

CITY OF THOMASVILLE, GEORGIA
APPLICATION FOR LICENSE TO ENGAGE IN THE BUSINESS OF SELLING
BEER AND WINE (Package and/or Consumption)
RENEWAL _____ ORIGINAL _____

PLEASE PRINT

Name of Owner, Partners, or Corporation: _____

Name of Business: _____

Location of Business: _____

Mailing Address (if different): _____

E-mail address: _____ Renew via E-mail _____

PLEASE CHECK THE APPROPRIATE BOX:

1. Retail **package** beer _____
Retail beer **for consumption** _____
either \$400.00..... both _____\$500.00

2. Retail **package** wine _____
Retail wine **for consumption** _____
either \$350.00..... both _____\$450.00

Hours of operation _____ to _____ Days of operation _____ to _____

Security Camera _____ yes _____ no (retail package establishments only)

I _____, a person of good moral character, hereby make application for a license to engage in the sale of, or to continue to sell, the above alcoholic beverages in the City of Thomasville, Georgia.

Home Address _____

Phone numbers: _____

Are you the only owner of the business? _____

If not, attach a separate sheet with information about all other owners.

How long have you been a resident of Thomasville? _____

Date of birth _____ Place of Birth _____

Present occupation _____ SSN# _____

Owner of property on which business is located: _____

Have you ever been convicted of violating any laws of the State of GA or of any other State? _____

If so, where and when: _____

Have you ever been issued a license by any city, county, or state to sell any alcoholic beverages?

If yes, where and when ? _____

Have you ever paid a fine or had your license suspended or revoked? If so, or if you have had an alcoholic beverage sales license issued in another city or county and have been fined or had that license suspended or revoked, please attach the details on a separate sheet.

Do you agree not to sell or permit to be sold beer or other alcoholic beverages to a person in an intoxicated condition, and not to sell to underage persons? _____

Do you have a current statement of training on file for each employee involved in the sale or serving of alcohol? _____

Are you managing this establishment on a day-to-day basis? _____

If the answer is no, to whom have you delegated the day-to-day management?

I understand that any false statements on this application may be cause for suspension or revocation of any alcoholic beverage license which I may hold. I shall be active in, and solely responsible for, the management and operation of the business for which this license is issued. I will observe and comply with the rules and regulations governing the sale of beer and wine which have been, or may hereafter be made by the City Council and understand that a violation of any AB sales regulations of the City of Thomasville, or a violation of any law or regulations of the City of Thomasville, or a violation of any law or regulation of the State of Georgia pertaining to the sale of malt beverage or wine shall subject my license to immediate revocation. I swear that the above statements are true and correct:

Signed: _____

Title: _____
(Owner, Partner, or Corporate Officer)

Sworn to and subscribed before me this

_____ day of _____ 2 ____.

_____ Notary Public

Commission expires: _____