



LAGRANGE GEORGIA

DEPARTMENT OF COMMUNITY DEVELOPMENT
LaGrange, Ga. 30240
www.lagrange-ga.org

Liquor License Application

Application and investigating fee is \$100.00 (not refundable), and must be paid prior to this application being processed.

This Application is filed by: Single Proprietor () Partnership or Association () Corporation ()

Applicant Applying for: Class A - Retail Package () Class B- On Premises Consumption () Class C - Wholesale ()

NOTE: Applicants other than individuals must make applications jointly in both the names of the partnership, association or corporation and the name of a partner, associated or officer having a substantial interest in the business.

1. Applicant Information:

Form fields for Applicant Information: Full Name of Applicant, Name of Corporation, Address of Legal Residence, Contact Telephone Number, Length of residence in Georgia.

2. Business Information:

Form fields for Business Information: Trade Name of Business, Georgia Sales Tax Number, Address of Business, Business Telephone Number, City, State, Zip, County.

Application must include a Survey prepared by a Registered Land Surveyor certifying compliance with the distance requirements, i.e. from Schools, Churches, and Alcoholic Treatment Centers.

- 3. List the full name, social security number, and other pertinent information for each person, firm or corporation having any direct or indirect interest in the application...
4. List all other businesses engaged in the sale of distilled spirits...
5. List the full name of the father, mother, brother, sister, son, daughter, or spouse...
6. List the full name and address of the owner(s) of the land and building...
7. List the amount of capital this business has borrowed and from whom.

8. Specify the name of the Manager of the business for which this application is filed and state how he/she is compensated.
9. Does the applicant or other parties interested in this Application owe delinquent taxes, past due special assessments or any other money other than current utility bills to the City? Yes No **If yes, provide complete details in an attached page.**
10. Attach to this application a completed "Form ATT17 (form available at www.lagrange-ga.org) or the State of Georgia, Department of Revenue, Alcohol Tax and Control Unit, which is made a part of this Application.

Notes:

Before signing this application, check all answers and explanations to see that you have answered all questions fully and correctly. This application must be executed under oath and subject to the penalties of false swearing and must include all requested information. Applicant understands that any license issued pursuant to this application is conditioned upon the truth of the answers and statements made herein and that any false answers and statements herein shall constitute cause for the suspension or revocation of any license issued pursuant to this application.

Should any change occur during the year for which a license is issued pursuant to this application which would require a different answer to any question contained in this application, or any personnel statement which is made a part of this application, such change must be reported as an amendment to this application within 30 days. The failure to make such amendment shall be cause for the revocation of any license issued pursuant to the application. Indicate below that this fully understood.

State of Georgia, _____ County;

The Undersigned, Applicant (s), do each solemnly swear, subject to criminal penalties for false swearing, that the statements and answers in this application are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license.

_____	_____
Applicant (s) Signature	Date
_____	_____
Applicant (s) Signature	Date

Notary Information

I hereby certify that the foregoing applicant (s) is (are) personally known to me, that each signed his name to the foregoing application after stating to me that he/she has read and understands all statements and answers made therein, and, under oath actually administered by me, has sworn that said statements and answers are true.

This _____ day of _____ 20

(Seal)

Notary Public