

Date: October 7, 2026

To: Mayor & City Council

From: Ivon Williams
Deputy Revenue Officer, Revenue Department

Subject: Steakholder LLC
DBA: The New York Butcher Shoppe
Off-Premises Wine License

Please find attached a copy of the checklist for Steakholder LLC, doing business as The New York Butcher Shoppe, regarding their application for an Off-Premises Wine License for their location at 125 Stadium Way, Suite 230, Madison, AL.

The business is applying for an Off-Premises Wine License because it is a new establishment in the City of Madison.

Everything is in order for the City Council to consider this alcoholic beverage request.

If there are any questions, do not hesitate to call me at (256) 772-5628.



Checklist for Beer/Wine/Liquor License

☐ ON PREMISE ☐ OFF PREMISE ☐ BEER ☒ WINE ☐ LIQUOR

Owner Name: Steakholder LLC

Business Name: The New York Butcher Shoppe

Business Location: 125 Stadium Way Suite 230, Madison, AL 35758

Mailing Address: 125 Stadium Way Suite 230 Madison, AL 35758

Phone: _____

APPLICATION FEE:

Date Paid: 8/11/2026 Amount: \$ 100.00 Receipt #: 3715

Copy of Lease: Yes Incorporation Papers: Yes

POLICE DEPARTMENT APPROVAL:

Letter Sent: _____

Background Check: ☒ Approved ☐ Disapproved

Check Completed By: Becky Renfroe Title Investigations Assistant

Date Completed: 8/12/2026

BUILDING DEPARTMENT APPROVAL:

Letter Sent: _____

Inspection: ☒ Approved ☐ Disapproved

Inspection Completed By: Kimberly Title Building Director

Date Completed: 10-1-26

FIRE DEPARTMENT APPROVAL:

Letter Sent: _____

Inspection: ☒ Approved ☐ Disapproved

Inspection Completed By: Scott Adams Title Deputy Fire Marshal

Date Completed: 10-5-26

ADVERTISEMENT/DATE SET FOR PUBLIC HEARING:

Memo Sent to City Clerk On: 8/11/2026

Date Placed: 8/12/2026 Newspaper: 08/19/2026

Publication Fee Paid: \$184

Date Paid: 8/11/2026 Receipt #: 3714

Date of Public Hearing: 5/26/2026

Approved: ☐ Denied: ☐

STATE ALCOHOL CONTROL BOARD LETTER:

Letter Sent: _____

Mailed to Applicant: _____

CITY LICENSE:

Issuance Date: _____

By: _____

License #: _____

