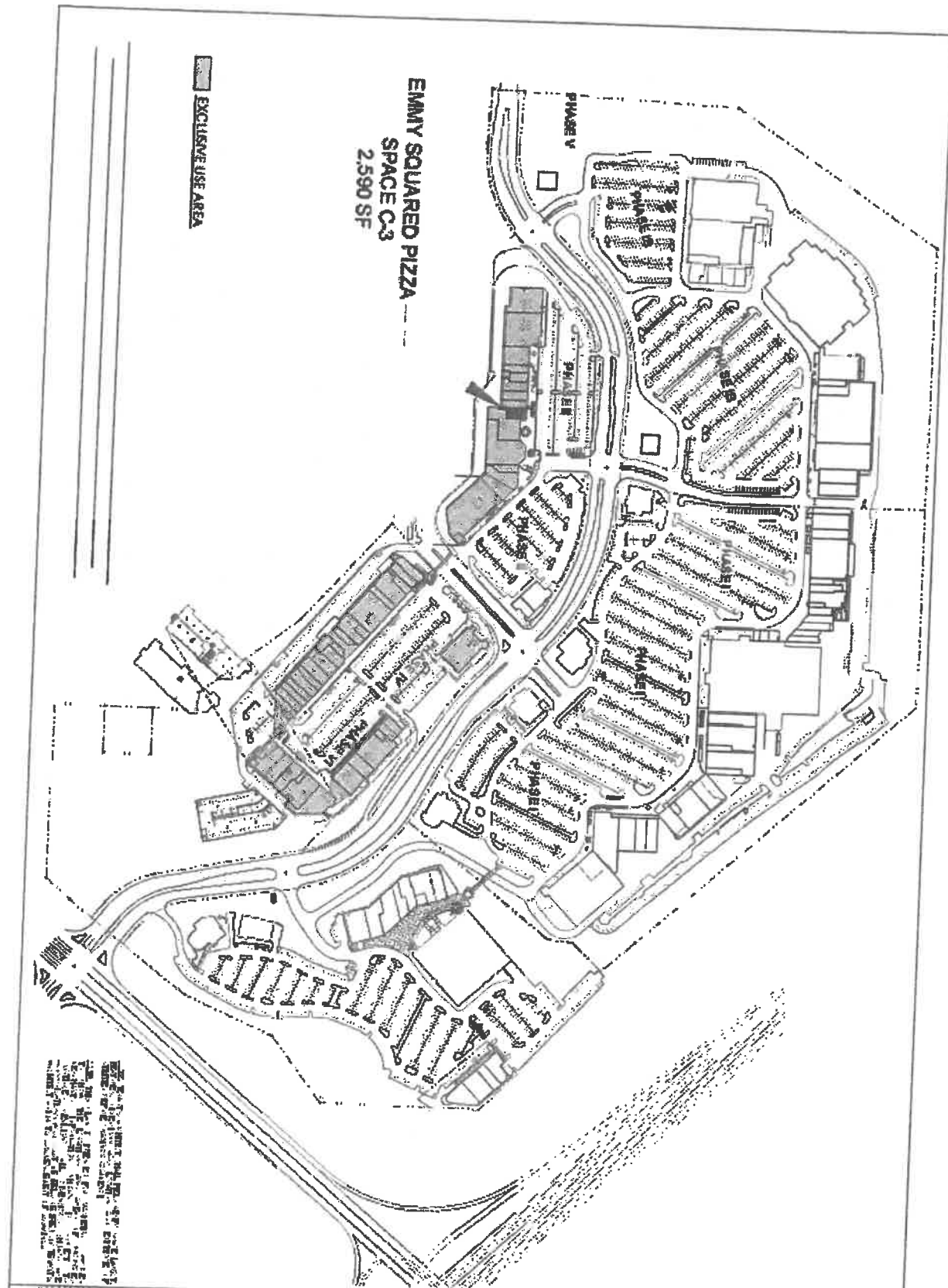
Date

John H. Merrill

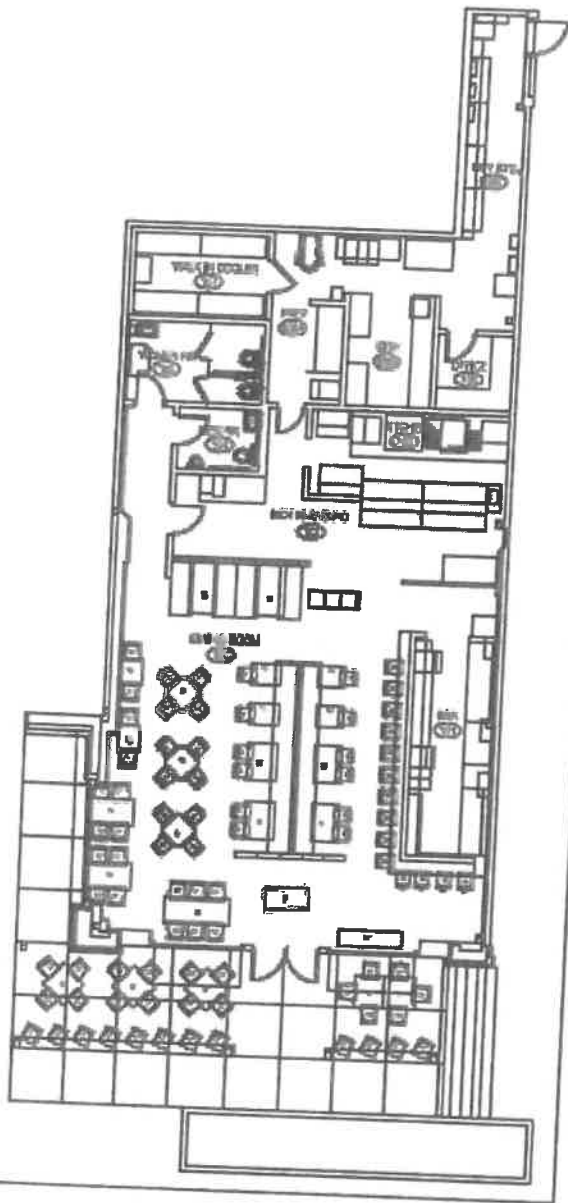
Secretary of State

**EXHIBIT "A-2"**

**EXCLUSIVE ZONE**



THE SUMMIT DEVELOPMENT, INC. 10000 W. 10TH AVENUE, SUITE 100, DENVER, CO 80202  
ARCHITECT: [unreadable] ENGINEER: [unreadable]  
DATE: [unreadable] SCALE: [unreadable]





**PARCEL ID:** 012800224003003000

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

**DATE:** Wednesday, January 25, 2023 11:08:40 AM

**OWNER:** BAYER DEVELOPMENT CO LLC

**ADDRESS:** 2222 ARLINGTON AVE S

**CITY/STATE:** BIRMINGHAM AL

**ZIP+4:** 35205--4004

**SITE ADDR:** 250 SUMMIT BLVD

**CITY/STATE:** , AL

**ZIP:** 35243

**LAND:** \$2,760,600.00

**BLDG:** \$7,959,700.00

**OTHER:** \$0.00

**AREA:** 369,310.88

**ACRES:** 8.48

**SUBDIVISION INFORMATION:**

**NAME** SUMMIT PHASE 2 RE 28-22-4

**BLOCK:**

**LOT:** 3-B

**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:** Overton (2301)

**Communities:** Cahaba (23)

**Council Districts:** District - 2 (Councilor: Hunter Williams)

**Zoning Outline:** QC2

**Demolition Quadrants:** DEM Quadrant - 4

**Impaired Watersheds:** Impaired Watershed - Cahaba River-Patton 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.



**Special Event Retail – Type 140/7 Days: 1 Day Event 3/18/23**

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

Name of Applicant: HBCU SpringComing LLC

Mailing Address: 604 Seven Oaks Rd  
Orange, NJ 07050

Trade Name: HBCU SpringComing

Location Address: Linn Park

Contact Number: (404)964-4804

Contact Person:  
George Peters

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 checked="" 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 Multiple

Date Applied: 2/16/23

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 EVENTS RETAIL-TYPE 140/7 DAYS**  
(Enter Type of License Applied For)

**By: GS**  
(Revenue Official)

1. Name of Applicant (s) HBCU SpringComing 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
NJDL# [REDACTED] lauren Ford Grove	Member	[REDACTED] Columbia SC	604 Seven Oak Rd Orange, NJ 07050	
NJDL# [REDACTED] George A Peters II	Member	[REDACTED] Philadelphia PA	541 South Sparks St Burbank CA 91506	

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 04507280 Page: 1 of 2 Date: 11/12/2021 County: \_\_\_\_\_  
35

Foreign Corporation: certificate of Authority Date: 11/12/2021 (get copy of original papers)

3. Trade Name HBCU SpringComing

4(a) Location Linn Park  
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: **604 Seven Oaks Rd Orange, NJ 07050**

(d) Business Phone \_\_\_\_\_ Fax: \_\_\_\_\_ Other Contact: **(404)964-4804**

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 20<sup>th</sup> 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  Park

(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 \_\_\_\_\_
- (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 **3/18/2023** Ending **3/18/2023**  
 (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

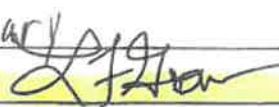
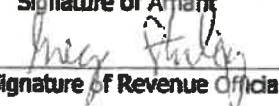
- 11 (a) Does the club charge and collect dues from elected members? Yes  No
- (b) How many paid-up members are there in the club? \_\_\_\_\_
- (c) Are regular meetings held? Yes  No  If so, when? \_\_\_\_\_
- (d) Is business conducted through officers regularly elected? Yes  No
- (e) Are members admitted 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 Applicants				

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

Sworn and subscribed before me this 16<sup>th</sup> day of February, 2023

  
 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.**

**NEW JERSEY** Motor Vehicle Commission

**AUTO DRIVER LICENSE**



DL

DOB

ISS

CLASS D

PETERS 2ND  
GEORGE A  
25 BROOKVIEW DRIVE  
VORNHEES, NJ 07098-2100  
SEX NONE  
HAIR E



**AUTO DRIVER LICENSE**

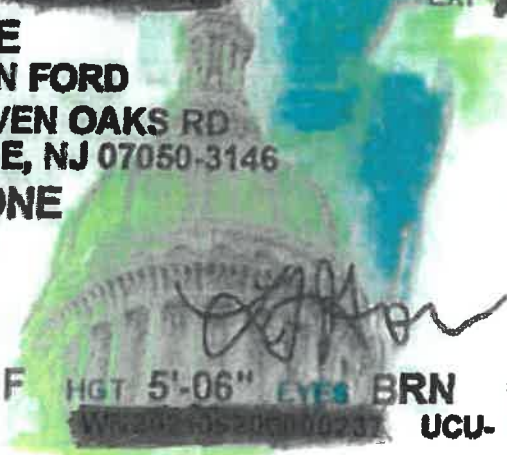
**NOT FOR "REAL ID" PURPOSES**



DL [REDACTED] CLASS **D**  
DOB [REDACTED]  
ISS [REDACTED] EXP [REDACTED]

**GROVE  
LAUREN FORD  
604 SEVEN OAKS RD  
ORANGE, NJ 07050-3146**

**END NONE  
RESTR 1**



GENDER **F** HGT **5'-06"** EYES **BRN** ORGAN DONOR  
**FB** UCU- **24.00**

# HBCU SPRING COMING™

## ALCOHOLIC BEVERAGE APPLICATION PREREQUISITES.

1. Articles of Incorporation doc is in this folder
2. George and Lauren's driver's licenses are labeled in this folder
3. Social Security Numbers are available via phone at the time of processing
4. George's address 541 South Sparks Street Burbank, CA 91506  
Lauren's address is 604 Seven Oak Road Orange, NJ 07050
5. George's length of time at address: 9 months  
Lauren's length of time at address: 18 months
6. George's place and DOB: Philadelphia, PA July 13, 1987 139-30-2267  
Lauren's place and DOB : Columbia, SC June 13, 1983 50-73-4651  
**SECTION ENTITLED FOR SPECIAL EVENT LIQUOR APPLICATION ONLY:**  
Does this apply to us? Should we be filling and returning this portion of the doc?
7. ALEA Form Letter completed and is in this folder
8. Link to the document listing which ticketed events will be selling or distributing liquor can be found [here](#).



# HBCU SPRING COMING™

## **ALCOHOLIC BEVERAGE APPLICATION PREREQUISITES.**

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3. Social Security Numbers are available via phone at the time of processing
4. George's address 541 South Sparks Street Burbank, CA 91506  
Lauren's address is 604 Seven Oak Road Orange, NJ 07050
5. George's length of time at address: 9 months  
Lauren's length of time at address: 18 months
6. George's place and DOB: Philadelphia, PA July 16, 1981  
Lauren's place and DOB : Columbia, SC June 12, 1983  
**SECTION ENTITLED FOR SPECIAL EVENT LIQUOR APPLICATION ONLY:**  
Does this apply to us? Should we be filling and returning this portion of the doc?
7. ALEA Form Letter completed and is in this folder
8. Link to the document listing which ticketed events will be selling or distributing liquor can be found [here](#).

NEW JERSEY DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES

CERTIFICATE OF FORMATION

HBCU SPRINGCOMING LLC  
0450728035

The above-named DOMESTIC LIMITED LIABILITY COMPANY was duly filed in accordance with New Jersey State Law on 11/12/2021 and was assigned identification number 0450728035. Following are the articles that constitute its original certificate.

1. **Name:**  
HBCU SPRINGCOMING LLC
2. **Registered Agent:**  
LEGALINC CORPORATE SERVICES INC.
3. **Registered Office:**  
301 ROUTE 17 NORTH  
SUITE 800 #12-40  
RUTHERFORD, NEW JERSEY 07070
4. **Business Purpose:**  
EDUCATIONAL PURPOSE
5. **Duration:**  
PERPETUAL
6. **Effective Date of this Filing is:**  
11/12/2021
7. **Members/Managers:**  
THE GRANT ACCESS, LLC  
604 7 OAKS ROAD  
CITY OF ORANGE, NEW JERSEY 07050

LISTEN TWO ME, LLC  
541 SOUTH SPARKS STREET  
BURBANK, CALIFORNIA 91506

8. **Main Business Address:**  
604 7 OAKS ROAD  
CITY OF ORANGE, NEW JERSEY 07050

**Signatures:**

ANNA MANUKYAN  
AUTHORIZED REPRESENTATIVE

NEW JERSEY DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES

CERTIFICATE OF FORMATION

HBCU SPRINGCOMING LLC  
0450728035



Certificate Number : 4154402738

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingsCertJSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingsCertJSP/Verify_Cert.jsp)

*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed my Official Seal  
12th day of November, 2021*

A handwritten signature in black ink, appearing to read "Elizabeth Maher Muoio".

*Elizabeth Maher Muoio  
State Treasurer*

**STATE of NJ**  
**STATEMENT *and* RESIGNATION of the ORGANIZER**  
**A LIMITED LIABILITY COMPANY**

The undersigned, the Organizer of HBCU SPRINGCOMING LLC, who signed and filed its Articles of Organization (or similar organizing document) with the NEW JERSEY Secretary of State (or other appropriate state office), appoints the following individuals to serve as members of the limited liability company:

Name and address of each initial member:

THE GRANT ACCESS, LLC  
604 7 OAKS ROAD ,  
CITY OF ORANGE, NJ 07050

LISTEN TWO ME, LLC  
541 SOUTH SPARKS STREET ,  
BURBANK, CA 91506

Additionally, the undersigned does hereby tender his/her resignation as Organizer for the LLC, and from any and all involvement with, control of, or authority over the LLC, real or perceived, effective immediately.

**Dated: November 12th, 2021**



**Anna Manukyan, Organizer**

**BANKING RESOLUTION OF  
HBCU SPRINGCOMING LLC  
A NEW JERSEY LIMITED LIABILITY COMPANY**

The undersigned, being a member of the above limited liability company authorized to sign this resolution, hereby certifies that on the 12<sup>th</sup> day of November, 2021 the members of the limited liability company adopted the following resolution:

**RESOLVED**, that the limited liability company open bank accounts with Bank of America and that the members of the company are authorized to take such action as is necessary to open such accounts; that anyone of the following person(s) shall have signature authority over the account:

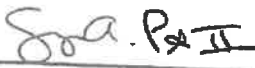
THE GRANT ACCESS, LLC

LISTEN TWO ME, LLC

Date: 11/12/21

  
\_\_\_\_\_  
THE GRANT ACCESS, LLC

Date: 11/21/21

  
\_\_\_\_\_  
LISTEN TWO ME, LLC

**LIMITED LIABILITY COMPANY OPERATING AGREEMENT FOR  
HBCU SPRINGCOMING LLC**

*A Member Managed Limited Liability Company*

This agreement is made effective on the 12th day of November, 2021 among the member(s) and the company.

**1. Formation.** A limited liability company (LLC) of the above name has been formed under the laws of the State of New Jersey by filing Articles of Organization (or similar organizing document) with the Secretary of State (or other appropriate office) on 11/12/2021. The purpose of the business shall be to carry on any activity which is lawful under the jurisdiction in which it operates. The LLC may operate under a fictitious name or names as long as the LLC is in compliance with applicable fictitious name registration laws. The term of the LLC shall be perpetual or until dissolved as provided by law or by vote of the member(s) as provided in this agreement. Upon dissolution the remaining members shall have the power to continue the operation of the LLC as long as necessary and allowable under state law until the winding up of the affairs of the business has been completed.

**2. Members.** The name and address of each initial limited liability company member is:

THE GRANT ACCESS, LLC  
604 7 OAKS ROAD  
CITY OF ORANGE, NJ 07050

LISTEN TWO ME, LLC  
541 SOUTH SPARKS STREET  
BURBANK, CA 91506

**3. Contributions.** The capital contribution of each limited liability company member in exchange for their LLC ownership is:

Name	LLC Ownership	Capital Contribution
THE GRANT ACCESS, LLC	50%	\$ _____
LISTEN TWO ME, LLC	50%	\$ _____

**NOTE:** The capital contribution may be in the form of cash (or cash equivalents), labor or services (past or future) or property/equipment/assets other than cash. Regardless of the type of capital contribution, it should be expressed above in a dollar equivalent value that is agreed upon by all limited liability company members. Additionally, there may be accounting/tax ramifications for individuals contributing capital other than cash.

**4. Profit and Loss.** The profits and losses of the limited liability company shall be distributed amongst the members in proportion with the ownership of each member by default, but this may be changed at any time upon a unanimous vote of the members.

**5. Distributions.** The limited liability company shall have the power to make distributions to its members in such amounts and at such intervals as a majority of the members deem appropriate according to law.

**6. Management.** The limited liability company shall be managed by all LLC members. Any member may bind the LLC in all matters in the ordinary course of LLC business. In the event of a dispute between members, final determination shall be made with a vote by the members, votes being proportioned according to capital contributions.

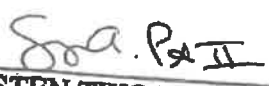
- 7. Registered Agent.** For receipt of official legal and tax correspondence from the State of New Jersey, the registered agent of the limited liability company (sometimes known as a resident agent, statutory agent, agent for service of process, or delivery of service address) shall be maintained in accordance with the requirements of the State of New Jersey.
- 8. Assets.** The assets of the limited liability company shall be registered in the legal name of the LLC and not in the names of the individual members, unless approved by a majority vote of the members.
- 9. Records and Accounting.** The limited liability company shall keep an accurate accounting of its affairs using any method of accounting allowed by law. All members shall have a right to inspect the records during normal business hours. The members shall have the power to hire such accountants as they deem necessary or desirable.
- 10. Banking.** The members of the limited liability company shall be authorized to set up bank accounts as in their sole discretion are deemed necessary and are authorized to execute any banking resolutions provided by the institution in which the accounts are being set up, or by adopting their own resolution.
- 11. Taxes.** The limited liability company shall file such tax returns as required by law. The LLC shall elect to be taxed as a majority of the members decide is in their best interests. The "tax matters partner," as required by the Internal Revenue Code, shall be appointed by unanimous consent of the members.
- 12. Separate Entity.** The limited liability company is a legal entity separate from its members. No member shall have any separate liability for any debts, obligations, or liability of the LLC except as provided in this agreement.
- 13. Indemnity and Exculpation.** The limited liability company shall indemnify and hold harmless its members, managers, employees, officers, and agents to the fullest extent allowed by law for acts or omissions done as part of their duties to or for the LLC. Indemnification shall include all liabilities, expenses, attorney and accountant fees, and other costs reasonably expended. No member shall be liable to the LLC for acts done in good faith.
- 14. Meetings.** The members shall have no obligation to hold annual or any other meeting, but may hold such meetings if they deem them necessary or desirable.
- 15. Amendment of this Agreement.** This agreement may not be amended except in writing signed by all of the members.
- 16. Conflict of Interest.** No member shall be involved with any business or undertaking which competes with the interests of the limited liability company except upon agreement in writing by all of the members.
- 17. Deadlock.** In the event that the members cannot come to an agreement on any matter the members agree to submit the issue to mediation to be paid for by the limited liability company. In the event the mediation is unsuccessful, they agree to seek arbitration under the rules of the American Arbitration Association.
- 18. Dissociation of a Member.** A member shall have the right to discontinue membership upon giving thirty days' notice. A member shall cease to have the right to membership upon death, court-ordered incapacity, bankruptcy or expulsion. The limited liability company shall have the right to buy the interest of any dissociated member at fair market value.
- 19. Dissolution.** The limited liability company shall dissolve upon the unanimous consent of all the members or upon any event requiring dissolution under state law. In the event of the death, bankruptcy, permanent incapacity, or withdrawal of a member the remaining members may elect to dissolve or to continue the operation of the LLC.

General Provisions. This agreement is intended to represent the entire agreement between the parties. In the event that any party of this agreement is held to be contrary to law or unenforceable, said party shall be considered amended to comply with the law and such holding shall not affect the enforceability of other terms of this agreement. This agreement shall be binding upon the heirs, successors, and assigns of the members.

IN WITNESS whereof, the members of the limited liability company sign this agreement and adopt it as their operating agreement.



\_\_\_\_\_  
THE GRANT ACCESS, LLC , MEMBER



\_\_\_\_\_  
LISTEN TWO ME, LLC , MEMBER



Date of this notice: 11-12-2021

Employer Identification Number:  
87-3535174

Form: SS-4

Number of this notice: CP 575 B

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

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

HBCU SPRINGCOMING LLC  
LAUREN GROVE MBR  
604 7 OAKS ROAD  
CITY OF ORANGE, NJ 07050

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER**

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 87-3535174. 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.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

03/15/2022

If you have questions about the form(s) or the due date(s) 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 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 2004-1, 2004-1 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.

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](http://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 HBCU. 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 B (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 B

9999999999

Your Telephone Number Best Time to Call  
( ) -

DATE OF THIS NOTICE: 11-12-2021  
EMPLOYER IDENTIFICATION NUMBER: 87-3535174  
FORM: SS-4  
NOBOD

INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023  
████████████████████████████████████████

HBCU SPRINGCOMING LLC  
LAUREN GROVE MBR  
604 7 OAKS ROAD  
CITY OF ORANGE, NJ 07050



# Application for Open Park Reservation of Facilities

## Birmingham Park and Recreation Board



02/15/23

Date

**LINN PARK**

Facility Requested

HBCU SpringComing  
Applicant/Organization

850-766-2906  
Home Phone

Lauren F. Grove  
Name Of Person Making Application

850-766-2906  
Work Phone

604 Seven Oaks Rd., Orange, NJ  
Applicant's Address

07050  
Zip Code

info@hbcuspringcoming.com  
Applicant's Email Address

Date Requested 3/18/2023 Hours: From 8:00am To 8:00pm

Activity Description A family event to include a live DJ, food and clothing vendors, etc.

THE PARK and RECREATION BOARD prohibits the use of glass bottle containers from all park facilities without the written consent of the board.

1. Expected attendance 1000
2. Amplified music or speaker? Yes
3. Will an admission be charged? No
4. Will this event be advertised for public attendance? Yes
5. For groups with 100 or more, a written security plan must be submitted dependent upon the type of event to the Park Board with your application for approval. A \$250.00 separate refundable deposit will be required for groups of 100 or more dependent upon the type of event and number of guests. After the event The Park Board would have the right to inspect the park and retain the deposit if:
  - a. There is actual damage to any park structure or ground.
  - b. Any items in the park are missing.
  - c. Any other fee requirements have not been satisfied (i.e., security fees, rental fees, etc.).



# Application for Open Park Reservation of Facilities Birmingham Park and Recreation Board



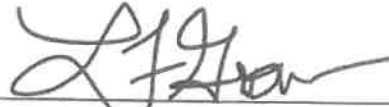
6. The parks listed below will accommodate events with attendance of more than 100 people. They are:

Bradford	East Lake	Linn	North Birmingham
Cooper Green	Ensley	Maclin	W.C. Patton
Kelly Ingram	McLendon	George Ward	

**ALL OTHER OUTDOOR PARKS WILL HOST UP TO 100 PEOPLE**

PLEASE RETURN COMPLETED FORMS TO:

Birmingham Park and Recreation Board  
 ATTN: Open Park Reservations – GATE 12  
 400 Graymont Avenue West  
 Birmingham, Alabama 35204



Applicant Signature

Payment must be in the form of a cashier's check, company check, money order or by credit card (accepted through VenueOps) only! Key deposit and damage deposit must be in a separate cashier's check, company check, money order by credit card (accepted through VenueOps). **Do not combine key deposit with park payment.** Key to restrooms can be picked up during the week of your event (Bessie Estell, Cooper Green, Crestwood, Dolomite, George Ward, Maclin, Marconi, And Stockham Only). All parks do not have restrooms. A port-o-let must be secured at the applicant's expense (no refunds will be given due to inclement weather unless prior arrangements have been made).



**PERMIT FOR USE OF DESIGNATED OPEN PARK AREAS  
BIRMINGHAM PARK AND RECREATION BOARD**



The Birmingham Park and Recreation Board hereby grants HBCU SpringComing

Permission to use Linn Park in Linn Park Park

For the purpose of conducting a family friendly event, School Daze. This event shall take place on Mar 18, 2023 from 8:00 A.M. to 8:00 P.M.

At least 14 days (2 weeks) prior to event, this application and permit form must be signed and returned to the Birmingham Park and Recreation Board with full payment.

Send payment to:

BIRMINGHAM PARK AND RECREATION BOARD ♦ OPEN PARK RESERVATIONS ♦ GATE 12  
400 GRAYMONT AVENUE WEST ♦ BIRMINGHAM, ALABAMA 35204

THE FOLLOWING CONDITIONS MUST BE MET PRIOR TO APPROVAL:

- PORTABLE TOILETS       POLICEMAN       RESERVATION FEE       DAMAGE DEPOSIT

**IF PROOF OF CONDITIONS HAS NOT BEEN MET 14 DAYS PRIOR TO EVENT, IT WILL BE CANCELLED.**

1. No vehicles may be parked on turf areas. Vehicles must be parked in designated areas only.
2. All litter generated by this event must be collected and placed in plastic bags following the event and placed near the trash barrels provided by the Department.
3. *A \$250.00 refundable damage deposit will be required for groups of 100 or more dependent upon the type of event and number of guests. After the event, the Park Board would have the right to inspect the park and retain the deposit if:*
  - a. There is actual damage to any park structure or ground.
  - b. If any items in the park are missing.
4. **\*All group events need to be PAID IN FULL 60 days prior to the event.**
5. **All security arrangements must be finalized and approved by the Park Board 30 days prior to the event. City of Birmingham off-duty police will be necessary for any event over 100 people in attendance. For groups with 100 or more, a written security plan must be submitted to the Park Board with your application for approval.**
6. **\*Adherence to the time allotment is mandatory: 8:00 A.M. to 8:00 P.M. All functions must cease and participants must depart at the designated times unless prior Park and Recreation Board approval is given.**
7. **\*No person may be discriminated against on the basis of race, color, religion, sex, handicap or national origin during the use of any City of Birmingham facility.**
8. **\*The erection of structures on park property without the express approval of the Park and Recreation Board is prohibited.**
9. **\*Amplification must be kept to a low volume so that other persons in the area will not be disturbed. Large group gatherings with live music or amplified sound systems must have a noise permit and prior Park Board approval.**
10. **\*The charging of admission, sale of food, drink, or any other commodity on park property without approval of the Park Board is prohibited.**
11. **\*No alcoholic beverages may be used or sold on park property without prior Park Board approval**
12. **\*THE PARK AND RECREATION BOARD PROHIBITS GLASS BOTTLE CONTAINERS FROM ALL PARK FACILITIES WITHOUT THE WRITTEN CONSENT OF THE BOARD.**

I HAVE READ, UNDERSTAND AND WILL ABIDE BY ALL OF THE ABOVE REGULATIONS AS STATED IN THE CONTRACT.  
THIS PERMIT WILL NOT BE VALID UNTIL SIGNED BY THE RESERVATIONIST AND ALL CONDITIONS MET.

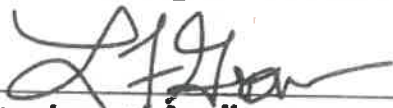
  
SIGNATURE OF APPLICANT

RESERVATIONIST – BIRMINGHAM PARK BOARD



**ASSUMPTION OF RISK, RELEASE, AND HOLD HARMLESS AGREEMENT**

In consideration of permission being granted to me, the undersigned, hereby release the City of Birmingham, its agents, its servants, and employees from any and all liability, claims, demands, damages, and expenses made or incurred by the undersigned, and I hereby contract and agree to assume any cost arising from any claim for personal injury, death, or property damage arising from or connected with the event that I contracted and hereby agree to indemnify and hold harmless the City of Birmingham and Park and Recreation Board.

  
\_\_\_\_\_  
**Signature of Applicant** **Date**

**PARKING ACKNOWLEDGEMENT**

The Birmingham Park and Recreation Board **Prohibits** the parking of vehicles in grass areas of the park.

***Parking is allowed in designated areas only.***

Reservation holders are responsible for all attendees of your event. Failure to adhere to parking rules will result in adverse actions.

  
\_\_\_\_\_  
**Signature of Applicant** **Date**

\_\_\_\_\_  
**Witness** **Date**



## BIRMINGHAM PARK AND RECREATION

**Director**

**Shonae' Eddins- Bennett**

**Board Members**

**Montal Morton, President**  
**Carly Miller, Vice-President**

**Carol Clarke**  
**Larry D. Cockrell**  
**Ronald D. Mitchell**

**Re: Liability Insurance:**

**Dear Applicant:**

**Below is the information regarding the liability insurance for your event at**

\_\_\_\_\_ Linn Park:

**Licensee shall maintain, keep in force and pay premiums on a policy or policies of comprehensive public liability and property insurance covering the Linn Park and the park operations relating to all activities of Licensee allowed under the contract hereunder in limits not less than:**

- (i) \$1,000,000.00 for any occurrence resulting in bodily or personal injury to, or death of, one person;**
- (ii) \$2,000,000.00 for any occurrence resulting in bodily or personal injury to, or death of, more than one person;**
- (iii) \$1,000,000.00 for any occurrence resulting in damage to, or destruction of, any property;**

**Licensee shall provide the licensor with a Certificate of Insurance evidencing such coverage and a copy of the actual insurance policy. Such policy shall provide at least thirty (30) days advanced written notice from the insurer as to any alteration of coverage, cancellation or other termination of said insurance and said Certificate of Insurance shall require written notice of any such event to be given to the Licensor. In the event any such policy is canceled or terminated or if the limits are reduced, Licensee shall promptly obtain a new policy or policies in the same limits. Said policy shall name the Park Board, the City of Birmingham and their officers and employees as additional insured.**

**If you have any questions or need additional information, please let me know.**

**Thanks,**

**Shonae' Eddins-Bennett**  
**Director**

**Legion Field Stadium**  
**400 Graymont Avenue West, Birmingham, Alabama 35204 @ (205) 254-2391 @ (205) 254-2515 Fax**

**COVID-19 Protocols for Park and Recreation Venues and Facility Rentals  
Acknowledgement Form**

*We are closely monitoring government policy changes, Centers for Disease Control (CDC) Guidelines, government mandates, and public health advancements and will continue to make changes as necessary or appropriate to our protocols and procedures. A risk of exposure to COVID-19 exists in any public place or accommodation. COVID-19 is an extremely contagious disease that can cause severe illness and death. By reserving any facility, you voluntarily assume all risks related to exposure to COVID-19.*

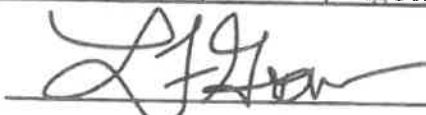
I hereby acknowledge that in accordance with CDC guidelines people who are not fully vaccinated should wear face covering while inside Park and Recreation Board facilities

I hereby acknowledge that 6' social distancing is required at Park and Recreation Board facilities

I hereby acknowledge that Park and Recreation Board **indoor and enclosed facilities** are currently operating at 75% occupancy as determined by the City's Fire Marshal. The maximum total occupancy for this event will be 1,000.

I hereby acknowledge that Park and Recreation Board **outdoor and all other facilities** not assigned a normal occupancy by the City's Fire Marshal shall limit occupancy as required to comply with the recommended 6 feet social distancing rule.

Print Name Lauren F. Grove, Co-Founder, HBCU Spring Coming

Signature of Applicant 

Date February 15, 2023

Facility Rented Linn Park

**Please Note: Violation and disregard of the above protocols can result in immediate cancelation of the event in progress.**



**CITY OF BIRMINGHAM**  
**BIRMINGHAM PARK & RECREATION BOARD**  
400 Graymont Avenue West  
Birmingham, AL 35204  
**To Serve Alcohol Permission Form**

If alcohol will be served at any Birmingham Park and Recreation Board facility where invited guests are served alcohol free of charge; where **NO** tickets are sold to enter; or **NO** cash bar is to be setup; then this form will need to be completed and approval granted.

**FACILITY REQUESTED LINN PARK**

Name (Please Print) HBCU Spring Coming Phone (850) 766-2906

Street Address 604 Seven Oaks Rd. City Orange State NJ Zip Code 07050

Date of event: March 18, 2023 Type of event: Outdoor HBCU Festival

Expected attendance: 1000 Organization Responsible for Serving Alcohol HBCU Spring Coming

Contact Person Lauren Grove Phone (850) 766-2906

- **THE SERVING OF ALCOHOL** and/or the possession of alcohol at a Birmingham Park and Recreation Board facility without the expressed written permission of the Birmingham Park & Recreation Board is prohibited.
- This must be a private event not open to the public. **NO SELLING OF TICKETS** is permitted.
- **NO ALCOHOL MAY BE SOLD OR SERVED TO ANYONE UNDER 21 YEARS OF AGE** (Any use of alcoholic beverages by any person under 21 years of age in a Birmingham Park and Recreation Board building, or on park grounds, is prohibited and may result in the arrest and prosecution of the minor and the responsible adult).
- The applicant and the applicant's group hereby assume responsibility to ensure adherence to all laws, regulations and policies regarding the serving of alcoholic beverages for the event scheduled at a Birmingham Park & Recreation facility.
- Any event in violation of the laws, regulations and policies will be terminated with **NO REFUND OR RECOURSE**.

**SECURITY:** One off-duty uniformed Birmingham Police Officer per and up to each 100 persons in attendance will be required, at the renter's expense, for the duration of the event. All security arrangements must be finalized within 72 hours of the event.

The applicant and the applicant's group, shall indemnify, defend and hold Birmingham Park & Recreation Board and the City, its elected and appointed officials, agents, employees and volunteers harmless from all liabilities, claims, judgments, demands and costs arising out of or resulting from the applicant's group or their invitees' use of Birmingham Park & Recreation facilities and adherence to all rules included in the alcohol policy.

- ❖ In making this application, I have read and fully understand the rules and regulations of the Birmingham Park and Recreation Board and will abide by all rules and assume the financial responsibility for any damage. I verify that this information is correct and understand that the Park Board has the right to cancel this reservation if failure to comply with any rule is found or suspected. I sign this document with no questions or reservations.

Applicant - Print Name: Lauren Grove Date: February 15, 2023

Applicant's Signature: 

**CITY OF BIRMINGHAM**  
**BIRMINGHAM PARK & RECREATION BOARD**  
400 Graymont Avenue West  
Birmingham, AL 35204  
**To Sell Alcohol Permission Form**

If alcohol will be sold and served at any Birmingham Park and Recreation Board facility where tickets are sold to enter or if a cash bar is to be setup, then this form will need to be completed and approval granted.

**FACILITY REQUESTED Linn Prk**

Name (Please Print) HBCU SpringComing Phone (850) 766-2906

Street Address 604 Seven Oaks Rd. City Orange State NJ Zip Code 07050

Date of event: March 18, 2023 Type of event: Outdoor HBCU Festival

Expected attendance: 1000 Organization Responsible for Serving Alcohol HBCU Spring Coming

Liquor License # \_\_\_\_\_ Contact Person Lauren Grove Phone (850) 766-2906

- **THE SELLING OF ALCOHOL** and/or the possession of alcohol at a Birmingham Park and Recreation Board facility without the expressed written permission of the Birmingham Park & Recreation Board is prohibited.
- **THE SELLING OF TICKETS** is permitted if organizations' events meet the qualifications set by the Birmingham Park and Recreation Board.
- **NO ALCOHOL MAY BE SOLD OR SERVED TO ANYONE UNDER 21 YEARS OF AGE** (Any use of alcoholic beverages by any person under 21 years of age in a Birmingham Park and Recreation Board building, or on park grounds, is prohibited and may result in the arrest and prosecution of the minor and the responsible adult).
- The applicant and the applicant's group hereby assume responsibility to ensure adherence to all laws, regulations and policies regarding the selling and/or serving of alcoholic beverages for the event scheduled at a Birmingham Park & Recreation facility.
- Any event in violation of the laws, regulations and policies will be terminated with **NO REFUND OR RECOURSE**.

**SECURITY: One off-duty uniformed Birmingham Police Officer per and up to each 100 persons in attendance will be required, at the renter's expense, for the duration of the event. All security arrangements must be finalized within 72 hours of the event.**

The applicant and the applicant's group, shall indemnify, defend and hold Birmingham Park & Recreation Board and the City, its elected and appointed officials, agents, employees and volunteers harmless from all liabilities, claims, judgments, demands and costs arising out of or resulting from the applicant's group or their invitees' use of Birmingham Park & Recreation facilities and adherence to all rules included in the alcohol policy.

- ❖ In making this application, I have read and fully understand the rules and regulations of the Birmingham Park and Recreation Board and will abide by all rules and assume the financial responsibility for any damage. I verify that this information is correct and understand that the Park Board has the right to cancel this reservation if failure to comply with any rule is found or suspected. I sign this document with no questions or reservations.

Applicant - Print Name: Lauren Grove Date: February 15, 2023

Applicant's Signature: 



# RESERVATIONS REFUND REQUEST

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: Orange State: NJ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Center/Park/ Building Reserved: \_\_\_\_\_

Payment Amount: \_\_\_\_\_ Refund Request Amount: \_\_\_\_\_

Reservation Date: \_\_\_\_\_ Cancellation Date: \_\_\_\_\_  
(Cancellation date must be 2 weeks prior to the reservation date)

Reason for cancellation/refund: Check one:  Key Deposit  Damage Deposit  Other  
Explanation of Other:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Non Refundable Deposit Amount: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

**NOTE: REFUNDS WILL BE PROCESSED WITHIN 2 – 4 WEEKS  
AND MAILED TO THE APPLICANT OF RECORD**

**Park Board Employee**

Submitted by: \_\_\_\_\_ Date \_\_\_\_\_

Received by: \_\_\_\_\_ Date \_\_\_\_\_



**BIRMINGHAM PARK AND RECREATION BOARD  
PARK/FACILITY USE QUESTIONNAIRE**

Please provide all details of the proposed event as outlined below. You may also submit a written proposal or outline, along with any other information that you would like to provide. Your answers will help us better assist you and determine the next steps in the application process. Please answer all questions below:

Name of Park or Facility requested: **Linn Park**

What type event are you having? Give a detailed description.

HBCU SpringComing is an HBCU alumni festival with a mission of preserving the legacy of the Black college experience while promoting support of Historically Black Colleges & Universities through alumni involvement. Our goal is to increase financial contributions towards scholarships supporting HBCU students while celebrating the unique

Who is requesting use of the facility?	YES	NO	Details/Comments
Organization or Company sponsoring event?	<input checked="" type="checkbox"/>		Name: HBCU SpringComing
Individual/Citizen hosting private event?		<input checked="" type="checkbox"/>	Name:
Requested Date(s) of Event	Start Date	Ending Date	
Preferred Date(s):	3/18/23	3/18/23	
Alternate Date(s) #1:			
Alternate Date(s) #2:			
Will your set-up and/or break-down require additional days? If so, list dates.	<input checked="" type="checkbox"/>		Load In: 3/17/23
Time of Event	Start Time	End Time	
Total time of Reservation, including set-up and break-down.	9:00 AM	8:00 PM	Load in on 3/17 @ 9am; Out by 8pm on 3/1
Time of Actual Event	12:00 PM	5:00 PM	
Attendance	# of Attendees		
Expected total attendance	align="center">1000		

In this section, please answer yes or no to the following questions (mark an x in the appropriate box).

	YES	NO	Details/Comments
Will most attendees arrive at the venue/facility at the same time?		<input checked="" type="checkbox"/>	
Will attendees arrive at the venue/facility at different times, between the opening and closing time, throughout the event (i.e., car show)?	<input checked="" type="checkbox"/>		
Is this event open to the public?	<input checked="" type="checkbox"/>		
Is this event by invitation only?		<input checked="" type="checkbox"/>	
Will there be a charge for admission?	<input checked="" type="checkbox"/>		
Will alcohol be served?	<input checked="" type="checkbox"/>		
Will alcohol be sold?	<input checked="" type="checkbox"/>		
Will you rent portable toilets?	<input checked="" type="checkbox"/>		
Will you have vendors or entertainers present?	<input checked="" type="checkbox"/>		
If yes, what type vendors or entertainers will you have?	Clothing and food vendors		
Do you plan to have inflatables?		<input checked="" type="checkbox"/>	
Do you plan to erect tents or other structures?	<input checked="" type="checkbox"/>		
Other relevant details/comments (i.e., I will have a band & live animals) - (List here or use attachments if needed).	We will have tents inside of the park for alumni groups & sponsors		
A Certificate of Insurance may be required naming the City of Birmingham - Park and Recreation Board as additional insured. Will you be able to obtain the necessary liability coverage, if applicable?	<input checked="" type="checkbox"/>		

**Note: Security** - A security plan may be required for the event. The Birmingham Police Department (BPD) provides contract security for events held at BP&R parks and/or facilities. Estimates and/or payments for security will be handled by BPD. Failure to pay security fees prior to the start of the event will result in event cancellation.

The answers provided above are true/correct relative to the reservation requested herein. I understand that fees quoted are based on a preliminary assessment of the event. All event applications must be reviewed prior to final approval/booking of the event.

Signature of Applicant

Lauren F. Grove  
Applicant Print Name

2/15/23  
Date Signed

\* Saying she sent it

# Neighborhood Voting Form: Liquor Applications

Date: 9/29/22

## Application Type: Transfer: Beer/Wine Off Premise Only

Subject:      Applicant's Entity      Jacob Alliance LLC  
                  Name  
                  Business Name      Five Points Market  
                  Business Address      1904 11<sup>th</sup> Ave S

### Type of License/Permit Applying For:

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

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

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

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

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

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

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

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



Jacob Alsheega and Sam Alsheega sought the Neighborhood Association's support for a transfer of a retail liquor license (off premises wine and beer) for Five Points Market (formerly Raymond's) at 1904 19<sup>th</sup> Street South. This is near Jim 'N Nick's and across the street from Golden Temple and Ikko. The Alsheegas expect the business to be open from 9 a.m. to midnight selling tobacco products and grocery items including exotic snacks. Gary Bostany moved to approve the request. Daniel Sims seconded. After discussion, the motion passed with 14 in favor, none opposed, and no abstentions.

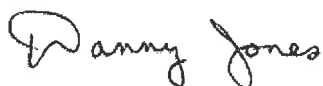
Justin Jones, Chris Rogers, and Kristin Martin sought the Neighborhood Association's support for their proposal to demolish two structures that are beyond repair and build six new townhouses on the properties at 1608, 1610, 1612, and 1614 16<sup>th</sup> Ave South. This site is in the Anderson Place Historical District. They presented plans and expressed their desire to preserve the integrity of the area. Parking would be in front of the townhomes because the slope at the back of the property made parking behind infeasible. Gary Bostany moved to approve the request with the conditions that the developers seek to soften the street view of the units with trees or shrubs between the driveways of the units. Daniel Sims seconded the motion.

After lengthy question, Mark Gooch called for the question. Gooch's motion to end discussion passed 12-0. The motion by Gary Bostany to approve the request with the conditions mentioned passed with 11 in favor, 1 opposed, and no abstentions.

Brian Templeton, the UAB Director for Campus Planning, sought the Neighborhood Association's support for Location-Character-Extent approval of a UAB Student Organization Facility to be built on the corner of 14<sup>th</sup> Street and 11<sup>th</sup> Avenue diagonally across the intersection from the Chevron station. The site is currently a parking lot. Mr. Templeton presented plans, explained expectations, and took questions regarding the proposed facility. Amy Smith moved to approve Location-Character-Extent for the facility with consideration for trees along the street on the 14<sup>th</sup> Street side and with landscaping toward the adjacent apartment building. Gary Bostany seconded the motion. After discussion, the motion passed with 12 in favor, none opposed, and no abstentions.

Wil Jones moves to adjourn. Nancy Barkowski seconded. Being that there was no objection, the meeting was adjourned at 8:30 pm.

Respectfully submitted,



Danny Jones

## **Five Points South Neighborhood Association Meeting Minutes – October 18, 2022**

The Five Points South Neighborhood Association met October 18, 2022 at Highlands United Methodist Church. President Sheila Chaffin called the meeting to order at 6:01 pm.

Those present were invited to briefly introduce themselves to the group.

Danny Jones read the minutes from the September 20, 2022 meeting. Sheila Chaffin noted that the Justin White matter was postponed not only for neighbors' input but also so that more complete plans might be presented for what the finished renovation would look like. Also she recalled that the discussion included the observation that the address was in an historical district and would need to go to the Design Review Committee. Daniel Sims moved to approve the minutes with those changes noted. Mark Fuller seconded. The motion passed unanimously with 15 in favor, none opposed, and no abstentions.

City Councilor Valerie Abbott updated those present on matters related to city business, and she took questions from the group.

Henson Millsap, owner of the dog daycare site DogTopia at 1200 2<sup>nd</sup> Ave South, sought the Neighborhood Association's support for a front yard setback variance from 50' to 19' for the business. The property is zoned M-1. Daniel Sims moved to approve the request. Rodney Bonham seconded. After discussion, the motion passed with 15 in favor, none opposed, and no abstentions.

Justin and Hollie White of 1501 14<sup>th</sup> Ave South sought the Neighborhood Association's support for a side yard setback variance from the required 3' down to 1.2' for a "mother-in-law apartment" in an already existing garage. The home is in the Phelan Park Historic District, and the homeowners expected to go before the Design and Review Committee on October 26.

Architect B.A. Grant, Sr. was on hand to show designs and answer questions. He showed how the two buildings would tie together. Neighbor Ronnie Bonham was on hand to express his support for the project, believing that it will look great and stating that he had no problem with it at all.

Gary Bostany moved to approve the request, and Kurt Patterson seconded. After discussion of the various criteria to be considered for such a request, the motion passed unanimously with 16 in favor, none opposed, and no abstentions.



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

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

Name of Applicant: Jacob Alliance LLC

Mailing Address: 1904 11<sup>th</sup> Ave S  
Birmingham, AL 35205

Trade Name: Five Points Market

Location Address: 1904 11<sup>th</sup> Ave S

Contact Number: (205)393-4256

Contact Person:  
Yaqoob Alshega

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: 9/29/22

Revenue Examiner: GS

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

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

**New Application**   
**Transfer**

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

**By: GS**

(Enter Type of License Applied For)

(Revenue Official)

1. Name of Applicant (s) Jacob Alliance 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] Yaqoob Nagi Hizam Alshega	Member	[REDACTED] Yeman	800 Energy Center Blvd Apt 1 Northport, AL 36473	8 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 001-021 Page: 1 of 3 Date: Jefferson County:

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

3. Trade Name Five Points Market

4(a) Location 1904 11<sup>th</sup> Ave 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: **1904 11<sup>th</sup> Ave S Birmingham, AL 35205**

(d) Business Phone **(205)201-6778** Fax: \_\_\_\_\_ Other Contact: **(205)393-4256**

5. Name, trade name and License number of last or previous licensee: **Raymond G Josef**  
Trade name Five Points Market Year 2014 Type 150K 150N Taxpayer ID 478465

6 (a) Owner of real estate for which license is desired Louise D Josof  
1832 Catala Rd Vestavia, AL 35216

Address

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

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

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

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

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

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

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

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

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

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

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

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

Sworn and subscribed before me this 29<sup>th</sup> day of September, 2022

[Signature]  
 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:  
Beer/Wine Off Premise

TAXPAYER IDENTIFICATION NUMBER  
(City Office Use Only)

CITY OF BIRMINGHAM  
APPLICATION FOR TAX CERTIFICATE

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

Section 1 - WHAT WOULD YOU LIKE TO DO?

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

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

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

Full Legal Name: Jacob Alliance LLC  
Attention: \_\_\_\_\_  
Address: 1904 11<sup>th</sup> Ave S  
City: Birmingham State: AL Zip Code: 35205  
Area Code and Phone Number: (205)393-4256  
Area Code and Fax Number: \_\_\_\_\_  
Name of Contact Person: Yaqoob Alshega  
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): Five Points Market  
Attention: \_\_\_\_\_  
Address: 1904 11<sup>th</sup> Ave S  
City: Birmingham State: AL Zip: 35205  
Area Code and Phone Number of Business Location: (205)201-6778  
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: Raymond G Josef  
Trade Name (d/b/a) Five Points Market  
Mailing Address of Former Owner 1904 11<sup>th</sup> Ave S Birmingham, AL 35205  
Address (es) of Former Location(s) Same  
Area Code and Phone Number of Former Owner: (205)254-9132

APPLICATION FOR TAX CERTIFICATE (CITY OF BIRMINGHAM, ALABAMA)

Section 5 - TYPE OF OWNERSHIP

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

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

Section 6 - TYPE OF BUSINESS

Please indicate the principal business activity category.

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

Section 7 - PRINCIPAL BUSINESS ACTIVITY AND PRODUCT

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

Activity: Convenience Store Product: Alcohol/Grocery/Tobacco

Section 8 - FEDERAL TAX ID NUMBER / NUMBER OF EMPLOYEES

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

Federal ID Tax Number 88-2995500 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
Aishega, Yaqoob	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] \_\_\_\_\_ 09-29-22 \_\_\_\_\_  
 Signature of Person Completing This Application Date

Yaqoob Aishega \_\_\_\_\_ 205-393-1256 \_\_\_\_\_  
 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 B3 09/29/2022 E.R.  
 Must Be Approved by City Counsel

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**

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

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



# ALABAMA

CLASS D

NO. [REDACTED] EXP. [REDACTED]

YAGDOB NAGI  
HIZAM ALSHEGA  
800 ENERGY CENTER BLVD, SUITE 1803  
MONTICELLO AL 35871-1803

ISS. [REDACTED] SEX [REDACTED] HGT [REDACTED] WGT [REDACTED] HAIR [REDACTED] EYES [REDACTED]

YAGDOB

Department of Transportation  
www.alabama.gov

758-10-2015



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

I, Raymond G Josef (current taxpayer), holding City of Birmingham

License ID# [REDACTED] (six-digit City ID), located at 1904 11<sup>th</sup> Ave S (business address)

Birmingham, AL 35205, hereby agree that said License be

transferred to Jacob Alliance LLC (applicant)

provided Jacob Alliance 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 Jacob Alliance 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 Raymond Josef

DATE 9/29/22

APPLICANT [Signature]

DATE 9/29/22

Witness [Signature]

DATE 9/29/22

NOTARY Megany Stanley

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:  
Jacob Alliance 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): Yaqoob Alshega  
Street (no PO Boxes) address of registered office (must be located in Alabama):  
715 18th St N Birmingham, AL 35023  
\*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  
001-021-096      DLL  
Date      05/20/2022  
Time      11:34:00  
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 5 / 21 / 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 : 26  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).

5 / 20 / 2022  
Date (MM/DD/YYYY)

Yaqoob Alshega

Signature as required by 10A-5A-2.04

LLC Managing 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:

**Jacob Alliance LLC**

This name reservation is for the exclusive use of Yaqube Alshega, 715 18th St N, Birmingham, AL 35203 for a period of one year beginning May 20, 2022 and expiring May 20, 2023



RES024340

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

May 20, 2022

Date

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

John H. Merrill

Secretary of State



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

Date of this notice: 06-27-2022

Employer Identification Number:  
88-2995500

Form: SS-4

Number of this notice: CP 575 G

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

JACOB ALLIANCE LLC  
VAPE LAB  
% YAQOOB NAGI ALSHEGA SOLE MBR  
1904 11TH AVE S  
BIRMINGHAM, AL 35205

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

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 88-2995500. 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.

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](http://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.

**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 21 day of Jun, 2022 between and among the following:

**NAME OF LANDLORD:** LOUISE D. JOSOF

whose address is: 1832 Catala Road, Birmingham, Alabama 35216

(hereinafter called "Landlord"),

and

**NAME OF AGENT:** LILLIAN JOSOF HARRISON

whose address is: 1832 Catala Road, Birmingham, Alabama 35216

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

and

**NAME OF TENANT:** JACOB ALLIANCE, LLC

whose address is: 715-18th Street North, Birmingham, Alabama 35203

(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:** 1904-11th Avenue South, Birmingham, AL 35205

(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.

(b) **Use.** The Leased Premises shall be used by Tenant as Tobacco Shop, Vape Shop & sandwich shop and for no other or different use or purpose. Tenant shall not use or occupy the Leased Premises, or permit the Leased Premises to be used or occupied, in violation of any ordinance, law or regulation of any governmental body, or in any manner which would vitiate or increase the premium charged for insurance on the Leased Premises or the building in which it is located, if applicable.

**2. TERM.** The Term of this Lease is for eight (8) (the "Term") beginning on the 21 day of June, 2022 ("Commencement Date") and ending on the 21 day of June, 2030, 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 services. 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.*

**PARCEL ID:** 012900011011006000

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

**DATE:** Thursday, September 29, 2022 10:26:45 AM

**OWNER:** JOSOF LOUISE D

**ADDRESS:** 1832 CATALA RD

**CITY/STATE:** VESTAVIA AL

**ZIP+4:** 35216--1752

**SITE ADDR:** 1904 11TH AVE S

**CITY/STATE:** BHAM, AL

**ZIP:** 35205

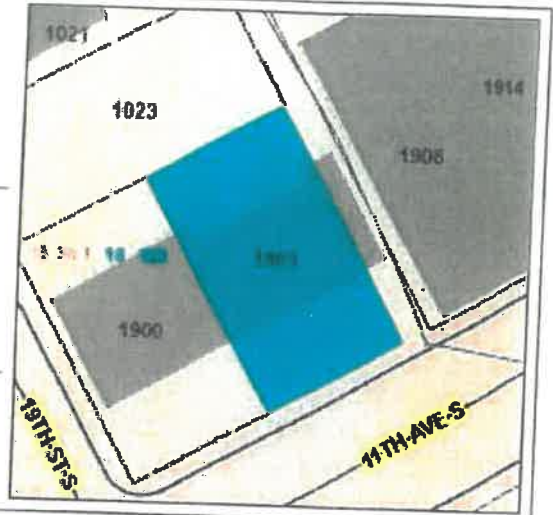
**LAND:** \$352,800.00

**BLDG:** \$56,600.00

**OTHER:** \$0.00

**AREA:** 8,374.77

**ACRES:** 0.19



**SUBDIVISION INFORMATION:**

**NAME** BIRMINGHAM BLOCKS

**BLOCK:** 771

**LOT:**

:

**Land Slide Zones:** In Land Slide Zones

**Historic Districts:** Five Points South

**Commercial Revitalization District:** Five Points South; Five Points South

**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 N. Smitherman)

**Zoning Outline:** B3

**Demolition Quadrants:** DEM Quadrant - 1

**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 FY 2023 Submission Sheet**

Date Submitted: February 22, 2023

For Meeting Date: February 28, 2023

Detailed description of item as it should appear on agenda: *(Please Submit Supporting Documents)*

A Bill of Sale to transfer surplus public safety equipment described as twenty (20) sections of three (3) – inch fire hoses to the Childersburg Fire Department, to serve the needs of area residents, for a sum of \$1.00.

Submitted by: Chief Cory Moon  
Department: Fire & Rescue  
Extension: 9557

Please use this form to submit each item to be placed on the Public Safety Committee Agenda. Use a plain sheet of paper, if needed, for additional item description.

**\*\*Submit agenda items via email to Brandon McCray at [Brandon.McCray@birminghamal.gov](mailto:Brandon.McCray@birminghamal.gov) and LaTonya Tate at [LaTonya.Tate@birminghamal.gov](mailto:LaTonya.Tate@birminghamal.gov), no later than 12:00 p.m. on the Wednesday before the upcoming committee meeting date.**

