



**LAGRANGE**  
GEORGIA

**City of LaGrange**  
**200 Ridley Ave Rm 202**  
**LaGrange, Ga. 30240**

**Beer and Wine License Application Check List**

**Review the list below to determine if you have meet requirements. You are not required to complete this form, it is provided as a guideline only.**

- City of LaGrange Application Completed
- Consent Form executed (owner & manager)
- Attach Articles of Incorporation (If Applicable)  
If incorporated, check one,  Partners  Limited Liability  Proprietary
- Corporate officers are listed.
- Manager is specified on the application.
- Copy of Lease or Deed
- Residence Requirements: **both owner and manager** = Proof of residence; US citizen & or,  
Drivers License
- Picture of business

**Information verified for the following company:**

\_\_\_\_\_

Date \_\_\_\_\_



# For Partnership or Corporation, list all partners or corporate officers

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Business Type	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
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Name: \_\_\_\_\_ Type: Officer  Partner   
(Print)

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

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Name: \_\_\_\_\_ Type: Officer  Partner   
(Print)

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

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Name: \_\_\_\_\_ Type: Officer  Partner   
(Print)

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

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Name: \_\_\_\_\_ Type: Officer  Partner   
(Print)

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

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_



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**ALCOHOL LICENSE APPLICATION CONSENT FORM**

I hereby authorize **The City of LaGrange** to receive any criminal history record information pertaining to me which may be in the files of any justice agency.

Name of Applicant: \_\_\_\_\_  
Full Printed Name

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

The following information is required in order to obtain a criminal history. The City of LaGrange does not discriminate regarding age, gender, or ethnic background.

\_\_\_\_\_  
Sex                  Ethnicity                  Date of Birth                  Social Security Number

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Notary:

\_\_\_\_\_  
Date