

Date: October 8, 2024

To: Mayor & City Council

From: Ivon Williams
Deputy Revenue Officer, Revenue Department

Subject: Exchange Hotel Partners I LLC.
DBA: Courtyard | Residence Inn Town Madison
Restaurant Retail Liquor License

Please find attached a copy of the checklist for Exchange Hotel Partners I LLC., doing business as Courtyard | Residence Inn Town Madison. regarding their application for a Restaurant Retail Liquor License for their location at 260 Stadium Way, Madison, AL 35758.

The reason for applying for a Restaurant Retail Liquor License at this time is that this is a new business 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: Exchange Hotel Partners I

Business Name: Courtyard I Residence Inn Town Madison

Business Location: 260 Stadium Way, Madison, AL 35758

Mailing Address: 300 SE Riverside Drive Suite 100, Evansville IN 47713

Phone: (812) 402-8349

APPLICATION FEE:

Date Paid: 8/12/2024 Amount: \$ 100.00 Receipt #: 3411

Copy of Lease: YES Incorporation Papers: YES

POLICE DEPARTMENT APPROVAL:

Letter Sent: 09/04/2024

Background Check: Approved Disapproved

Check Completed By: Becky Kenfroe Title ID Secretary

Date Completed: 9-9-24

BUILDING DEPARTMENT APPROVAL:

Letter Sent: 09/04/2024

Inspection: Approved Disapproved

Inspection Completed By: [Signature] Title DBO

Date Completed: 9-5-2024

FIRE DEPARTMENT APPROVAL:

Letter Sent: 09/04/2024

Inspection: Approved Disapproved

Inspection Completed By: [Signature] Title DFM

Date Completed: 9-4-24

ADVERTISEMENT/DATE SET FOR PUBLIC HEARING:

Memo Sent to City Clerk On: 9/4/2024

Date Placed: 9/11/2024 Newspaper: MADISON

Publication Fee Paid: 184

Date Paid: 8/12/2024 Receipt #: 3411

Date of Public Hearing: 10/14/2024

Approved: Denied:

STATE ALCOHOL CONTROL BOARD LETTER:

Letter Sent: _____

Mailed to Applicant: _____

CITY LICENSE:

Issuance Date: _____

By: _____

License #: _____

