



ALCOHOL LICENSE APPLICATION

DATE OF APPLICATION: _____ NEW APPLICANT RENEWAL TRANSFER OF OWNERSHIP

The privilege to engage in the business of alcohol sales shall, in no event be granted to any person, firm or corporation except by the issuance of a license as hereby provided for. In order for an establishment to serve intoxicating malt beverages for consumption on the premises, the applicant(s) must provide such information as required by the City Manager.

The undersigned applicant respectfully makes application to sell within the City of Quitman, intoxicating beverages as defined by the Act of the General Assembly of the State of Georgia, known as the Revenue Tax Act to legalize and control intoxicating malt beverages and approved February 3, 1938 by the Government of Georgia, and respectfully represents and alleges that the answers to the following questions are true:

INSTRUCTIONS: Every question must be answered, typewritten or printed legibly in ink. If the space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that a separate sheet is attached. When completed the application must be signed & dated, and returned to **City Hall, 100 W Screven St, Quitman, Georgia 31643**. with all supporting documents and a money order, cashier's or certified check for the exact fee.

CHECK APPROPRIATE BLOCK(S):

- | | | | | | |
|--|-------|---|---------|---------------------------------------|-------|
| <input type="checkbox"/> BEER, Package | \$250 | <input type="checkbox"/> BEER & WINE, By The Drink | \$375 | <input type="checkbox"/> SUNDAY Sales | \$125 |
| <input type="checkbox"/> BEER & WINE Package | \$375 | <input type="checkbox"/> BEER WINE & LIQUOR, By The Drink | \$1,875 | | |
| | | <input type="checkbox"/> LIQUOR, By The Drink | \$1,500 | | |

CORPORATION NAME:			
TRADE NAME OF BUSINESS:			
BUSINESS ADDRESS:			BUSINESS PHONE:
CITY:	STATE:	ZIP CODE:	COUNTY IN WHICH BUSINESS IS LOCATED:

MAILING ADDRESS IF DIFFERENT FROM BUSINESS ADDRESS

MAILING ADDRESS:		
CITY:	STATE:	ZIP CODE:
THIS APPLICATION IS FILED BY:		
<input type="checkbox"/> SINGLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION (DOCUMENTS REQUIRED) <input type="checkbox"/> PRIVATE CLUB (DOCUMENTS REQUIRED)		

GENERAL INFORMATION LICENSEE

FULL NAME OF LICENSEE:			
ADDRESS OF LEGAL RESIDENCE:			
CITY:	STATE:	ZIP CODE:	COUNTY OF RESIDENCE:
HOME PHONE:		MOBILE PHONE:	AGE:
FULL NAME OF LICENSEE:			
ADDRESS OF LEGAL RESIDENCE:			
CITY:	STATE:	ZIP CODE:	COUNTY OF RESIDENCE:
HOME PHONE:		MOBILE PHONE:	AGE:



(A). If applicant resided at current residence less than 2 years list past address:

3. Manager/Responsible Person Information (Agent): Managed by Applicant (Go to question #4)

NAME:	AGE:	PHONE #:
ADDRESS:	CITY:	STATE: ZIP:

I, _____ the applicant of this alcohol application do hereby appoint the above agent who resides within the County of Brooks, in the State of Georgia as my lawful and true manager/responsible person who conducts business for this establishment. This certification becomes a part of this application for the business known as _____ at _____.

_____	_____	_____	_____
Agent Signature	Date	Applicant Signature	Date

4. List the owner of the property or the property manager & company who issued the lease (include address & phone number): Check one: Leased _____ # of Months Purchased/Owner

5. Has the applicant or any person listed in this application ever been convicted of any felony under federal or state law? Yes No If yes, please provide details for each instance.

6. Has the applicant or any person listed in this application ever been convicted of any violation of federal or state law or regulation respecting to the manufacture, possession or sale of alcoholic beverages or who has forfeited his or her bond to appear in court to answer charges for any such violations? Yes No If yes, please provide details for each instance.

7. Have you ever been denied or had an alcohol license that has been revoked? Yes No If yes, give date, location, and reasons.

8. TYPE OF BUSINESS: (CHECK ONE)

- RESTAURANT
- HOTEL/MOTEL
- PRIVATE CLUB (NON-PROFIT)
- CONVENIENCE/GROCERY STORE
- NIGHTCLUB/LOUNGE/BAR
- OTHER (SPECIFY)
- PUB/TAVERN
- MULTI-PURPOSE FACILITY
- PACKAGE STORE
- MUNICIPAL FACILITY



OATH

9. I, _____ (The Applicant), do swear or affirm that the facts stated in the above application are true and correct. Further that any false information that I have provided and should have known to be false may lead this application to be denied or revoked if it is discovered at a later date. Notwithstanding having criminal charges brought against me for false statements. I will promptly notify the City Manager of any changes to the above information. I have read, understand, and also agree to abide by the Ordinances for the City of Quitman, and any State or Federal Laws or regulations governing the service or sale of alcoholic beverages. I further swear or affirm that this application is made in order to procure an alcoholic beverage license in the City of Quitman, Georgia.

I am aware of the age requirement for the admittance to alcoholic establishments, and the Days and Hours of Sale. I further certify that my business meets the required specifications and qualifications for the type of business as indicated above.

Signature of Applicant(s):

SUBSCRIBED AND SWORN BEFORE ME ON THIS

THE _____ DAY OF _____, 20_____.

NOTARY PUBLIC