

License Type: Secure Transporter

Business License Applicant Name: HARVELL MOTOR COMPANY, INC.

APPLICANT NUMBER: 1674

REDACTION MEMO:

Pursuant to The Privacy Act of 1974, as amended to present, including Statutory Notes (5 U.S.C. 552a), the following information is redacted:

Social Security Number on [Application 1674]_Application Form_Redacted

Social Security Number on [Application 1674]_Charles Harvell FBI Clearance_Redacted

Social Security Number on [Application 1674]_Mae Harvell FBI Clearance_Redacted



Review

Redacted Copy

Selected Account:Harvell Motor Company Inc

Your application has been filed with the Alabama Medical Cannabis Commission.

Your reference code is **1674**.

File Date : **03/03/2023 3:59 PM**

Your transaction ID is : **89100386**

Transaction Token: **4bdb3a60-84cd-4320-b79c-a74f55dc14f9**

i If you do not receive email notifications, please check your spam folder.

You must print or save this page as a PDF as part of your redacted filing.

Request for Business Application Information

✓ Request Number: 0473

General Applicant Information

✓ Applicant Name : Harvell Motor Company Inc.

✓ Applying as: Business Entity

Trade Name : (DBAs)

✓ Identification Number Type : FEIN

✓ Federal Tax Identification Number : 461001241

✓ Business Entity Name : Harvell Motor Company Inc.

✓ Business Entity Type : Corporation

✓ Secretary of State Entity ID Number : 000071563

✓ Federal Business Code No : 441120

✓ Date of Qualification, Organization or Incorporation :07/19/2012

Applicant Street Address

✓ Street: 12243 US HIGHWAY 72

Unit No / Apt No :

✓ City: ATHENS

✓ County: 42-Limestone

✓ State: Alabama

✓ Zip Code: 35611

✓ Address Verified?: Yes

Applicant Mailing Address

✓ Street: 12243 US HIGHWAY 72

Unit No / Apt No :

✓ City: ATHENS

✔ State: Alabama

✔ Zip Code: 35611

✔ Address Verified?: Yes

Applicant Website :

✔ Applicant Email Address : harvellmotor@att.net

✔ Applicant Phone Number : 2567291050

✔ Do you have a management service agreement in place?:

No

✔ Is the applicant: (1) at least 51% owned by (or, in the case of a corporation, 51% of the shares belong to) members of any minority group (as defined by 20-2A-51(b)), and (2) managed and controlled in its daily operations by members of any minority group? :Yes

✔ Does the applicant verify that it is: (1) at least 51% owned by (or, in the case of a corporation, 51% of the shares belong to) members of any minority group (as defined by 20-2A-51(b)), and (2) managed and controlled in its daily operations by members of any minority group? :Yes

Primary Contact Person

✔ First Name: Alexis

✔ Last Name: Harvell

✔ Title: General Manager

✔ Phone Number: 2566145776

✔ Email: alexisharvell10@gmail.com

✔ Street: 12243 US HIGHWAY 72

Unit No / Apt : No

✔ City: ATHENS

✔ State: Alabama

✔ Zip Code: 35611

✔ Address Verified?: Yes

License Information

✔ License Type: Secure Transporter

Facility Information

Facility Information

✔ Facility Type: Secure Transporter Facility

Physical Address

✔ Street: 12243 US HIGHWAY 72

Unit No / Apt : No

✔ City: ATHENS

✓ County: 42-Limestone

✓ State: Alabama

✓ Zip Code: 35611

✓ Address : Yes
Verified?

Facility Information Questions

✓ Applicant's interest in property where proposed facility is located : Owns

✓ Is this facility under construction? : No

✓ The number of days, if awarded a license, within which the Applicant reasonably projects it will commence operations at this facility : 180

✓ The number of days, if awarded a license, within which the Applicant reasonably projects it will reach full capacity at this facility : 273

✓ Does the applicant verify that this proposed facility will be in a permissible location, if applicable, and will maintain compliance with all State and local laws, resolutions and ordinances? : Yes

Ownership of Applicant

✓ Select type of record: Individual

✓ Does the individual have an ownership interest in the applicant? : Yes

Individual

✓ Legal First Name : Charles

✓ Legal Middle: A Name

✓ Legal Last Name : Harvell

Suffix:

✓ Phone Number : 2565081485

✓ Email Address : caharvell@gmail.com

✓ Date of Birth: 10/01/1955

✓ Social Security Number [REDACTED]

✓ Race/Ethnicity: African American

✓ Ownership Percentage of the Applicant : 51

✓ Role: Officer

Residence Address

✔ Street: 16841 SHAW RD

Unit No / Apt:
No

✔ City: ATHENS

✔ State: Alabama

✔ Zip Code: 35611

✔ Address : Yes
Verified?

✔ Select type of record: Individual

✔ Does the individual have an: Yes
ownership interest in the
applicant?

Individual

✔ Legal First : Mae
Name

✔ Legal Middle: F
Name

✔ Legal Last : Harvell
Name

Suffix:

✔ Phone : 2566561557
Number

✔ Email : maeharvell73@gma
Address il.com

✔ Date of Birth: 03/30/1955

✔ Social Security
Number

✔ Race/Ethnicity: African American

✔ Ownership : 49
Percentage of
the Applicant

✔ Role: Officer

Residence Address

✔ Street: 16841 SHAW RD

Unit No / Apt:
No

✔ City: ATHENS

✔ State: Alabama

✔ Zip Code: 35611

✔ Address : Yes
Verified?

Cannabis Industry Entities

✔ Is any individual or entity below connected to any entity that is directly or indirectly involved in the cannabis industry, including, but not limited to, the cultivation, processing, packaging, labeling, testing, transporting, or sale of cannabis or medical cannabis, either in Alabama or any other jurisdiction?
(1) an individual with an ownership interest in the applicant;
(2) the spouse, parent, or child of an individual with an ownership interest in the applicant; or
(3) an entity with an ownership interest in the applicant.

Questions and Attestations

✓ Has the applicant, any ownership entity, or any cannabis entity connected to any individual or entity with an ownership interest in the applicant ever applied for or been granted any commercial license or certificate (not related to cannabis industry) issued by a licensing board or commission, either in Alabama or any other jurisdiction? : NO

✓ Was any commercial license or certificate disclosed above denied, restricted, suspended, revoked, or non-renewed?: NO

✓ Has the applicant, any ownership entity, or any cannabis entity connected to any individual or entity with an ownership interest in the applicant, ever been authorized to participate in the cannabis or medical cannabis industry, licensed (i.e., a "licensee" as defined in Chapter 1 of the AMCC Rules), or provided similar status in any other jurisdiction? : NO

✓ During the last 5 years has there been any disciplinary measures taken regarding any cannabis or medical cannabis industry license of the applicant or any entity affiliated with the applicant? : NO

✓ Has the applicant, any ownership entity, or any cannabis entity connected to any individual or entity with an ownership interest in the applicant, within the last ten (10) years, filed or been served with a complaint or other notice by any governmental body, regarding a delinquency in the payment of, or a dispute over the filings concerning the payment of, any tax required under federal, state, or local law? : NO

✓ Has the applicant filed, or had filed against it, any proceeding for bankruptcy within the past 7 years?: NO

✓ Is the applicant currently, or has it been in the past 10 years, a defendant in litigation involving any of its business practices? : NO

✓ Is any public official of any unit of government: : NO
(1) an owner (directly or indirectly) of any financial or beneficial interest in the applicant;
(2) a creditor of the applicant;
(3) a holder of any debt instrument issued by the applicant; or (4) a holder of, or interested party in, any contractual or service relationship with the applicant?

✓ Is the spouse, parent or child of a public official of any unit of government: : NO
(1) an owner (directly or indirectly) of any financial or beneficial interest in the applicant;
(2) a creditor of the applicant;
(3) a holder of any debt instrument issued by the applicant; or
(4) a holder of, or interested party in, any contractual or service relationship with the applicant?

✓ Has any owner, director, board member, or individual with a controlling interest in the applicant ever been indicted for, charged with, arrested for, convicted of, pled guilty or nolo contendere to, or forfeited bail concerning any felony or controlled substance-related misdemeanor, not including traffic violations, regardless of whether the offense has been reversed on appeal or otherwise? : NO

- ✓ Has any leader, secure transport driver, or secure transport passenger of the applicant received a criminal conviction: **NO**
within the last eight years for any of the following:
(1) any indictable offense;
(2) any offense involving stolen property or vehicles;
(3) fraud relating to any business any driver has owned, in whole or part, or in which the driver has been employed;
(4) stolen property, or other offense of similar nature;
(5) operation of a motor vehicle while under the influence of a controlled substance, or offense of similar nature; or
(6) any offense involving possession, distribution or trafficking in, any illegal substance?

What is the applicant's anticipated or actual number of employees (including all facilities) at the prospective commencement of operations and during the first five calendar years thereafter?

✓ Commencement: 10 of Operation ✓ Year One: 20 ✓ Year Two: 30

✓ Year Three: 40 ✓ Year Four: 45 ✓ Year Five: 49

✓ Does the applicant verify that it has the ability to maintain adequate minimum levels (\$2,000,000) of liability and casualty insurance, as required by § 20-2A-53(a)(2), Code of Alabama 1975 (as amended)? :Yes

✓ Does the applicant consent as required by § 20-2A-55(d), Code of Alabama 1975 (as amended) to the inspections, examinations, searches, and seizures contemplated by § 20-2A-52(a)(3), Code of Alabama 1975 (as amended), which shall specifically extend to all secure transport vehicles of the applicant? : YES

✓ Does the applicant verify that neither it nor its leadership have any economic interest in any other license or applicant for license under the Act? (See § 20-2A-55(e), Code of Alabama 1975 (as amended)) : YES

✓ I attest that this application is truthful and complete based on the best available information as of the date of filing.: YES

✓ Signature: Alexis Harvell

✓ Signature Date: 12/18/2022

Documents

✓ Resume or Curriculum Vitae of Individuals with Ownership Interest: Exhibit 1 - Ownership Resume-CV.pdf (./api/documents/824-iOoOA/do...

✓ Residency of Owners: Exhibit 2 - Residency of Owners (old).pdf (./api/documents/d8Zp8CB0...

✓ Criminal Background Check: Exhibit 3 - Criminal Background Check.pdf (./api/documents/4qTDy0V...

✓ Demonstration of Sufficient Capital: Exhibit 4 - Demonstration of Sufficient Capital.pdf (./api/documents/7R...

✓ Financial Statements: Exhibit 5 - Financial Statements (1).pdf (./api/documents/AxR1aqzvh/d...

✓ Tax Plan: Exhibit 6 - Tax Plan.pdf (./api/documents/76do0Nhcc/download)

✓ Business Formation Documents:	Exhibit 7 - Business Formation Documents (corrected).pdf (/api/docu...
✓ Business License and Authorization of Local Jurisdictions:	Exhibit 8 - Business License and Authorization of Local Authorities (cor...
✓ Business Plan:	Exhibit 9 - Business Plan.pdf (/api/documents/1ZeNeDOhR/download)
✓ Evidence of Business Relationship with other Licensees and Prospective Licensees:	Exhibit 10 - Evidence of Business Relationship.pdf (/api/documents/c...
✓ Standard Operating Plan and Procedures:	Exhibit 11 - Standard Operating Plan and Procedures (1).pdf (/api/docu...
✓ Policies and Procedures Manual:	Exhibit 12 - Policies and Procedures Manual (corrected).pdf (/api/docu...
✓ Secure Transport Vehicles:	Exhibit 13 - Secure Transport Vehicles (1).pdf (/api/documents/-EbETk...
✓ Compliance with Alabama Public Service Commission Requirements:	Exhibit 14 - Compliance with Alabama Public Service Commission Requ...
✓ Commercial Drivers' License:	Exhibit 15 - Commercial Drivers License (corrected) (2).pdf (/api/docu...
✓ Fleet Summary:	Exhibit 16 - Fleet Summary.pdf (/api/documents/cHU3Tdbt8/download)
✓ Care and Maintenance of Vehicles:	Exhibit 17 - Care and Maintenance of Vehicles.pdf (/api/documents/5...
✓ Route Plans:	Exhibit 18 - Route Plans.pdf (/api/documents/sy687fitC/download)
✓ Facilities:	Exhibit 19 - Facilities.pdf (/api/documents/svRu8vZg3/download)
✓ Security Plan:	Exhibit 20 - Security Plan.pdf (/api/documents/eHE0rNjXL/download)
✓ Personnel:	Exhibit 21 - Personnel.pdf (/api/documents/t2D07c-N_/download)
✓ Employee Handbook:	Exhibit 22 - Employee Handbook (current).pdf (/api/documents/TRn6J...
✓ Secure Transport Drivers:	Exhibit 23 - Secure Transport Drivers.pdf (/api/documents/6mlhY03-k/...
✓ Drivers' Manual:	Exhibit 24 - Driver's Manual.pdf (/api/documents/FQgBUvFeO/downloa...
✓ Website and Social Media:	Exhibit 25 - Website and Social Media (1).pdf (/api/documents/7dSd7s...
Ownership Entity Individuals (if applicable):	No Document Present
✓ Minority Ownership Documents:	Exhibit - Minority Ownership Documents.pdf (/api/documents/YgMWig...

✓ **Proof of Minimum Liability and Casualty Insurance:**

Exhibit - Proof Minimum Liability and Casualty Insurance.pdf (/api/doc...

✓ **Affidavit - Entity Applicant:**

Exhibit - Affidavit Entity Applicant.pdf (/api/documents/zFMII04-YF/do...

Payments

✓ **Payment Options:** ACH

Redacted Copy



CHARLESS A HARVELL
ATTN: BACKGROUND CHECK
C/O: AMCC
P.O. BOX 309585
MONTGOMERY, AL 36130




U.S. Department of Justice

 Federal Bureau of Investigation
 Criminal Justice Information Services Division
 Clarksburg, WV 26306

 CHARLESS A HARVELL
 ATTN: BACKGROUND CHECK
 C/O: AMCC
 P.O. BOX 309585
 MONTGOMERY, AL 36130

Date: 03-14-2023

The Criminal Justice Information Services (CJIS) Division of the Federal Bureau of Investigation (FBI) has completed the following fingerprint submission:

Subject Name

CHARLESS A HARVELL

Search Completed Result

03-14-2023 E2023072000000308753

A SEARCH OF THE FINGERPRINTS PROVIDED BY THIS INDIVIDUAL HAS REVEALED PRIOR ARREST DATA AT THE FBI. THIS DOES NOT PRECLUDE FURTHER CRIMINAL HISTORY AT THE STATE OR LOCAL LEVEL.

Date of Birth: 10/01/1955

Social Security number: [REDACTED]

The result of the above response is only effective for the date the submission was originally completed. For more updated information, please submit new fingerprints of the Subject.

In order to protect Personally Identifiable Information, as of August 17, 2009, FBI policy has changed to no longer return the fingerprint cards. This form will serve as the FBI's official response.

This Identity History Summary (IdHS) is provided pursuant to 28 CFR 16.30-16.34 solely for you to conduct a personal review and/or obtain a change, correction, or updating of your record. **This IdHS is not provided for the purpose of licensing or employment or any other purpose enumerated in 28 CFR 20.33.**

Any questions may be addressed to the Customer Service Group at 304-625-5590. You may also visit the website at www.fbi.gov/checks for further instructions.

 Kimberly J. Del Greco
 Deputy Assistant Director
 Information Services Branch
 Criminal Justice Information
 Services Division

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

DC000001Z

NCN E2023072000000308753



DC000001Z
DO 556-73 REQ
FBI-CJIS-WV
BIOMETRIC TECHNOLOGY CTR
1000 CUSTER HOLLOW RD
CLARKSBURG, WV 26306

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

DC000001Z
TCN WVFBIJM0Z-20230313211903-EDO-0000-48269
AGENCY CASE D84628623046

THE FBI IDENTIFIED YOUR TEN-PRINT SUBMISSION WHICH
CONTAINED THE FOLLOWING DESCRIPTORS:

NAME HARVELL, CHARLESS A

SEX	RACE	BIRTH DATE	HEIGHT	WEIGHT	EYES	HAIR
M	B	1955/10/01	000	UNK	UNK	UNK

STATE ID	BIRTH PLACE
NULL	UNITED STATES

CITIZENSHIP
UNITED STATES

OTHER BIRTH DATES	SCARS-MARKS-T	SOCIAL SECURITY	MISC NUMBERS

NONE	NONE	NONE	NONE
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ALIAS NAME(S)
NONE

END OF COVER SHEET

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

DC000001Z

NCN E2023072000000308753

BECAUSE ADDITIONS OR DELETIONS MAY BE MADE AT ANY TIME, A NEW COPY SHOULD BE REQUESTED WHEN NEEDED FOR SUBSEQUENT USE.

- FBI IDENTIFICATION RECORD -

WHEN EXPLANATION OF A CHARGE OR DISPOSITION IS NEEDED, COMMUNICATE DIRECTLY WITH THE AGENCY THAT FURNISHED THE DATA TO THE FBI.

NAME HARVELL, CHARLES ALMOS FBI UCN LC929M9TJ DATE REQUESTED 2023/03/14

SEX RACE BIRTH DATE HEIGHT WEIGHT EYES HAIR
M B 1955/10/01 600 245 BRO BLK

BIRTH PLACE
ALABAMA

PATTERN CLASS
LS AU LS LS LS LS LS LS LS LS [REDACTED]

1-ARRESTED OR RECEIVED 2003/07/21 SID- AL02997509
AGENCY-POLICE DEPARTMENT ATHENS (AL0440100)
AGENCY CASE-

FINGERPRINT INFORMATION
BSI/40251458373
PRINT DATE/2003/07/21

CHARGE 1-13A-6-23 MENACING-

RECORD UPDATED 2023/03/14

ALL ENTRIES CONTAINED IN THIS FBI RECORD ARE BASED ON FINGERPRINT COMPARISONS AND PERTAIN TO THE SAME INDIVIDUAL.

THE USE OF THIS RECORD IS REGULATED BY LAW. IT IS PROVIDED FOR OFFICIAL USE ONLY AND MAY BE USED ONLY FOR THE PURPOSE REQUESTED.

Exhibit 1 – Ownership Resume-CV

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Alexis Harvell Moore

Printed Name of Verifying Individual

General Manager

Title of Verifying Individual

Alexis Harvell Moore

Signature of Verifying Individual

12/30/2022

Verification Date

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

HARVELL MOTOR COMPANY INC.
Business License Applicant Name

SECURE TRANSPORTER
License Type

CHARLES A. HARVELL
Individual with Ownership Interest in Applicant

51%
Individual's Ownership Percentage in Applicant

Residential History

Provide all residential addresses, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

16841 SHAW ROAD
Residential Street Address

ATHENS
City

AL
State

35611
Zip

10/1978
Date Resided From (MM/YYYY)

CURRENT
Date Resided To (MM/YYYY)

N/A
Residential Street Address

N/A
City

N/A
State

N/A
Zip

N/A
Date Resided From (MM/YYYY)

N/A
Date Resided To (MM/YYYY).

N/A
Residential Street Address

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Date Resided From (MM/YYYY)

N/A

Date Resided To (MM/YYYY)

N/A
Employer

N/A
Contact Person

N/A
Telephone

N/A
Business Address

N/A
City

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Zip

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Date Employed From (MM/YYYY)

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FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

HARVELL MOTOR COMPANY INC.
Business License Applicant Name

SECURE TRANSPORTER
License Type

MAE F. HARVELL
Individual with Ownership Interest in Applicant

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Individual's Ownership Percentage in Applicant

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Date Employed From (MM/YYYY)

N/A
Date Employed To (MM/YYYY)

Exhibit 2 - Residency of Owners

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Alexis Harvell Moore

Printed Name of Verifying Individual

General Manager

Title of Verifying Individual

Alexis Harvell Moore

Signature of Verifying Individual

12/30/2022

Verification Date

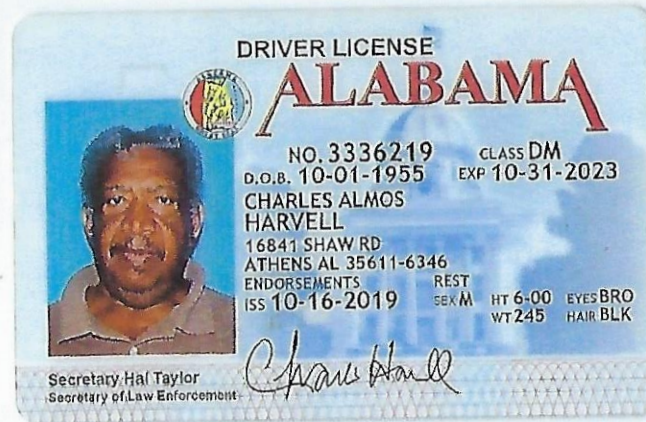
2 Residency of Owners

The Applicants are both residents of Alabama and have been for more than 15 years. See attached drivers license, birth certificates, and Form A (identified as Charles Harvell Driver's License, Mae Harvell Driver's License, and Form A" - attachments to Exhibit 2).

Additional Notes on Exhibit 2:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Charles Harvell Driver's License



License Type: Secure Transporter

Mae Harvell Driver's License

DRIVER LICENSE



ALABAMA



NO. 3326847 CLASS DM
D.O.B. 03-30-1955 EXP 03-31-2025
MAE YELDELL
HARVELL
16841 SHAW RD
ATHENS AL 35611
ENDORSEMENTS REST A
ISS 04-06-2021 SEX F HT 5-03 EYES BRO
WT 200 HAIR BLK

Mae Harvell

Secretary Hal Taylor
Secretary of Law Enforcement



FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

HARVELL MOTOR COMPANY INC.
Business License Applicant Name

SECURE TRANSPORTER
License Type

CHARLES A. HARVELL
Individual with Ownership Interest in Applicant

51%
Individual's Ownership Percentage in Applicant

Residential History

Provide all residential addresses, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

16841 SHAW ROAD
Residential Street Address

ATHENS
City

AL
State

35611
Zip

10/1978
Date Resided From (MM/YYYY)

CURRENT
Date Resided To (MM/YYYY)

N/A
Residential Street Address

N/A
City

N/A
State

N/A
Zip

N/A
Date Resided From (MM/YYYY)

N/A
Date Resided To (MM/YYYY)

N/A
Residential Street Address

N/A
City

N/A
State

N/A
Zip

N/A
Date Resided From (MM/YYYY)

N/A
Date Resided To (MM/YYYY)

N/A
Residential Street Address

N/A
City

N/A
State

N/A
Zip

N/A
Date Resided From (MM/YYYY)

N/A
Date Resided To (MM/YYYY)

N/A

Residential Street Address

N/A

City

N/A

State

N/A

Zip

N/A

Date Resided From (MM/YYYY)

N/A

Date Resided To (MM/YYYY)

N/A

Residential Street Address

N/A

City

N/A

State

N/A

Zip

N/A

Date Resided From (MM/YYYY)

N/A

Date Resided To (MM/YYYY)

N/A

Residential Street Address

N/A

City

N/A

State

N/A

Zip

N/A

Date Resided From (MM/YYYY)

N/A

Date Resided To (MM/YYYY)

N/A

Residential Street Address

N/A

City

N/A

State

N/A

Zip

N/A

Date Resided From (MM/YYYY)

N/A

Date Resided To (MM/YYYY)

N/A

Residential Street Address

N/A

City

N/A

State

N/A

Zip

N/A

Date Resided From (MM/YYYY)

N/A

Date Resided To (MM/YYYY)

Education

Provide all institutions of higher education attended; attach additional form(s) if necessary.

<u>CLEMENTS HIGH SCHOOL</u> Institution	<u>ATHENS</u> City	<u>AL</u> State
<u>08/1968</u> Date Attended From (MM/YYYY)	<u>05/1973</u> Date Attended To (MM/YYYY)	<u>High School Diploma</u> Degree Received

<u>CALHOUN COMMUNITY COLLEGE</u> Institution	<u>DECATUR</u> City	<u>AL</u> State
<u>08/1973</u> Date Attended From (MM/YYYY)	<u>05/1976</u> Date Attended To (MM/YYYY)	<u>A.S.</u> Degree Received

<u>Alabama A&M University</u> Institution	<u>NORMAL</u> City	<u>AL</u> State
<u>09/1976</u> Date Attended From (MM/YYYY)	<u>08/1978</u> Date Attended To (MM/YYYY)	<u>B.S.</u> Degree Received

<u>N/A</u> Institution	<u>N/A</u> City	<u>N/A</u> State
<u>N/A</u> Date Attended From (MM/YYYY)	<u>N/A</u> Date Attended To (MM/YYYY)	<u>N/A</u> Degree Received

Employment History

Provide all employers, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

<u>Self Employed-Harvell Motor Co.</u> Employer	<u>CHARLES HARVELL</u> Contact Person	<u>256-729-1050</u> Telephone
--	--	----------------------------------

12243 US HIGHWAY 72 WEST
Business Address

<u>ATHENS</u> City	<u>AL</u> State	<u>35611</u> Zip
<u>12/2006</u> Date Employed From (MM/YYYY)	<u>CURRENT</u> Date Employed To (MM/YYYY)	

<u>N/A</u> Employer	<u>N/A</u> Contact Person	<u>N/A</u> Telephone
<u>N/A</u> Business Address		
<u>N/A</u> City	<u>N/A</u> State	<u>N/A</u> Zip
<u>N/A</u> Date Employed From (MM/YYYY)	<u>N/A</u> Date Employed To (MM/YYYY)	

<u>N/A</u> Employer	<u>N/A</u> Contact Person	<u>N/A</u> Telephone
<u>N/A</u> Business Address		
<u>N/A</u> City	<u>N/A</u> State	<u>N/A</u> Zip
<u>N/A</u> Date Employed From (MM/YYYY)	<u>N/A</u> Date Employed To (MM/YYYY)	

<u>N/A</u> Employer	<u>N/A</u> Contact Person	<u>N/A</u> Telephone
<u>N/A</u> Business Address		
<u>N/A</u> City	<u>N/A</u> State	<u>N/A</u> Zip
<u>N/A</u> Date Employed From (MM/YYYY)	<u>N/A</u> Date Employed To (MM/YYYY)	

<u>N/A</u> Employer	<u>N/A</u> Contact Person	<u>N/A</u> Telephone
<u>N/A</u> Business Address		
<u>N/A</u> City	<u>N/A</u> State	<u>N/A</u> Zip
<u>N/A</u> Date Employed From (MM/YYYY)	<u>N/A</u> Date Employed To (MM/YYYY)	

N/A
 Employer

N/A
 Contact Person

N/A
 Telephone

N/A
 Business Address

N/A
 City

N/A
 State

N/A
 Zip

N/A
 Date Employed From (MM/YYYY)

N/A
 Date Employed To (MM/YYYY)

N/A
 Employer

N/A
 Contact Person

N/A
 Telephone

N/A
 Business Address

N/A
 City

N/A
 State

N/A
 Zip

N/A
 Date Employed From (MM/YYYY)

N/A
 Date Employed To (MM/YYYY)

N/A
 Employer

N/A
 Contact Person

N/A
 Telephone

N/A
 Business Address

N/A
 City

N/A
 State

N/A
 Zip

N/A
 Date Employed From (MM/YYYY)

N/A
 Date Employed To (MM/YYYY)

N/A
 Employer

N/A
 Contact Person

N/A
 Telephone

N/A
 Business Address

N/A
 City

N/A
 State

N/A
 Zip

N/A
 Date Employed From (MM/YYYY)

N/A
 Date Employed To (MM/YYYY)

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

HARVELL MOTOR COMPANY INC.
Business License Applicant Name

SECURE TRANSPORTER
License Type

MAE F. HARVELL
Individual with Ownership Interest in Applicant

49%
Individual's Ownership Percentage in Applicant

Residential History

Provide all residential addresses, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

16841 SHAW ROAD
Residential Street Address

ATHENS
City

AL
State

35611
Zip

10/1978
Date Resided From (MM/YYYY)

CURRENT
Date Resided To (MM/YYYY)

N/A
Residential Street Address

N/A
City

N/A
State

N/A
Zip

N/A
Date Resided From (MM/YYYY)

N/A
Date Resided To (MM/YYYY).

N/A
Residential Street Address

N/A
City

N/A
State

N/A
Zip

N/A
Date Resided From (MM/YYYY)

N/A
Date Resided To (MM/YYYY)

N/A
Residential Street Address

N/A
City

N/A
State

N/A
Zip

N/A
Date Resided From (MM/YYYY)

N/A
Date Resided To (MM/YYYY)

N/A

Residential Street Address

N/A

City

N/A

State

N/A

Zip

N/A

Date Resided From (MM/YYYY)

N/A

Date Resided To (MM/YYYY)

N/A

Residential Street Address

N/A

City

N/A

State

N/A

Zip

N/A

Date Resided From (MM/YYYY)

N/A

Date Resided To (MM/YYYY)

N/A

Residential Street Address

N/A

City

N/A

State

N/A

Zip

N/A

Date Resided From (MM/YYYY)

N/A

Date Resided To (MM/YYYY)

N/A

Residential Street Address

N/A

City

N/A

State

N/A

Zip

N/A

Date Resided From (MM/YYYY)

N/A

Date Resided To (MM/YYYY)

N/A

Residential Street Address

N/A

City

N/A

State

N/A

Zip

N/A

Date Resided From (MM/YYYY)

N/A

Date Resided To (MM/YYYY)

Education

Provide all institutions of higher education attended; attach additional form(s) if necessary.

<u>GREENVILLE HIGH SCHOOL</u>	<u>GREENVILLE</u>	<u>AL</u>
Institution	City	State
<u>09/1969</u>	<u>05/1973</u>	<u>High School Diploma</u>
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

<u>Alabama A&M University</u>	<u>NORMAL</u>	<u>AL</u>
Institution	City	State
<u>09/1973</u>	<u>12/1976</u>	<u>B.S.</u>
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Institution	City	State
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Institution	City	State
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

Employment History

Provide all employers, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

<u>U.S.P.S</u>	<u></u>	<u></u>
Employer	Contact Person	Telephone

<u>RETIRED</u>
Business Address

<u>ROGERSVILLE</u>	<u>AL</u>	<u>35652</u>
City	State	Zip
<u>07/1977</u>	<u>07/2017</u>	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

<u>N/A</u> Employer	<u>N/A</u> Contact Person	<u>N/A</u> Telephone
<u>N/A</u> Business Address		
<u>N/A</u> City	<u>N/A</u> State	<u>N/A</u> Zip
<u>N/A</u> Date Employed From (MM/YYYY)	<u>N/A</u> Date Employed To (MM/YYYY)	

<u>N/A</u> Employer	<u>N/A</u> Contact Person	<u>N/A</u> Telephone
<u>N/A</u> Business Address		
<u>N/A</u> City	<u>N/A</u> State	<u>N/A</u> Zip
<u>N/A</u> Date Employed From (MM/YYYY)	<u>N/A</u> Date Employed To (MM/YYYY)	

<u>N/A</u> Employer	<u>N/A</u> Contact Person	<u>N/A</u> Telephone
<u>N/A</u> Business Address		
<u>N/A</u> City	<u>N/A</u> State	<u>N/A</u> Zip
<u>N/A</u> Date Employed From (MM/YYYY)	<u>N/A</u> Date Employed To (MM/YYYY)	

<u>N/A</u> Employer	<u>N/A</u> Contact Person	<u>N/A</u> Telephone
<u>N/A</u> Business Address		
<u>N/A</u> City	<u>N/A</u> State	<u>N/A</u> Zip
<u>N/A</u> Date Employed From (MM/YYYY)	<u>N/A</u> Date Employed To (MM/YYYY)	

<u>N/A</u> Employer	<u>N/A</u> Contact Person	<u>N/A</u> Telephone
<u>N/A</u> Business Address		
<u>N/A</u> City	<u>N/A</u> State	<u>N/A</u> Zip
<u>N/A</u> Date Employed From (MM/YYYY)	<u>N/A</u> Date Employed To (MM/YYYY)	

<u>N/A</u> Employer	<u>N/A</u> Contact Person	<u>N/A</u> Telephone
<u>N/A</u> Business Address		
<u>N/A</u> City	<u>N/A</u> State	<u>N/A</u> Zip
<u>N/A</u> Date Employed From (MM/YYYY)	<u>N/A</u> Date Employed To (MM/YYYY)	

<u>N/A</u> Employer	<u>N/A</u> Contact Person	<u>N/A</u> Telephone
<u>N/A</u> Business Address		
<u>N/A</u> City	<u>N/A</u> State	<u>N/A</u> Zip
<u>N/A</u> Date Employed From (MM/YYYY)	<u>N/A</u> Date Employed To (MM/YYYY)	

<u>N/A</u> Employer	<u>N/A</u> Contact Person	<u>N/A</u> Telephone
<u>N/A</u> Business Address		
<u>N/A</u> City	<u>N/A</u> State	<u>N/A</u> Zip
<u>N/A</u> Date Employed From (MM/YYYY)	<u>N/A</u> Date Employed To (MM/YYYY)	

Exhibit 3 - Criminal Background Check

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Alexis Harvell Moore

Printed Name of Verifying Individual

General Manager

Title of Verifying Individual

Alexis Harvell Moore

Signature of Verifying Individual

12/30/2022

Verification Date

FORM B: BACKGROUND CHECK APPLICANT VERIFICATION

HARVELL MOTOR COMPANY INC.

SECURE TRANSPORTER

Business License Applicant Name

License Type

Provide the name and title of each individual identified by § 20-2A-55(b), Code of Alabama 1975 (as amended) (i.e., each owner, shareholder, director, board member, and individual with an economic interest in the Applicant). Attach additional forms if necessary.

NAME	ROLE (select all that apply)
CHARLES A. HARVELL	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
MAE F. HARVELL	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant

Applicant Verification: The undersigned hereby verifies that the individuals listed hereinabove (and attached, as necessary) are all of the individuals identified by § 20-2A-55(b), Code of Alabama 1975 (as amended) with respect to the Applicant. The undersigned further verifies that each individual listed hereinabove (and attached, as necessary) has requested a state criminal background check from the Alabama Law Enforcement Agency (ALEA) and a national criminal background check from the FBI.

Alexis Harvell Moore
 Printed Name of Verifying Individual

General Manager
 Title of Verifying Individual

Alexis Harvell Moore
 Signature of Verifying Individual

12/30/2022
 Verification Date

FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION

Each individual identified by § 20-2A-55(b), Code of Alabama 1975 (as amended) (i.e., each owner, shareholder, director, board member, and individual with an economic interest in the Applicant) must complete a separate form.

HARVELL MOTOR COMPANY INC.

Business License Applicant Name

SECURE TRANSPORTER

License Type

MAE F. HARVELL

Individual's Name

Individual's Role (select all that apply): Owner Shareholder Director Board Member
 Individual with Economic Interest in Applicant

Verification

The undersigned, as identified above, hereby verifies all of the following:

- That the individual's role(s) in the Applicant's business is one or more of the roles identified by § 20-2A-55(b), Code of Alabama 1975 (as amended).
- That the individual shall, as required by § 20-2A-55(b), Code of Alabama 1975 (as amended), submit to a state and national criminal background check, to be conducted and/or coordinated by the Alabama Law Enforcement Agency.
- That the individual has submitted its completed state criminal background check application form (ALEA SBI Form 46), and all other items required therewith, to ALEA
- That the individual has submitted its national criminal background check form (FBI Identity History Summary Request Form), and all other items required therewith, to the FBI.
- That the individual, on his/her state and national background check forms, has authorized ALEA and the FBI, as applicable, to release any and all criminal history information of the individual to the Alabama Medical Cannabis Commission.
- That the individual will promptly respond to any request from ALEA, the FBI, and/or the Alabama Medical Cannabis Commission regarding the processing of the individual's state and national criminal background checks.
- That the individual has confirmed that his/her name and role(s) have been included, by the Applicant, on the Background Check Applicant Verification Form.

Alexis Daniel Moore
Signature of Verifying Individual

12/30/2022
Verification Date

FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION

Each individual identified by § 20-2A-55(b), Code of Alabama 1975 (as amended) (i.e., each owner, shareholder, director, board member, and individual with an economic interest in the Applicant) must complete a separate form.

HARVELL MOTOR COMPANY INC.
Business License Applicant Name

SECURE TRANSPORTER
License Type

CHARLES A. HARVELL
Individual's Name

Individual's Role (select all that apply): Owner Shareholder Director Board Member
 Individual with Economic Interest in Applicant

Verification

The undersigned, as identified above, hereby verifies all of the following:

- That the individual's role(s) in the Applicant's business is one or more of the roles identified by § 20-2A-55(b), Code of Alabama 1975 (as amended).
- That the individual shall, as required by § 20-2A-55(b), Code of Alabama 1975 (as amended), submit to a state and national criminal background check, to be conducted and/or coordinated by the Alabama Law Enforcement Agency.
- That the individual has submitted its completed state criminal background check application form (ALEA SBI Form 46), and all other items required therewith, to ALEA
- That the individual has submitted its national criminal background check form (FBI Identity History Summary Request Form), and all other items required therewith, to the FBI.
- That the individual, on his/her state and national background check forms, has authorized ALEA and the FBI, as applicable, to release any and all criminal history information of the individual to the Alabama Medical Cannabis Commission.
- That the individual will promptly respond to any request from ALEA, the FBI, and/or the Alabama Medical Cannabis Commission regarding the processing of the individual's state and national criminal background checks.
- That the individual has confirmed that his/her name and role(s) have been included, by the Applicant, on the Background Check Applicant Verification Form.

Alexis Harvell Moore
Signature of Verifying Individual

12/30/2022
Verification Date

Exhibit 4 – Demonstration of Sufficient Capital

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Alexis Harvell Moore

Printed Name of Verifying Individual

General Manager

Title of Verifying Individual

Alexis Harvell Moore

Signature of Verifying Individual

12/30/2022

Verification Date

4 Demonstration for Sufficient Capital

Applicant has sufficient capital as evidenced by gross income of the business, to wit: Harvell Motor Company, Inc. Applicant has an independent Certified Public Accountant as follows: McDonald & McDonald Tax Enterprise; 256-542-3447; 8840 Madison BLVD Ste 102, Madison, AL 35758. See attached Harvell Motor Company 2021 Tax Return (identified as "Harvell Motor Company 2021 Tax Return –Attachment to Exhibit 4").

Additional Notes on Exhibit 4:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

**1120S TAX RETURN COMPARISON
2019 / 2020 / 2021**

2021

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return HARVELL MOTOR COMPANY INC	Identifying number 46-1001241
--	----------------------------------

	2019 FEDERAL	2020 FEDERAL	2021 FEDERAL	DIFFERENCE BETWEEN 2020 & 2021
Income				
Net receipts	516,080	325,277	313,324	(11,953)
Cost of goods sold	350,228	212,973	243,770	30,797
Gross profit	165,852	112,304	69,554	(42,750)
Net gain/loss from 4797				
Other income				
Total income	165,852	112,304	69,554	(42,750)
Deductions				
Compensation of officers				
Salaries and wages				
Repairs and maintenance	21,430	8,649	8,303	(346)
Bad debts		42,300		(42,300)
Rents				
Taxes and licenses	660	125	3,450	3,325
Interest		20,416	1,560	(18,856)
Net depreciation	3,247	3,309	9,309	6,000
Depletion				
Advertising				
Pension, profit-sharing				
Employee benefits				
Other deductions	132,722	78,672	64,775	(13,897)
Total deductions	158,059	153,471	87,397	(66,074)
Ordinary business income(loss)	7,793	(41,167)	(17,843)	23,324
Tax				
Total tax				
Payments				
Estimated taxes paid				
Total payments line 23e				
Results				
Amount owed				
Overpayment				
Applied to estimate				
Refund				

SCHEDULE K - Shareholder's Share Items

	2019	2020	2021	DIFFERENCE
Income				
Ordinary business income (loss)	7,793	(41,167)	(17,843)	23,324
Net rental real estate income (loss)				
Other net rental income (loss)				
Interest income				
Ordinary dividends				
Qualified dividends				
Royalties				
Net short-term capital gain (loss)				
Net long-term capital gain (loss)				
Collectibles (28%) gain (loss)				
Unrecaptured section 1250 gain				
Net section 1231 gain (loss)				
Other income (loss)				

2019 2020 2021 DIFFERENCE

Department of the Treasury
Internal Revenue Service

▶ Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.

2021

▶ Go to www.irs.gov/Form1120S for instructions and the latest information.

For calendar year 2021 or tax year beginning , 2021, ending , 20

A S election effective date 01-01-2013	TYPE OR PRINT	Name CHARLES A HARVELL HARVELL MOTOR COMPANY INC	D Employer identification number 46-1001241
B Business activity code number (see instructions) 441120		Number, street, and room or suite no. If a P.O. box, see instructions. 12243 US HIGHWAY 72 WEST	E Date incorporated 01-01-2013
C Check if Sch. M-3 attached <input type="checkbox"/>		City or town, state or province, country, and ZIP or foreign postal code ATHENS AL 35611	F Total assets (see instructions) \$ 158,106

G Is the corporation electing to be an S corporation beginning with this tax year? See instructions. Yes No

H Check if: (1) Final return (2) Name change (3) Address change (4) Amended return (5) S election termination

I Enter the number of shareholders who were shareholders during any part of the tax year ▶ **1**

J Check if corporation: (1) Aggregated activities for section 465 at-risk purposes (2) Grouped activities for section 469 passive activity purposes

Caution: Include **only** trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1 a Gross receipts or sales	1a	313,324	
	b Returns and allowances	1b		
	c Balance. Subtract line 1b from line 1a	1c		313,324
	2 Cost of goods sold (attach Form 1125-A)	2		243,770
	3 Gross profit. Subtract line 2 from line 1c	3		69,554
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)	4		
5 Other income (loss) (see instructions - attach statement)	5			
6 Total income (loss). Add lines 3 through 5 ▶	6		69,554	
Deductions (see instructions for limitations)	7 Compensation of officers (see instructions - attach Form 1125-E)	7		
	8 Salaries and wages (less employment credits)	8		
	9 Repairs and maintenance	9		8,303
	10 Bad debts	10		
	11 Rents	11		
	12 Taxes and licenses Wks Tax/Lic	12		3,450
	13 Interest (see instructions)	13		1,560
	14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	14		9,309
	15 Depletion (Do not deduct oil and gas depletion.)	15		
	16 Advertising	16		
	17 Pension, profit-sharing, etc., plans	17		
	18 Employee benefit programs	18		
	19 Other deductions (attach statement) Statement #2	19		64,775
	20 Total deductions. Add lines 7 through 19 ▶	20		87,397
	21 Ordinary business income (loss). Subtract line 20 from line 6	21		(17,843)
Tax and Payments	22 a Excess net passive income or LIFO recapture tax (see instructions)	22a		
	b Tax from Schedule D (Form 1120-S)	22b		
	c Add lines 22a and 22b (see instructions for additional taxes)	22c		
	23 a 2021 estimated tax payments and 2020 overpayment credited to 2021	23a		
	b Tax deposited with Form 7004	23b		
	c Credit for federal tax paid on fuels (attach Form 4136)	23c		
	d Add lines 23a through 23c	23d		
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ <input type="checkbox"/>	24		
	25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed	25		
	26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid	26		
27 Enter amount from line 26: Credited to 2022 estimated tax ▶ Refunded ▶	27			

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below? See instructions. Yes No

CHARLES A HARVELL **03-13-2022** **PRESIDENT**
Signature of officer Date Title

Paid Preparer Use Only	Print/Type preparer's name BOBBY F. MCDONALD	Preparer's signature BOBBY F. MCDONALD	Date 03-13-2022	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00976813
	Firm's name ▶ MCDONALD & MCDONALD TAX ENTERPRISE	Firm's EIN ▶ 81-5106122		Phone no. (256) 542-3447	
	Firm's address ▶ 8840 MADISON BLVD STE 102 Madison AL 35758				

Schedule B Other Information (see instructions) (continued)		Yes	No
12	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? If "Yes," enter the amount of principal reduction ▶ \$ _____		
13	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		
14 a	Did the corporation make any payments in 2021 that would require it to file Form(s) 1099?		
b	If "Yes," did the corporation file or will it file required Form(s) 1099?		
15	Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund? If "Yes," enter the amount from Form 8996, line 15 ▶ \$ _____		X

Schedule K Shareholders' Pro Rata Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1	(17,843)
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss) 3a		
	b Expenses from other rental activities (attach statement) 3b		
	c Other net rental income (loss). Subtract line 3b from line 3a 3c		
	4 Interest income 4		
	5 Dividends: a Ordinary dividends 5a		
	b Qualified dividends 5b		
	6 Royalties 6		
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120-S)) 7		
8a Net long-term capital gain (loss) (attach Schedule D (Form 1120-S)) 8a			
b Collectibles (28%) gain (loss) 8b			
c Unrecaptured section 1250 gain (attach statement) 8c			
9 Net section 1231 gain (loss) (attach Form 4797) 9			
10 Other income (loss) (see instructions) Type ▶	10		
Deductions	11 Section 179 deduction (attach Form 4562) 11		
	12a Charitable contributions 12a		
	b Investment interest expense 12b		
	c Section 59(e)(2) expenditures Type ▶ 12c		
d Other deductions (see instructions) Type ▶ 12d			
Credits	13a Low-income housing credit (section 42(j)(5)) 13a		
	b Low-income housing credit (other) 13b		
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) 13c		
	d Other rental real estate credits (see instructions) Type ▶ 13d		
	e Other rental credits (see instructions) Type ▶ 13e		
	f Biofuel producer credit (attach Form 6478) 13f		
	g Other credits (see instructions) Type ▶ 13g		
International Transactions	14 Attach Schedule K-2 (Form 1120-S), Shareholders' Pro Rata Share Items - International, and check this box to indicate you are reporting items of international tax relevance ▶ <input type="checkbox"/>		
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment 15a		
	b Adjusted gain or loss 15b		
	c Depletion (other than oil and gas) 15c		
	d Oil, gas, and geothermal properties - gross income 15d		
	e Oil, gas, and geothermal properties - deductions 15e		
	f Other AMT items (attach statement) 15f		
Items Affecting Shareholder Basis	16a Tax-exempt interest income 16a		
	b Other tax-exempt income 16b		
	c Nondeductible expenses 16c		
	d Distributions (attach statement if required) (see instructions) 16d		
	e Repayment of loans from shareholders 16e		
	f Foreign taxes paid or accrued 16f		

Schedule K		Shareholders' Pro Rata Share Items (continued)	Total amount	
Other Information	17a	Investment income	17a	
	b	Investment expenses	17b	
	c	Dividend distributions paid from accumulated earnings and profits	17c	
	d	Other items and amounts (attach statement) Statement #18		
Reconciliation	18	Income (loss) reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 16f	18	(17,843)

Schedule L		Balance Sheets per Books		Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)		
Assets							
1	Cash						
2a	Trade notes and accounts receivable						
b	Less allowance for bad debts	()		()			
3	Inventories		72,100		77,350		
4	U.S. government obligations						
5	Tax-exempt securities (see instructions)						
6	Other current assets (attach statement)						
7	Loans to shareholders						
8	Mortgage and real estate loans						
9	Other investments (attach statement)						
10a	Buildings and other depreciable assets	111,500		117,500			
b	Less accumulated depreciation	(27,435)	84,065	(36,744)	80,756		
11a	Depletable assets						
b	Less accumulated depletion	()		()			
12	Land (net of any amortization)						
13a	Intangible assets (amortizable only)						
b	Less accumulated amortization	()		()			
14	Other assets (attach statement)						
15	Total assets		156,165		158,106		
Liabilities and Shareholders' Equity							
16	Accounts payable						
17	Mortgages, notes, bonds payable in less than 1 year						
18	Other current liabilities (attach statement)						
19	Loans from shareholders						
20	Mortgages, notes, bonds payable in 1 year or more						
21	Other liabilities (attach statement)						
22	Capital stock						
23	Additional paid-in capital						
24	Retained earnings		156,165		158,106		
25	Adjustments to shareholders' equity (attach statement)						
26	Less cost of treasury stock	()		()			
27	Total liabilities and shareholders' equity		156,165		158,106		

Exhibit 5 - Financial Statements

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Alexis Harvell Moore

Printed Name of Verifying Individual

General Manager

Title of Verifying Individual

Alexis Harvell Moore

Signature of Verifying Individual

12/30/2022

Verification Date

5.1 Balance sheet report

The status of the plan and/ or requirements is as follows:

In Progress with completion expected 90 days before award of license

5.2 Profit and loss report

The status of the plan and/ or requirements is as follows:

In Progress with completion expected 90 days before award of license

5.3 Statement of cash flow

The status of the plan and/ or requirements is as follows:

In Progress with completion expected 90 days before award of license

Additional Notes on Exhibit 5:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 6 – Tax Plan

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Alexis Harvell Moore

Printed Name of Verifying Individual

General Manager

Title of Verifying Individual

Alexis Harvell Moore

Signature of Verifying Individual

12/30/2022

Verification Date

The status of the plan and/or requirements is as follows:

In Progress with completion expected 90 days *before* award of license

Additional Notes on Exhibit 6:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 7 - Business Formation Documents

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Alexis Harvell Moore

Printed Name of Verifying Individual

General Manager

Title of Verifying Individual

Alexis Harvell Moore

Signature of Verifying Individual

12/20/2022

Verification Date

7 Business Formation Documents

Applicant, Harvell Motor Company, Inc., is a corporation incorporated by Charles Harvell and Mae Harvell. See attached certificate of formation (identified as "Certificate of Formation - Attachment to Exhibit 7").

Additional Notes on Exhibit 7:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

4 pgs
100.00
St. 00

THE STATE OF ALABAMA,
LIMESTONE COUNTY.

RLPY 2012 40613
Recorded In Above Book and Page
07/19/2012 03:46:51 PM
Stan McDonald
Judge of Probate
Limestone County, AL

**CERTIFICATE OF FORMATION
OF
HARVELL MOTOR COMPANY, INC.**

KNOW ALL MEN BY THESE PRESENTS: The undersigned, acting as the incorporator s of a corporation under the *Code of Alabama*, adopts the following Certificate of Formation for such corporation:

**ARTICLE I
NAME OF CORPORATION**

The name of the corporation is Harvell Motor Company, Inc.

**ARTICLE II
TIME LIMIT**

The period of the duration of the corporation is perpetual.

**ARTICLE III
PURPOSES**

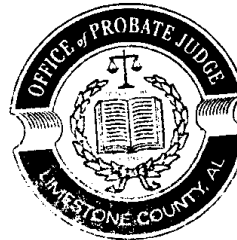
The general nature of the business to be transacted by this corporation and the objects and purposes of this corporation are:

1. Buy and sale of used cars for the proper conduct of the business of the corporation in the line of the same and in the furtherance of its interests.
2. To transact any and all lawful business for which corporations may be incorporated under the Alabama Business Corporation Act, Section 10-2B-1.01, et seq., *Code of Alabama*, 1975.

**ARTICLE IV
CAPITAL STOCK**

The aggregate number of shares which the corporation shall have the authority to issue is one thousand (1,000) shares of common stock at One and NO/100 (\$1.00) Dollar par value each.

I, Stan McDonald, Judge, of Probate in and for Limestone County, AL, do hereby certify the foregoing is a true copy of the original document which was filed in this office on the 19th day of July 2012. Given under my Hand and Official Seal this 19th day of July 2012.
Stan McDonald
Judge of Probate



Alabama
Sec. Of State

New Entity
071-563 D/C
Date 7/25/2012
Time 17:00
130305 4 Pg

File \$100.00
Ackn \$.00
Exp \$.00

ARTICLE V
INITIAL PRINCIPAL OFFICE

RLPY 2012 40614

The initial principal office for said corporation is 12243 Hwy. 72 West, Athens, Alabama 35611.

ARTICLE VI
INITIAL REGISTERED OFFICE

The initial registered office of said corporation is 12243 Hwy. 72 West, Athens, Alabama 35611. The name of its initial registered agent at such address is Charles Harvell.

ARTICLE VII
STOCK ISSUANCE

All stock issued to shareholders pursuant to the formation and operation of this corporation shall not be transferred, encumbered or disposed of without first being offered by the transferring shareholder to all of the then existing shareholders of said corporation.

ARTICLE VII
DIRECTORS

The number of directors constituting the initial board of directors of the corporation is two (2), and the names and addresses of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and shall qualify are:

<u>NAME</u>	<u>ADDRESS</u>
Charles Harvell	16841 Shaw Road Athens, Alabama 35611
Mae F. Harvell	16841 Shaw Road Athens, Alabama 35611

ARTICLE IX
INCORPORATORS

The names and addresses of the incorporators are:

<u>NAME</u>	<u>ADDRESS</u>
Charles Harvell	16841 Shaw Road Athens, Alabama 35611

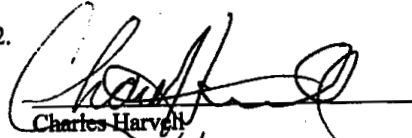
Mae F. Harvell

16841 Shaw Road
Athens, Alabama 35611

ARTICLE X
TAX PURPOSES

The incorporators hereby make an election for Sub-Chapter "S" treatment for income tax purposes.

Dated July 19, 2012.



Charles Harvell



Mae F. Harvell

Alabama
Sec. Of State
New Entity
071-563 D/C
Date 7/25/2012
Time 17:00
130305 4 Pg
File \$100.00
Ackn \$.00
Exp \$.00
Total \$100.00
08/044

Beth Chapman
Secretary of State

P. O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, **Beth Chapman, 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:

Harvell Motor Company, Inc.

This domestic business corporation is proposed to be formed in Alabama and is for
the exclusive use of Patrick J Anderson, PO Box 1149, Athens, AL 35612 for a
period of one hundred twenty days beginning July 11, 2012 and expiring
November 8, 2012.

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.



607-028

July 11, 2012

Date

Beth Chapman

Beth Chapman

Secretary of State

Recording Fee

51.00

Exhibit 8 - Business License and Authorization of Local Authorities

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Alexis Harvell Moore

Printed Name of Verifying Individual

General Manager

Title of Verifying Individual

Alexis Harvell Moore

Signature of Verifying Individual

12/30/2022

Verification Date

8 Business License and Authorization of Local Jurisdiction

The Applicant holds a business license from the State of Alabama, Limestone County and a Master Dealer Regulatory License pursuant to Title 40, Chapter 12, Article 8 of the Code of Alabama 1975. See attached business license and regulatory license (identified as “Harvell Motor Company, Inc. Business License – Attachment to Exhibit 8” and “Harvell Motor Company, Inc. Master Dealer License”).

Additional Notes on Exhibit 8:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

STATE OF ALABAMA

CONTROL NO.
1375399

LIMESTONE COUNTY

LICENSE NO.
230824

ACCOUNT NO.
130946

ISSUED TO:

HARVELL MOTOR COMPANY INC
HARVELL, CHARLES
12243 HWU 72 W
ATHENS, AL 35611

LICENSE YEAR
2023

DATE ISSUED		
10	18	2022
MO.	DAY	YR.

LICENSE TYPE	
STORE LICENSE	
CHAIN STORE LICENSE	
OCCUPATIONAL LICENSE	X

BUSINESS LOCATION:
12243 HWY 72 W
ATHENS, AL 35611

EXPIRES
9/30/2023
RENEW IN OCTOBER

RL:440022100
U26 - #1375399 - T2 - P611384 - M1

SECTION	BUSINESS TYPE	License Amount	FEE	PENALTY	CITATION	INTEREST	TOTAL
0051	AUTOMOBILE DEALERS (unincorporated)	45.00	2.00	0.00	0.00	0.00	47.00

TRANSFER OF LICENSE Evidence having been adduced before me that a bona fide sale of the business licensed by this certificate has been made by licensee, this license is transferred to said purchaser.	Kathleen D. Baxter State Comptroller	TOTAL	47.00
	Vernon Barnett Commissioner of Revenue	MAIL FEE	0.00
	Joseph Cannon Issuing Authority	TOTAL WITH MAIL FEE	47.00
Name of Purchaser			
Issuing Authority			

HARVELL MOTOR COMPANY INC
HARVELL, CHARLES
12243 HWU 72 W
ATHENS, AL 35611

2023 - 230824
10/18/2022 2:59:38 PM
U26 - #1375399
T2 - P611384 - M1

PAYMENT INFO (611384)

CASH : \$0.00
CHECK : \$47.00 5903
CC : \$0.00
CHANGE : \$0.00

TOTAL : \$47.00

MASTER DEALER LICENSE

License Year 2023

License Year 2023

Regulatory License

TITLE 40, CHAPTER 12, ARTICLE 8, CODE OF ALABAMA 1975

Alabama Department of Revenue Motor Vehicle Division

P.O. BOX 527643, MONTGOMERY, AL 36132-7643

ISSUED TO

HARVELL MOTOR COMPANY INC

12243 US HWY72 W
ATHENS, AL 35611

License Number 440022100

Effective Date 10/01/2022

Expiration Date 09/30/2023

Primary Business Location 12243 US HWY72 W
ATHENS, AL 35611

Secondary Business Location(s)

This is a regulatory license and is not transferable or refundable. This license should be presented to the privilege license issuing officer at the County Courthouse in the county where your business is located in order to secure the State and County Privilege under Code Section 40-12-51 Automobile Dealer.

Exhibit 9 – Business Plan

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Alevis Hanvell Moore

Printed Name of Verifying Individual

General Manager

Title of Verifying Individual

Alevis Hanvell Moore

Signature of Verifying Individual

12/30/2022

Verification Date

The status of the plan and/or requirements is as follows:

In Progress with completion expected 90 days *before* award of license

Additional Notes on Exhibit 9:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 10 - Evidence of Business Relationship with Other Licensees and Prospective Licensees

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Alexis Harvell Moore

Printed Name of Verifying Individual

General Manager

Title of Verifying Individual

Alexis Harvell Moore

Signature of Verifying Individual

12/30/2022

Verification Date

10.1 Cultivator or Prospective Cultivator

The status of the plan and/ or requirements is as follows:
Not Started, but completion expected 90 days after award of license

10.2 Processor or Prospective Processor

The status of the plan and/ or requirements is as follows:
Not Started, but completion expected 90 days after award of license

10.3 Dispensary or Prospective Dispensary

The status of the plan and/ or requirements is as follows:
Not Started, but completion expected 90 days after award of license

10.4 Integrated Facility or Prospective Integrated Facility

The status of the plan and/ or requirements is as follows:
Not Started, but completion expected 90 days after award of license

10.5 State Testing Laboratory or Prospective State Testing Laboratory

The status of the plan and/ or requirements is as follows:
Not Started, but completion expected 90 days after award of license

Additional Notes on Exhibit 10:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 11 – Standard Operating Plan & Procedures

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Alexis Harvell Moore

Printed Name of Verifying Individual

General manager

Title of Verifying Individual

Alexis Harvell Moore

Signature of Verifying Individual

12/30/2022

Verification Date

11.1 IT Plan

The status of the plan and/or requirements is as follows:

In Progress with completion expected 90 days before award of license

11.2 Plan For Maintenance and Storage

The status of the plan and/or requirements is as follows:

In Progress with completion expected 90 days before award of license

11.3 Criminal Activity Plan

The status of the plan and/or requirements is as follows:

In Progress with completion expected 90 days before award of license

11.4 Emergency Procedures/Disaster Plan

The status of the plan and/or requirements is as follows:

In Progress with completion expected 90 days before award of license

11.5 Alcohol, Smoke, and Drug Free Workplace Policy

The status of the plan and/or requirements is as follows:

In Progress with completion expected 90 days before award of license

11.6 Employee Safety Plan

The status of the plan and/or requirements is as follows:

In Progress with completion expected 90 days before award of license

11.7 Confidential Information and Cybersecurity Plan

The status of the plan and/or requirements is as follows:

In Progress with completion expected 90 days before award of license

11.8 A Plan For Tracking and Proper Disposal

The status of the plan and/or requirements is as follows:

In Progress with completion expected 90 days before award of license

11.9 Security Plan

The status of the plan and/or requirements is as follows:

In Progress with completion expected 90 days *before* award of license

Additional Notes on Exhibit 11:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 12 - Policies & Procedures Manual

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Alexis Harvell Moore

Printed Name of Verifying Individual

General Manager

Title of Verifying Individual

Alexis Dawnell Moore

Signature of Verifying Individual

12/30/2022

Verification Date

12 Policies and Procedures Manual

The status of the plan and/or requirements is as follows:

At submission of the application, Applicant's drafting of the requisite Employee Handbook was in progress. The Applicant sought out legal counsel for advice concerning best policies and procedures to include within the handbook. Applicant expects the handbook to be completed at least 180 days before award of license.

Additional Notes on Exhibit 12:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 13 - Secure Transport Vehicles

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Alexis Harvell Moore

Printed Name of Verifying Individual

General Manager

Title of Verifying Individual

Alexis Harvell Moore

Signature of Verifying Individual

12/30/2022

Verification Date

13.1 Title, lease or other documentation demonstrating possessor interest in all vehicles

The status of the plan and/or requirements is as follows:
Not Started, but completion expected 90 days after award of license

13.2 Copies of declarations pages of insurance policies applicable to all vehicles

The status of the plan and/or requirements is as follows:
Not Started, but completion expected 90 days after award of license

13.3 License plate numbers and DOT numbers, if available, for all secure transport vehicles

The status of the plan and/or requirements is as follows:
Not Started, but completion expected 90 days *after* award of license

Additional Notes on Exhibit 13:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 14 – Compliance with Alabama Public Service Commission Requirement

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Alexis Harvell Moore

Printed Name of Verifying Individual

General Manager

Title of Verifying Individual

Alexis Harvell Moore

Signature of Verifying Individual

12/30/2022

Verification Date

14 Compliance with Alabama Public Service Commission Requirement

Applicant has satisfied the compliance with Alabama Public Service Commission requirement. See attached Application for Motor Carrier Certificate (identified as "Application for Motor Carrier Certificate –Attachment to Exhibit 14").

Additional Notes on Exhibit 14 – Compliance with Alabama Public Service Commission Requirements

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

APPLICATION FOR MOTOR CARRIER CERTIFICATE ATTACHMENT TO EXHIBIT 14
Before the
ALABAMA PUBLIC SERVICE COMMISSION

This Application is being filed as a result of the Federal Aviation Administration Authorization Act of 1994, and the applicant claims the benefits and privileges of said Act.

This Application should be typed or neatly printed, properly signed and sworn to, and filed with the \$100.00 filing fee (cashier's check or money order) with the Alabama Public Service Commission, P. O. Box 304260, Montgomery, Alabama 36130.

SECTION I		
Applicant	<u>Harvell Motor Company, INC.</u> <small>(Legal name)</small>	
Doing Business as	_____ <small>(Trade name)</small>	
Business Address	<u>12243 US Highway 72</u> <small>(Must be a physical address - cannot be a post office box)</small>	
<u>Athens</u> <small>(City)</small>	<u>AL</u> <small>(State)</small>	<u>35611</u> <small>(Zip Code)</small>
Mailing Address	<u>12243 US Highway 72</u> <small>(May be a post office box)</small>	
<u>Athens</u> <small>(City)</small>	<u>AL</u> <small>(State)</small>	<u>35611</u> <small>(Zip Code)</small>
<u>(256) 729-1050</u> <small>(Telephone Number)</small>	<u>(256) 729-1057</u> <small>(Facsimile Number)</small>	<u>harvellmotor@att.net</u> <small>(Email address)</small>
<input checked="" type="checkbox"/> Applicant seeks a Certificate to transport property between all points in the State of Alabama, except household goods. (Household goods requires a separate application)		
SECTION II		
FORM OF BUSINESS (Check only <u>one</u>):		
<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC)	
<input type="checkbox"/> LIMITED PARTNERSHIP (LP)	<input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP (LLP)	
<input type="checkbox"/> SOLE PROPRIETORSHIP*		
<input type="checkbox"/> PARTNERSHIP (Identify partners)*	_____	

<input type="checkbox"/> OTHER (identify)	_____	
<small>*All Individual and Partner Applicants must comply with the provisions of Code of Alabama 1975, §31-13-29 by submitting a completed Proof of U.S. Citizenship form (available at www.psc.alabama.gov) confirming the Applicant's United States citizenship.</small>		

SECTION II Continued

Out of State Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP), Limited Liability Partnerships (LLP) must register with the Alabama Secretary of State.

Alabama corporation, LLC, LP, or LLP,

OR

Out of State Corporation, LLC, LP, or LLP

State of Organization: _____

Attach Certificate of Registration from the Alabama Secretary of State

Copy of Articles of Incorporation or Articles of Organization is attached as Appendix "A" or is already on file with the Alabama Public Service Commission.

If you have been issued a U.S.D.O.T. number, MC number, or Alabama Public Service Commission Permit or Certificate number, provide it here:

USDOT#

MC#

APSC#

Applicant proposes to use approximately (number of) _____ motor vehicles of the kind and type described in Appendix "B" hereto attached. (Give detailed description showing type, make, model, and rated capacity).

SECTION III

- Applicant has the required insurance and Forms E and H proof of coverage properly filed with the Commission. (Form E and Form H are provided by the Insurance Company)
- \$100.00 filing fee paid (**cashier's check or money order only**)
- A financial statement (balance sheet and income/expense statement) for the most recent tax year is attached hereto as Appendix "C."
- Applicant has attached hereto a Unified Carrier Registration (UCR) receipt for current year Or Form B-2, application for registration number with statutory fee of \$6.00 per vehicle.

SECTION IV

- Applicant has a safety fitness rating from the United States Department of Transportation of satisfactory as shown by Attachment "D."
- OR
- Applicant has attached as Appendix "D" a description of its safety program that shows compliance with requirements of the Commission's rules and/or the rules of the United States Department of Transportation.

SECTION V

Applicant understands that the filing of this Application does not, in itself, constitute authority to operate; will submit such additional information in connection with this Application as the Commission may require; and will comply with requirements of the laws of the State of Alabama, and the rules and regulations of the Commission made thereunder, as are applicable to intrastate transportation of property.

- All Individual and Partner Applicants have attached hereto a completed "Proof of U.S. Citizenship" form.

SECTION VI

Name and address of the contact person that can answer questions about this application or supply additional information:

Charles Harvell

(Name)

12243 US Highway 72

(Address)

Athens

(City)

AL

(State)

35611

(Zip Code)

256-729-1050

(Telephone Number)

256-729-1057

(Facsimile Number)

harvellmotor@att.net

(Email Address)

OATH

County of Limestone

State of Alabama

Name of Affiant Charles Harvell

being duly sworn, states that he/she files this Application as (indicate whether owner, or proprietor, title as officer of applicant corporation or association, member of applicant partnership, or other authorized representative of applicant) Owner that in such capacity, he/she is qualified and authorized to file and verify such Application; that he/she has carefully examined all the statements and matters contained in the Application, and that all such statements made and matters set forth herein are true and correct to the best of his/her knowledge, information and belief and that he/she is a United States Citizen.

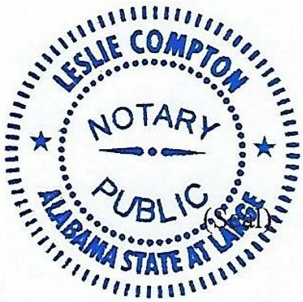
(Signature of Affiant) [Handwritten Signature]

Subscribed and sworn to before me, a notary in and for said State and County above named.

Date: 3-3-2023

(Notary Public) Leslie Compton

My Commission Expires: My Commission Expires 11/22/2026



APPENDIX "C" FINANCIAL STATEMENT

A financial statement (balance sheet and income/expense statement) for the most recent tax year may be used in lieu of this document.

NET WORTH

ASSETS:

Cash on Hand	
Checking Account Balance	
Money in Savings Accounts	
Market Value of Home(s)	
Market Value of Businesses	
Furniture, Equipment, etc	
Resale Value of Automobiles	
Money owed to you	
Certificates of Deposit (CDs)	
Stocks/Bonds/Mutual Funds	
Other:	
TOTAL ASSETS:	\$

LIABILITIES:

Mortgage and/or Real Estate Loan	
Utilities	
Maintenance Bills	
Payroll	
Automobile Loan(s)	
Installment Contracts	
Credit Card Debts	
Loans	
Judgments	
Cash Advances	
Taxes Owed	
Medical Bills	
Other:	
TOTAL LIABILITIES:	\$

To find net worth:

TOTAL ASSETS	
(Subtract) TOTAL LIABILITIES	
<u>THIS IS YOUR NET WORTH</u>	\$

APPENDIX "D"
DESCRIPTION OF SAFETY PROGRAM

As the Owner with/of Harvell Motor Company, Inc.
(Title) (Name of Applicant Company)

I am fully familiar with my company's operations and herein verify that

Harvell Motor Company, Inc. has in place a program to ensure substantial
(Name of Applicant Company)

compliance with all applicable safety rules and regulations of the Alabama Public Service


Commission, as well as those of the United States Department of Transportation. In addition to

all other requirements, Harvell Motor Company, Inc. specifically
(Name of Applicant Company)

maintains: files on each driver with all required driver forms and information; files on each

vehicle with all required forms including maintenance and safety inspection records; and all

required written records of drivers' hours.


(Signature of Company Representative)

Charles Harvell
(Printed Name of Company Representative)

FORM B-2

VEHICLE REGISTRATION NUMBERS
FOR COMPENSATED MOTOR CARRIERS WITH INTRASTATE ONLY VEHICLES

(This form is not to be used for a vehicle used in interstate commerce and included in a UCR payment)

TO: ALABAMA PUBLIC SERVICE COMMISSION
P. O. BOX 304260
MONTGOMERY, AL 36130-4260

LEGAL NAME: Harvell Motor Company, Inc.

D/B/A: _____

MAILING ADDRESS: 12243 US Highway 72

CITY: Athens STATE: AL ZIP CODE: 35611

APSC CERTIFICATE NO.: _____ OR PERMIT NO.: _____

The above described applicant hereby applies for issuance of Vehicle Registration Numbers at \$6.00 each for the following identified vehicles.

<u>MAKE</u>	<u>MODEL</u>	<u>VIN NUMBER</u> (Last 10 Digits)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The applicant hereby acknowledges and understands Rule 3 of the Alabama Public Service Commission's Motor Carrier General Orders and Regulations Pamphlet No. 2003, as amended, as it pertains to the display of Registration Number, and Title 37, Chapter 3, Section 32(5)a, and as it pertains to the transferability of these numbers between vehicles.

I, the undersigned, under penalty for false statement, do hereby certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the above applicant.

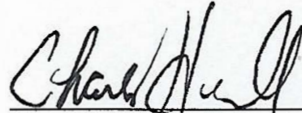
NOTE: The fee for Registration Numbers is \$6.00 each. Payment must be made by cashier's check, certified check, or money order.

Charlene Head
 (Signature) Owner 3/3/2023
 (Title) 256-729-1050 (Date)
 (Contact phone number)

PROOF OF U.S. CITIZENSHIP

As required by the provisions of *Code of Alabama* 1975, §31-13-29, I, Charles Harvell
(Printed Name of Applicant)

do hereby verify and confirm that I am a citizen of the United States of America by submitting a legible photo copy or a copy in digital or other electronic format of one of the following documents (check one and attach required photo/digital copy).



(Signature of Applicant)

Harvell Motor Company, Inc.
(Name of Company)

- (1) A driver's license or nondriver's identification card issued by the Alabama State Law Enforcement Agency or the equivalent governmental agency of another state within the United States, provided that the governmental agency of another state within the United States requires proof of lawful presence in the United States as a condition of issuance of the driver's license or nondriver's identification card.
- (2) A birth certificate indicating birth in the United States or one of its territories.
- (3) Pertinent pages of a United States valid or expired passport identifying the person and the person's passport number, or the person's United States passport.
- (4) United States naturalization documents or the number of the certificate of naturalization.
- (5) Other documents or methods of proof of United States citizenship issued by the federal government pursuant to the Immigration and Nationality Act of 1952, as amended.
- (6) Bureau of Indian Affairs card number, tribal treaty card number, or tribal enrollment number.
- (7) A consular report of birth abroad of a citizen of the United States of America.
- (8) A certificate of citizenship issued by the United States Citizenship and Immigration Services.
- (9) A certification of report of birth issued by the United States Department of State.
- (10) An American Indian card, with KIC classification, issued by the United States Department of Homeland Security.
- (11) Final adoption decree showing the person's name and United States birthplace.
- (12) An official United States military record of service showing the applicant's place of birth in the United States.
- (13) An extract from a United States hospital record of birth created at the time of the person's birth indicating the place of birth in the United States.
- (14) AL-verify.
- (15) A valid Uniformed Services Privileges and Identification Card.
- (16) Any other form of identification that the Alabama Department of Revenue authorizes, through an administrative rule promulgated pursuant to the Alabama Administrative Procedure Act, to be used to demonstrate or confirm a person's United States citizenship or lawful presence in the United States, provided that the identification requires proof of lawful presence in the United States as a condition of issuance.

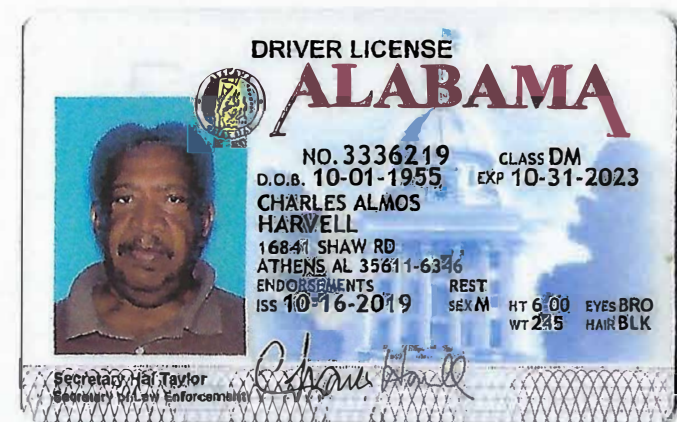


Exhibit 15 - Commercial Driver's License

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Alexis Harvell Moore
Printed Name of Verifying Individual

General Manager
Title of Verifying Individual

Alexis Harvell Moore
Signature of Verifying Individual

12/30/2022
Verification Date

15 Commercial Driver's License

Not applicable.

The Applicant does not intend to operate a vehicle. There are currently no proposed drivers. However, all vehicles and drivers will be properly licensed and trained. Additionally, all vehicles and drivers will maintain compliance with all federal, state, and local laws applicable to them at all times while employed as a driver.

Additional Notes on Exhibit 15:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 16 - Fleet Summary

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Alexis Harvell Moore

Printed Name of Verifying Individual

General manager

Title of Verifying Individual

Alexis Harvell Moore

Signature of Verifying Individual

12/30/2022

Verification Date

The status of the plan and/or requirements is as follows:

Not Started, but completion expected 60 days *after* award of license

Additional Notes on Exhibit 16:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 17 - Care and Maintenance of Vehicles

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Alexis Hannah Moore

Printed Name of Verifying Individual

General Manager

Title of Verifying Individual

Alexis Hannah Moore

Signature of Verifying Individual

12/30/2022

Verification Date

The status of the plan and/or requirements is as follows:

Not Started, but completion expected 60 days *after* award of license

Additional Notes on Exhibit 17:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 18 - Route Plans

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Alexis Harvell Moore

Printed Name of Verifying Individual

General manager

Title of Verifying Individual

Alexis Harvell Moore

Signature of Verifying Individual

12/30/2022

Verification Date

The status of the plan and/or requirements is as follows:

Not Started, but completion expected 60 days *after* award of license

Additional Notes on Exhibit 18:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 19 - Facilities

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Alexis Harvell Moore

Printed Name of Verifying Individual

General Manager

Title of Verifying Individual

Alexis Harvell Moore

Signature of Verifying Individual

12/30/2022

Verification Date

19.1 The facility name and type

The status of the plan and/or requirements is as follows:
Not Started, but completion expected 180 days after award of license

19.2 The physical address and GPS coordinates of the facility

The status of the plan and/or requirements is as follows:
Not Started, but completion expected 180 days after award of license

19.3 An aerial photograph of the facility

The status of the plan and/or requirements is as follows:
Not Started, but completion expected 180 days after award of license

19.4 Proof of authorization for the Applicant to occupy the property where the facility is proposed to be located

The status of the plan and/or requirements is as follows:
Not Started, but completion expected 180 days after award of license

19.5 Proof of local zoning

The status of the plan and/or requirements is as follows:
Not Started, but completion expected 180 days after award of license

19.6 A professionally rendered blueprint of the facility

The status of the plan and/or requirements is as follows:
Not Started, but completion expected 180 days after award of license

19.7 A timetable for completion and commencement of operations as to the facility.

The status of the plan and/or requirements is as follows:
Not Started, but completion expected 180 days after award of license

19.8 A statement whether the facility shall be open to the public and if so the anticipated hours of business operation.

The status of the plan and/or requirements is as follows:

Not Started, but completion expected 180 days after award of license

19.9 The hours of operation during which the facility will be occupied by Applicant's employees; if not continuous, the after-hours contact information for management.

The status of the plan and/or requirements is as follows:

Not Started, but completion expected 180 days after award of license

Additional Notes on Exhibit 19:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 20 – Security Plan

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Alexis Harvell Moore

Printed Name of Verifying Individual

General Manager

Title of Verifying Individual

Alexis Harvell Moore

Signature of Verifying Individual

12/30/2022

Verification Date

20 Security Plan – At submission of the application, Applicant's drafting of the requisite Security Plan was in progress. The Applicant sought out legal counsel for advice concerning best policies and procedures to include within the plan. Applicant expects the plan to be completed 90 days after award of license.

20.1 – Twenty-four-hour alarm systems

The status of the plan and/ or requirements is as follows:
In Progress with completion expected 90 days after award of license

20.2 – Reception areas and personnel adjacent to ingress and egress points

The status of the plan and/ or requirements is as follows:
In Progress with completion expected 90 days after award of license

20.3 Broadcast communication devices

The status of the plan and/ or requirements is as follows:
In Progress with completion expected 90 days after award of license

20.4 – Audio/Video Surveillance

The status of the plan and/ or requirements is as follows:
In Progress with completion expected 90 days after award of license

20.5 –Fence or Barrier to prevent access by unauthorized persons

The status of the plan and/ or requirements is as follows:
In Progress with completion expected 90 days after award of license

20.6 – Exterior doors

The status of the plan and/ or requirements is as follows:
In Progress with completion expected 90 days after award of license

20.7 – Exterior walls

The status of the plan and/ or requirements is as follows:
In Progress with completion expected 90 days after award of license

20.8 –Security Guards

The status of the plan and/ or requirements is as follows:
In Progress with completion expected 90 days after award of license

20.9 – Access Controls

The status of the plan and/ or requirements is as follows:
In Progress with completion expected 90 days after award of license

20.10 – Records

The status of the plan and/ or requirements is as follows:
In Progress with completion expected 90 days after award of license

20.11 – Identification Badges

The status of the plan and/ or requirements is as follows:
In Progress with completion expected 90 days after award of license

20.12 – Visitors

The status of the plan and/ or requirements is as follows:
In Progress with completion expected 90 days after award of license

20.13 – Policies to report theft, diversion, or other loss of cannabis products

The status of the plan and/ or requirements is as follows:
In Progress with completion expected 90 days after award of license

20.14 – Route Plans and

The status of the plan and/ or requirements is as follows:
In Progress with completion expected 90 days after award of license

20.15 – Locks and Alarm Systems

The status of the plan and/ or requirements is as follows:
In Progress with completion expected 90 days after award of license

20.16 – Vehicle dashboard and storage area audio/video recording devices

The status of the plan and/ or requirements is as follows:
In Progress with completion expected 90 days after award of license

20.17 – Secure transport vehicles

The status of the plan and/ or requirements is as follows:
In Progress with completion expected 90 days after award of license

20.18 – Containers

The status of the plan and/ or requirements is as follows:
In Progress with completion expected 90 days after award of license

20.19 – Cannabis, medical cannabis and containers holding the same must not be visible or recognizable outside the secure transport vehicle.

The status of the plan and/ or requirements is as follows:
In Progress with completion expected 90 days after award of license

20.20 – Secure Transport Drivers

The status of the plan and/ or requirements is as follows:
In Progress with completion expected 90 days after award of license

20.21 – Emergencies

The status of the plan and/ or requirements is as follows:
In Progress with completion expected 90 days after award of license

20.22 – Control of the motor vehicle

The status of the plan and/ or requirements is as follows:
In Progress with completion expected 90 days after award of license

20.23 – Secure transport driver training

The status of the plan and/ or requirements is as follows:
In Progress with completion expected 90 days after award of license

20.24 – Individual Batches

The status of the plan and/ or requirements is as follows:
In Progress with completion expected 90 days after award of license

20.25 – Secure transport vehicles

The status of the plan and/ or requirements is as follows:
In Progress with completion expected 90 days after award of license

20.26 - Designated Route

The status of the plan and/ or requirements is as follows:

In Progress with completion expected 90 days after award of license

20.27 – Secure transport vehicles must be equipped with GPS tracking and monitored

The status of the plan and/ or requirements is as follows:

In Progress with completion expected 90 days after award of license

20.28 – Verification of Route Plans

The status of the plan and/ or requirements is as follows:

In Progress with completion expected 90 days after award of license

20.29 – Commission or Inspectors

The status of the plan and/ or requirements is as follows:

In Progress with completion expected 90 days after award of license

Additional Notes on Exhibit 20:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 21 - Personnel

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Alexis Harvell Moore
Printed Name of Verifying Individual

General Manager
Title of Verifying Individual

Alexis Darnell Moore
Signature of Verifying Individual

12/30/2022
Verification Date

The status of the plan and/or requirements is as follows:

Not Started, but completion expected 180 days *after* award of license

Additional Notes on Exhibit 21:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 22 - Employee Handbook

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Alexis Hamwell Moore

Printed Name of Verifying Individual

General Manager

Title of Verifying Individual

Alexis Hamwell Moore

Signature of Verifying Individual

12/30/2022

Verification Date

The status of the plan and/or requirements is as follows:

At submission of the application, Applicant's drafting of the requisite Employee Handbook was in progress. The Applicant sought out legal counsel for advice concerning best policies and procedures to include within the handbook. Applicant expects the handbook to be completed at least 180 days before award of license.

* Additional Notes on Exhibit 22:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 23 – Secure Transport Drivers

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Alexis Harvell Moore

Printed Name of Verifying Individual

General Manager

Title of Verifying Individual

Alexis Harvell Moore

Signature of Verifying Individual

12/30/2022

Verification Date

The status of the plan and/or requirements is as follows:

Not Started, but completion expected 180 days *after* award of license

Additional Notes on Exhibit 23:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 24 - Driver's Manual

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Alexis Hannah Moore
Printed Name of Verifying Individual

General Manager
Title of Verifying Individual

Alexis Hannah Moore
Signature of Verifying Individual

12/30/2022
Verification Date

The status of the plan and/or requirements is as follows:

In Progress with completion expected 60 days *before* award of license

Additional Notes on Exhibit 24:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 25 – Website and Social Media

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Alexis Howell Moore

Printed Name of Verifying Individual

General Manager

Title of Verifying Individual

Alexis Howell Moore

Signature of Verifying Individual

12/30/2022

Verification Date

25.1 - Website

The status of the plan and/or requirements is as follows:
In Progress with completion expected 60 days before award of license

25.2 - Web Address

The status of the plan and/or requirements is as follows:
In Progress with completion expected 60 days before award of license

Additional Notes on Exhibit 25:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit - Minority Ownership Documents

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Alexis Hanell Moore
Printed Name of Verifying Individual

General Manager
Title of Verifying Individual

Alexis Hanell Moore
Signature of Verifying Individual

12/30/2022
Verification Date

DRIVER LICENSE
ALABAMA



NO. 3336219 CLASS DM
D.O.B. 10-01-1955 EXP 10-31-2023
CHARLES ALMOS
HARVELL
16841 SHAW RD
ATHENS AL 35611-6346
ENDORSEMENTS REST
ISS 10-16-2019 SEX M HT 6-00 EYES BRO
WT 245 HAIR BLK

Charles Harvell

Secretary Hal Taylor
Secretary of Law Enforcement

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

HARVELL MOTOR COMPANY INC.
Business License Applicant Name

SECURE TRANSPORTER
License Type

CHARLES A. HARVELL
Individual with Ownership Interest in Applicant

51%
Individual's Ownership Percentage in Applicant

Residential History

Provide all residential addresses, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

16841 SHAW ROAD
Residential Street Address

ATHENS
City

AL
State

35611
Zip

10/1978
Date Resided From (MM/YYYY)

CURRENT
Date Resided To (MM/YYYY)

N/A
Residential Street Address

N/A
City

N/A
State

N/A
Zip

N/A
Date Resided From (MM/YYYY)

N/A
Date Resided To (MM/YYYY)

N/A
Residential Street Address

N/A
City

N/A
State

N/A
Zip

N/A
Date Resided From (MM/YYYY)

N/A
Date Resided To (MM/YYYY)

N/A
Residential Street Address

N/A
City

N/A
State

N/A
Zip

N/A
Date Resided From (MM/YYYY)

N/A
Date Resided To (MM/YYYY)

N/A

Residential Street Address

N/A

City

N/A

State

N/A

Zip

N/A

Date Resided From (MM/YYYY)

N/A

Date Resided To (MM/YYYY)

N/A

Residential Street Address

N/A

City

N/A

State

N/A

Zip

N/A

Date Resided From (MM/YYYY)

N/A

Date Resided To (MM/YYYY)

N/A

Residential Street Address

N/A

City

N/A

State

N/A

Zip

N/A

Date Resided From (MM/YYYY)

N/A

Date Resided To (MM/YYYY)

N/A

Residential Street Address

N/A

City

N/A

State

N/A

Zip

N/A

Date Resided From (MM/YYYY)

N/A

Date Resided To (MM/YYYY)

N/A

Residential Street Address

N/A

City

N/A

State

N/A

Zip

N/A

Date Resided From (MM/YYYY)

N/A

Date Resided To (MM/YYYY)

N/A
Employer

N/A
Contact Person

N/A
Telephone

N/A
Business Address

N/A
City

N/A
State

N/A
Zip

N/A
Date Employed From (MM/YYYY)

N/A
Date Employed To (MM/YYYY)

N/A
Employer

N/A
Contact Person

N/A
Telephone

N/A
Business Address

N/A
City

N/A
State

N/A
Zip

N/A
Date Employed From (MM/YYYY)

N/A
Date Employed To (MM/YYYY)

N/A
Employer

N/A
Contact Person

N/A
Telephone

N/A
Business Address

N/A
City

N/A
State

N/A
Zip

N/A
Date Employed From (MM/YYYY)

N/A
Date Employed To (MM/YYYY)

N/A
Employer

N/A
Contact Person

N/A
Telephone

N/A
Business Address

N/A
City

N/A
State

N/A
Zip

N/A
Date Employed From (MM/YYYY)

N/A
Date Employed To (MM/YYYY)

N/A
Employer

N/A
Contact Person

N/A
Telephone

N/A
Business Address

N/A
City

N/A
State

N/A
Zip

N/A
Date Employed From (MM/YYYY)

N/A
Date Employed To (MM/YYYY)

N/A
Employer

N/A
Contact Person

N/A
Telephone

N/A
Business Address

N/A
City

N/A
State

N/A
Zip

N/A
Date Employed From (MM/YYYY)

N/A
Date Employed To (MM/YYYY)

N/A
Employer

N/A
Contact Person

N/A
Telephone

N/A
Business Address

N/A
City

N/A
State

N/A
Zip

N/A
Date Employed From (MM/YYYY)

N/A
Date Employed To (MM/YYYY)

N/A
Employer

N/A
Contact Person

N/A
Telephone

N/A
Business Address

N/A
City

N/A
State

N/A
Zip

N/A
Date Employed From (MM/YYYY)

N/A
Date Employed To (MM/YYYY)

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

HARVELL MOTOR COMPANY INC.
Business License Applicant Name

SECURE TRANSPORTER
License Type

MAE F. HARVELL
Individual with Ownership Interest in Applicant

49%
Individual's Ownership Percentage in Applicant

Residential History

Provide all residential addresses, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

16841 SHAW ROAD
Residential Street Address

ATHENS
City

AL
State

35611
Zip

10/1978
Date Resided From (MM/YYYY)

CURRENT
Date Resided To (MM/YYYY)

N/A
Residential Street Address

N/A
City

N/A
State

N/A
Zip

N/A
Date Resided From (MM/YYYY)

N/A
Date Resided To (MM/YYYY).

N/A
Residential Street Address

N/A
City

N/A
State

N/A
Zip

N/A
Date Resided From (MM/YYYY)

N/A
Date Resided To (MM/YYYY)

N/A
Residential Street Address

N/A
City

N/A
State

N/A
Zip

N/A
Date Resided From (MM/YYYY)

N/A
Date Resided To (MM/YYYY)

N/A

Residential Street Address

N/A

City

N/A

State

N/A

Zip

N/A

Date Resided From (MM/YYYY)

N/A

Date Resided To (MM/YYYY)

N/A

Residential Street Address

N/A

City

N/A

State

N/A

Zip

N/A

Date Resided From (MM/YYYY)

N/A

Date Resided To (MM/YYYY)

N/A

Residential Street Address

N/A

City

N/A

State

N/A

Zip

N/A

Date Resided From (MM/YYYY)

N/A

Date Resided To (MM/YYYY)

N/A

Residential Street Address

N/A

City

N/A

State

N/A

Zip

N/A

Date Resided From (MM/YYYY)

N/A

Date Resided To (MM/YYYY)

N/A

Residential Street Address

N/A

City

N/A

State

N/A

Zip

N/A

Date Resided From (MM/YYYY)

N/A

Date Resided To (MM/YYYY)

N/A
Employer

N/A
Contact Person

N/A
Telephone

N/A
Business Address

N/A
City

N/A
State

N/A
Zip

N/A
Date Employed From (MM/YYYY)

N/A
Date Employed To (MM/YYYY)

N/A
Employer

N/A
Contact Person

N/A
Telephone

N/A
Business Address

N/A
City

N/A
State

N/A
Zip

N/A
Date Employed From (MM/YYYY)

N/A
Date Employed To (MM/YYYY)

N/A
Employer

N/A
Contact Person

N/A
Telephone

N/A
Business Address

N/A
City

N/A
State

N/A
Zip

N/A
Date Employed From (MM/YYYY)

N/A
Date Employed To (MM/YYYY)

N/A
Employer

N/A
Contact Person

N/A
Telephone

N/A
Business Address

N/A
City

N/A
State

N/A
Zip

N/A
Date Employed From (MM/YYYY)

N/A
Date Employed To (MM/YYYY)

The status of the plan and/or requirements is as follows:

Completed

Additional Notes on Exhibit Minority Ownership Documents:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit - Proof of Minimum Liability and Casualty Insurance

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Alexis Harvell Moore
Printed Name of Verifying Individual

General manager
Title of Verifying Individual

Alexis Harvell Moore
Signature of Verifying Individual

12/30/2022
Verification Date

The status of the plan and/or requirements is as follows:

In Progress with completion expected 30 days *before* award of license

Additional Notes on Proof of Minimum Liability and Casualty Insurance:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

**FORM K: Affidavit of Entity Applicant for
Alabama Medical Cannabis License**

STATE OF ALABAMA)

)

LIMESTONE COUNTY)

Before me, the undersigned notary, did appear the Affiant, who after being by me first duly sworn, did state under oath as follows (*please type or print legibly*):

1. NAME OF ENTITY APPLYING FOR LICENSE: HARVELL MOTOR COMPANY INC.

2. NAME OF AFFIANT: ALEXIS S. HARVELL

3. AFFIANT'S POSITION WITH APPLICANT: GENERAL MANAGER

4. AFFIANT IS THE APPLICANT'S (*Check One*): Responsible Party Contact Person
(The affidavit of BOTH individuals is required)

5. TYPE OF LICENSE BEING SOUGHT BY APPLICANT (*Check One*):

- | | | |
|----------------------------------|---|---|
| <input type="radio"/> Cultivator | <input type="radio"/> Processor | <input checked="" type="radio"/> Secure Transporter |
| <input type="radio"/> Dispensary | <input type="radio"/> Integrated Facility | <input type="radio"/> State Testing Laboratory |

6. On behalf of the Applicant, I do hereby affirm under oath as follows:

- a. I, the undersigned Affiant named in paragraph 2 above, am an adult, over the age of 19 years and competent to provide this Affidavit.
 AH INITIAL HERE
- b. In my position stated in paragraph 3 above, I have been duly authorized by the Applicant identified in paragraph 1 above (hereinafter, "Applicant") to provide this Affidavit.
(Attach a copy of the entity applicant's written authorization to this Affidavit.)
 AH INITIAL HERE
- c. I understand and acknowledge that this Affidavit and the statements, information and documents or other exhibits accompanying it, are for the purpose of seeking one (1) license of the type specified in paragraph 5 above, on behalf of the Applicant. Neither I nor the Applicant are seeking a different Alabama Medical Cannabis license on behalf of any individual or any other entity.
 AH INITIAL HERE
- d. That all statements, information, documents and other exhibits provided in the Application are true and correct, based on my own personal knowledge and a diligent investigation by me. To the extent any information provided therein was heretofore outside my personal knowledge or ability to affirm, I have personally communicated with those within the Applicant's business who have such personal knowledge, whose duties

include knowledge of the facts stated and/or the integrity of the documents or other exhibits, and I am able, based on such communications, to attest to their currentness and accuracy. This I and the Applicant affirm under penalty of perjury and other applicable sanctions under the AMCC Rules and Alabama law.

AD INITIAL HERE

e. Applicant understands and acknowledges that the license being applied for is a revocable privilege granted by this state and is not a property right, and that this Application likewise does not convey to, or otherwise entitle unto, the Applicant any rights to a license.

AD INITIAL HERE

f. Applicant understands, acknowledges, and will continue to respect and comply with AMCC Rules regarding limited communication during the Application process.

AD INITIAL HERE

g. Applicant consents to all background checks, examinations, inspections, and search and seizure by AMCC and law enforcement personnel during this Application process and afterward, to the extent a license is awarded.

AD INITIAL HERE

h. Applicant has no economic interest, as defined in the AMCC Rules, in any other license or Application for license under the Darren Wesley "Ato" Hall Compassion Act, § 20-2A-1, et seq., Code of Alabama 1975.

AD INITIAL HERE

i. I and the Applicant will at all times, to the best of our ability, comply with the AMCC Rules, and cooperate and maintain transparency with the AMCC, its staff and other agents.

AD INITIAL HERE

j. Any verification provided in the Application is hereby affirmed under oath to be true and correct as of the date of the Application's submission.

AD INITIAL HERE

Alexio Harvell

Signature of Affiant
Acting for and on behalf of:

Harvell Motor Company Inc.

Applicant

Sworn to and subscribed before me on this 9 day of January, 2023.

Alyson Belew

Notary Public

My Commission Expires 5/3/2026



[SEAL]

**FORM K: Affidavit of Entity Applicant for
Alabama Medical Cannabis License**

STATE OF ALABAMA)

)

LIMESTONE COUNTY)

Before me, the undersigned notary, did appear the Affiant, who after being by me first duly sworn, did state under oath as follows (*please type or print legibly*):

1. NAME OF ENTITY APPLYING FOR LICENSE: HARVELL MOTOR COMPANY INC.

2. NAME OF AFFIANT: CHARLES A. HARVELL

3. AFFIANT'S POSITION WITH APPLICANT: OWNER

4. AFFIANT IS THE APPLICANT'S (*Check One*): Responsible Party Contact Person
(The affidavit of BOTH individuals is required)

5. TYPE OF LICENSE BEING SOUGHT BY APPLICANT (*Check One*):

Cultivator Processor Secure Transporter
 Dispensary Integrated Facility State Testing Laboratory

6. On behalf of the Applicant, I do hereby affirm under oath as follows:

a. I, the undersigned Affiant named in paragraph 2 above, am an adult, over the age of 19 years and competent to provide this Affidavit.

CH INITIAL HERE

b. In my position stated in paragraph 3 above, I have been duly authorized by the Applicant identified in paragraph 1 above (hereinafter, "Applicant") to provide this Affidavit.

(Attach a copy of the entity applicant's written authorization to this Affidavit.)
CH INITIAL HERE

c. I understand and acknowledge that this Affidavit and the statements, information and documents or other exhibits accompanying it, are for the purpose of seeking one (1) license of the type specified in paragraph 5 above, on behalf of the Applicant. Neither I nor the Applicant are seeking a different Alabama Medical Cannabis license on behalf of any individual or any other entity.

CH INITIAL HERE

d. That all statements, information, documents and other exhibits provided in the Application are true and correct, based on my own personal knowledge and a diligent investigation by me. To the extent any information provided therein was heretofore outside my personal knowledge or ability to affirm, I have personally communicated with those within the Applicant's business who have such personal knowledge, whose duties

include knowledge of the facts stated and/or the integrity of the documents or other exhibits, and I am able, based on such communications, to attest to their currentness and accuracy. This I and the Applicant affirm under penalty of perjury and other applicable sanctions under the AMCC Rules and Alabama law.

[Signature] INITIAL HERE

e. Applicant understands and acknowledges that the license being applied for is a revocable privilege granted by this state and is not a property right, and that this Application likewise does not convey to, or otherwise entitle unto, the Applicant any rights to a license.

[Signature] INITIAL HERE

f. Applicant understands, acknowledges, and will continue to respect and comply with AMCC Rules regarding limited communication during the Application process.

[Signature] INITIAL HERE

g. Applicant consents to all background checks, examinations, inspections, and search and seizure by AMCC and law enforcement personnel during this Application process and afterward, to the extent a license is awarded.

[Signature] INITIAL HERE

h. Applicant has no economic interest, as defined in the AMCC Rules, in any other license or Application for license under the Darren Wesley "Ato" Hall Compassion Act, § 20-2A-1, et seq., Code of Alabama 1975.

[Signature] INITIAL HERE

i. I and the Applicant will at all times, to the best of our ability, comply with the AMCC Rules, and cooperate and maintain transparency with the AMCC, its staff and other agents.

[Signature] INITIAL HERE

j. Any verification provided in the Application is hereby affirmed under oath to be true and correct as of the date of the Application's submission.

[Signature] INITIAL HERE

[Signature]
Signature of Affiant
Acting for and on behalf of:

Harvell Motor Company Inc
Applicant

Sworn to and subscribed before me on this 9 day of January, 2023



[Signature]
Notary Public

My Commission Expires 5/3/2026
My Commission Expires: _____

[SEAL]

FORM K: Affidavit of Entity Applicant for
Alabama Medical Cannabis License

STATE OF ALABAMA)
)
LIMESTONE COUNTY)

Before me, the undersigned notary, did appear the Affiant, who after being by me first duly sworn, did state under oath as follows (please type or print legibly):

1. NAME OF ENTITY APPLYING FOR LICENSE: HARVEIL MOTOR COMPANY INC.
2. NAME OF AFFIANT: MAE HARVEIL
3. AFFIANT'S POSITION WITH APPLICANT: OWNER
4. AFFIANT IS THE APPLICANT'S (Check One): Responsible Party Contact Person
(The affidavit of BOTH individuals is required)
5. TYPE OF LICENSE BEING SOUGHT BY APPLICANT (Check One):
 Cultivator Processor Secure Transporter
 Dispensary Integrated Facility State Testing Laboratory

6. On behalf of the Applicant, I do hereby affirm under oath as follows:
 - a. I, the undersigned Affiant named in paragraph 2 above, am an adult, over the age of 19 years and competent to provide this Affidavit.
MH INITIAL HERE
 - b. In my position stated in paragraph 3 above, I have been duly authorized by the Applicant identified in paragraph 1 above (hereinafter, "Applicant") to provide this Affidavit.
(Attach a copy of the entity applicant's written authorization to this Affidavit.)
MH INITIAL HERE
 - c. I understand and acknowledge that this Affidavit and the statements, information and documents or other exhibits accompanying it, are for the purpose of seeking one (1) license of the type specified in paragraph 5 above, on behalf of the Applicant. Neither I nor the Applicant are seeking a different Alabama Medical Cannabis license on behalf of any individual or any other entity.
MH INITIAL HERE
 - d. That all statements, information, documents and other exhibits provided in the Application are true and correct, based on my own personal knowledge and a diligent investigation by me. To the extent any information provided therein was heretofore outside my personal knowledge or ability to affirm, I have personally communicated with those within the Applicant's business who have such personal knowledge, whose duties

include knowledge of the facts stated and/or the integrity of the documents or other exhibits, and I am able, based on such communications, to attest to their currentness and accuracy. This I and the Applicant affirm under penalty of perjury and other applicable sanctions under the AMCC Rules and Alabama law.

MS INITIAL HERE

- e. Applicant understands and acknowledges that the license being applied for is a revocable privilege granted by this state and is not a property right, and that this Application likewise does not convey to, or otherwise entitle unto, the Applicant any rights to a license.

MS INITIAL HERE

- f. Applicant understands, acknowledges, and will continue to respect and comply with AMCC Rules regarding limited communication during the Application process.

MS INITIAL HERE

- g. Applicant consents to all background checks, examinations, inspections, and search and seizure by AMCC and law enforcement personnel during this Application process and afterward, to the extent a license is awarded.

MS INITIAL HERE

- h. Applicant has no economic interest, as defined in the AMCC Rules, in any other license or Application for license under the Darren Wesley "Ato" Hall Compassion Act, § 20-2A-1, et seq., Code of Alabama 1975.

MS INITIAL HERE

- i. I and the Applicant will at all times, to the best of our ability, comply with the AMCC Rules, and cooperate and maintain transparency with the AMCC, its staff and other agents.

MS INITIAL HERE

- j. Any verification provided in the Application is hereby affirmed under oath to be true and correct as of the date of the Application's submission.

MS INITIAL HERE

Ms Harvell
Signature of Affiant

Acting for and on behalf of:

Harvell Motor Company Inc.
Applicant

Sworn to and subscribed before me on this 9th day of January 2023

Dalishia Summerst
Notary Public

My Commission Expires:

DALISHIA SUMMERSET
NOTARY PUBLIC
ALABAMA - STATE AT LARGE
My Commission Expires 09/16/2026