



**STATE OF ALABAMA  
ALCOHOLIC BEVERAGE CONTROL BOARD  
ALCOHOL LICENSE APPLICATION**



**Confirmation Number: 20230227101648228**

Type License: 010 - LOUNGE RETAIL LIQUOR - CLASS I      State:      County:

Type License:      State:      County:

Trade Name: POUR SMART BAR      Filing Fee:

Applicant: ATA SANDERS LLC      Transfer Fee: \$50.00

Location Address: 4851 WHARF PKWY D124 ORANGE BEACH, AL 36561

Mailing Address: 915 W AZALEA AVE FOLEY, AL 36535

County: BALDWIN Tobacco sales: NO      Tobacco Vending Machines:

Product Type:      Type Ownership: LLC

Book, Page, or Document Info: 001-054-986 DLL

Do you sell Draft Beer?:

Date Incorporated: 12/29/2022 State Incorporated: AL      County Incorporated:

Date of Authority:

Federal Tax ID: 92-1517371      Alabama State Sales Tax ID: R011660603

Name:	Title:	Date and Place of Birth:	Residence Address:
TAELOE SANDERS 10271778 - AL	MEMBER	4/15/1951 MICHIGAN	915 W AZALEA FOLEY, AL 36535
ALBERT SANDERS 5536041585006 - MI	MEMBER	3/5/1942 MICHIGAN	1143 RIVER OAKS DR DEWITT, MI 48820

Has applicant complied with financial responsibility ABC RR 20-X-5-14? YES

Does ABC have any actions pending against the current licensee? NO

Has anyone, including manager or applicant, had a Federal/State permit or license suspended or revoked? NO

Has a liquor, wine, malt or brewed license for these premises ever been denied, suspended, or revoked? NO

Are the applicant(s) named above, the only person(s), in any manner interested in the business sought to be licensed? YES

Are any of the applicants, whether individual, member of a partnership or association, or officers and directors of a corporation itself, in any manner monetarily interested, either directly or indirectly, in the profits of any other class of business regulated under authority of this act? NO

Does applicant own or control, directly or indirectly, hold lien against any real or personal property which is rented, leased or used in the conduct of business by the holder of any vinous, malt or brewed beverage, or distilled liquors permit or license issued under authority of this act? NO

Is applicant receiving, either directly or indirectly, any loan, credit, money, or the equivalent thereof from or through a subsidiary or affiliate or other licensee, or from any firm, association or corporation operating under or regulated by the authority of this act? NO

Contact Person: ALBERT SANDERS

Business Phone: 517-719-5597

Fax:

Home Phone: 517-719-5597

Cell Phone:

E-mail: AMSANDERS62@GMAIL.COM

**PREVIOUS LICENSE INFORMATION:**

Trade Name: POUR SMART BAR

Applicant: SHPICKENS LLC

Previous License Number(s)

License 1: 011727402

License 2:



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If applicant is leasing the property, is a copy of the lease agreement attached? **YES**  
 Name of Property owner/lessor and phone number: **WHARF RETAIL PROPERTIES LLC 251-224-1000**  
 What is lessors primary business? **PROPERTY MANAGEMENT**  
 Is lessor involved in any way with the alcoholic beverage business? **NO**  
 Is there any further interest, or connection with, the licensee's business by the lessor? **NO**

Does the premise have a fully equipped kitchen? **NO**  
 Is the business used to habitually and principally provide food to the public? **NO**  
 Does the establishment have restroom facilities? **YES**  
 Is the premise equipped with services and facilities for on premises consumption of alcoholic beverages? **YES**

Will the business be operated primarily as a package store? **NO**  
 Building Dimensions Square Footage: **1518** Display Square Footage:  
 Building seating capacity: **40** Does Licensed premises include a patio area? **YES**  
 License Structure: **SHOPPING CENTER** License covers: **PORTION OF**  
 Number of licenses in the vicinity: Nearest:  
 Nearest school: Nearest church: Nearest residence: **1 blocks**  
 Location is within: **CITY LIMITS** Police protection: **CITY**

Has any person(s) with any interest, including manager, whether as sole applicant, officer, member, or partner been charged (whether convicted or not) of any law violation(s)?

Name:	Violation & Date:	Arresting Agency:	Disposition:



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**Initial each**

**Signature page**

*af*

In reference to law violations, I attest to the truthfulness of the responses given within the application.

*af*

In reference to the Lease/property ownership, I attest to the truthfulness of the responses given within the application.

*af*

In reference to ACT No. 80-529, I understand that if my application is denied or discontinued, I will not be refunded the filing fee required by this application.

*X*

In reference to Special Retail or Special Events retail license, Wine Festival and Wine Festival Participant Licenses, and Food or Beverage Truck Licenses, I agree to comply with all applicable laws and regulations concerning this class of license, and to observe the special terms and conditions as indicated within the application.

*X*

In reference to the Club Application information, I attest to the truthfulness of the responses given within the application.

*af*

In reference to the transfer of license/location, I attest to the truthfulness of the information listed on the attached transfer agreement.

*af*

In accordance with Alabama Rules & Regulations 20-X-5-01(4), any social security number disclosed under this regulation shall be used for the purpose of investigation or verification by the ABC Board and shall not be a matter of public record.

*af*

The undersigned agree, if a license is issued as herein applied for, to comply at all times with and to fully observe all the provisions of the Alabama Alcoholic Beverage Control Act, as appears in Code of Alabama, Title 25, and all laws of the State of Alabama relative to the handling of alcoholic beverages.

The undersigned, if issued a license as herein requested, further agrees to obey all rules and regulations promulgated by the board relative to all alcoholic beverages received in this State. The undersigned, if issued a license as herein requested, also agrees to allow and hereby invites duly authorized agents of the Alabama Alcoholic Beverage Control Board and any duly commissioned law enforcement officer of the State, County or Municipality in which the license premises are located to enter and search without a warrant the licensed premises or any building owned or occupied by him or her in connection with said licensed premises. The undersigned hereby understands that he or she violate any provisions of the aforementioned laws his or her license shall be subject to revocation and no license can be again issued to said licensee for a period of one year. The undersigned further understands and agrees that no changes in the manner of operation and no deletion or discontinuance of any services or facilities as described in this application will be allowed without written approval of the proper governing body and the Alabama Alcoholic Beverage Control Board.

*af*

I hereby swear and affirm that I have read the application and all statements therein and facts set forth are true and correct, and that the applicant is the only person interested in the business for which the license is required.

Applicant Name (print): *Albert M Sanders*

Signature of Applicant: *[Handwritten Signature]*

Notary Name (print): *Rosemarie Moore*

Notary Signature: *[Handwritten Signature]*

Commission expires: *11/9/2025*

Application Taken:  App. Inv. Completed:   
 Submitted to Local Government:   
 Received in District Office:  Reviewed by Supervisor:

Forwarded to District Office:   
 Received from Local Government:   
 Forwarded to Central Office:



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**NOTICE OF TRANSFER OF ABC LICENSED BUSINESS**

**NOTE: A Copy of Operating Agreement Must be Attached To Application**

**CURRENT LICENSEE:**  
 SHPICKENS LLC  
 Address: 4851 WHARF PKWY D124  
 ORANGE BEACH, AL 36561  
 Telephone: 630-253-3428

**NEW APPLICANT:**  
 ATA SANDERS LLC  
 Address: 915 W AZALEA AVE  
 FOLEY, AL 36535  
 Telephone: 517-719-5597

Current License No: 011727402

**LICENSED PREMISES ADDRESS:** 4851 WHARF PKWY D124 ORANGE BEACH, AL 36561

**THE AFORENAMED HEREBY SERVE NOTICE TO THE ABC BOARD OF THE ATTACHED CONTRACTUAL AGREEMENT GOVERNING THE CONTINUATION OF SALES OF ALCOHOLIC BEVERAGES ON THE LICENSED PREMISES.**

The Parties to this agreement hereby acknowledge and affirm that the New (Applicant) Licensee will, at all times, act as the AGENT for the Current (Named) Licensee, and the Current Licensee shall act as PRINCIPAL for the purposes of the attached Agreement. The Principal shall be bound by all acts and/or omissions of the Agent in the operation of the licensed premises.

The Current Licensee is now and shall remain liable for any violations of ABC Rules and Regulations or other Alabama Law for the duration of the attached Agreement; and, further, that the Current Licensee has the right and authority, under Alabama Law, to surrender the ABC License to the ABC Board at any time.

The parties acknowledge that the operation of the licensed premises shall remain subject to inspection by ABC Enforcement, and must comply with all State and Local regulations and Laws, and that the local ABC Enforcement District Office must be immediately notified of any change in the attached Agreement.


**THE CURRENT LICENSE WILL NOT BE RENEWED.**

WITNESS our hands and seals on this the 27 day of February, 2023.

CURRENT LICENSEE (NAMED ON LICENSE)

NEW LICENSEE (APPLICANT)

sign- \_\_\_\_\_  
 Print Name:  
 Title: Shpickens LLC, mbr

sign-   
 Print Name: Albert M Sanders  
 Title: ATA Sanders LLC, mbr

WITNESS: (By ABC Enforcement) \_\_\_\_\_  
 Revised 9/08

Rosemarie Moore  
Rosemarie Moore  
my commission expires 11/9/2025

Receipt Confirmation Page

Receipt Confirmation Number: 20230227101648228

Application Payment Confirmation Number: 90232240

Payment Summary	
Payment Item	Fee
Transfer Fee for License 010	\$50.00
Total Amount to be Charged	\$50.00

Application Type

Application Type: TRANSFER

Applicant Information

License Type 1: 010 - LOUNGE RETAIL LIQUOR - CLASS I

License Type 2:

License County: BALDWIN

Business Type: LLC

Trade Name: POUR SMART BAR

Applicant Name: ATA SANDERS LLC

Location Address: 4851 WHARF PKWY D124  
ORANGE BEACH, AL 36561

Mailing Address: 915 W AZALEA AVE  
FOLEY, AL 36535

Contact Person: ALBERT SANDERS

Contact Home Phone: 517-719-5597

Contact Business Phone: 517-719-5597

Contact Fax:

Contact Cell Phone:

Contact Email Address:

Contact Web Address: