

**City of Thomasville, Georgia**  
**Original Application for Liquor Pouring Privilege License at Restaurant**

-- TYPE OR PRINT --

Name of Business: \_\_\_\_\_

Location Address: \_\_\_\_\_

Home Office Address (if different): \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Location phone number: \_\_\_\_\_

Hours/days of operation: \_\_\_\_\_

1. If the applicant is an individual, complete the following:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ ( ) home ( ) office

Complete home address: \_\_\_\_\_

Present occupation and business address: \_\_\_\_\_

2. If the applicant is a partnership, **attach** a list of the names of the partners together with the following information on each partner:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ ( ) home ( ) office

Complete home address: \_\_\_\_\_

Present occupation and business address: \_\_\_\_\_

3. If the applicant is a corporation:

Correct name of the Corporation: \_\_\_\_\_

Local Business address: \_\_\_\_\_ Legal Domicile: \_\_\_\_\_

**Attach** a list of all officers of the corporation together with the following information:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ ( ) home ( ) office

Complete home address : \_\_\_\_\_

Present occupation and business address: \_\_\_\_\_

4. Answer each of the following questions:

Has any one of the persons (and if applicable, the corporation) listed in No. 2, 3, 4  
(answer yes or no):

\_\_\_\_\_ Ever been refused a state license to sell beer, wine, or liquor?

\_\_\_\_\_ Ever had a beer, wine, or liquor license probated, suspended or revoked by the  
state or any municipality? \_\_\_\_\_

\_\_\_\_\_ Ever been cited for a violation of beer, wine, or liquor selling laws? \_\_\_\_\_

\_\_\_\_\_ Ever been held, charged, arrested for any violation of federal law, state law,  
County or City regulation or ordinances, felony or misdemeanor  
(excluding misdemeanor traffic offenses)?

If the answer to any of the above is "yes", attach a copy of all details for each person and/or corporation for each incident, including charges made and disposition of each.

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

Who is responsible for operating this establishment on a day-to-day basis? \_\_\_\_\_

I, \_\_\_\_\_, do solemnly swear, or affirm, that the facts and statements made by me in the attached and forgoing application, and all attachments thereto, are true and correct and that no false or fraudulent statements have been made.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title

Sworn to and subscribed by me  
This \_\_\_\_\_ day of \_\_\_\_\_ 2\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My commission expires: \_\_\_\_\_

ATTACHMENTS:

Military discharge if applicable

Incidents, Violations charges

a statement of the total capital of this proposed business, or its estimated total capitalization, together with information so as to completely reveal the source of such capital, including any sums borrowed or proposed to be borrowed. If any capital is to be borrowed attach evidence of loan commitment from lender.

plot (site) plan and floor plan which complies with provision of the City Ordinances, including information on kitchen

Menu indicating that this is a full-service restaurant

Form ATT-17 of the State of Georgia Department of Revenue (copy of state application)