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.

() Complete application in Reference to City of LaGrange Code of Ordinances Sec 30-20-11

() 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

() Licensed Surveyor determined the distance to:
   Church _____ ft.  School______ ft.  Residence______ ft. *(Required with application for Beer/Wine by consumption)

() Employees must report to LaGrange Police Dept. for the ABC card. (Sec. 30-20-31, 172, 239) within 7 days after first date of their work. Contact Mark Cavender at LPD 706-883-2630

Information verified for the following company:

___________________________________________ Date_________________________
City of LaGrange
200 Ridley Ave Rm 109 LaGrange, Ga.
REGULATORY BEER AND WINE APPLICATION

Request Date: ___________________________

License Type: ( ) Beer – Class A Package ( ) Wine – Class A Package ( ) Microbrewery
( ) Beer- Class B Consumption ( ) Wine – Class B Consumption ( ) Brewpubs
( ) Beer – Class C Wholesale ( ) Wine – Class C Wholesale ( ) Farm Winery

Corporation Name: ___________________________ Owner: ___________________________

Doing Business as: ___________________________ Phone#: ___________________________

Business address ___________________________ Emergency Phone# ___________________

Business Type: ( ) Sole Proprietor ( ) Partnership ( ) Corporation
Note: If business is a partnership or corporation, list all partners or corporate officers and addresses. (See Page 4)

The following information shall be provided on the owner / manager whose name appears as applicant on the license.
(If owner is different, please complete another form)

Name: (Print) ___________________________ ( ) Manager ( ) Owner

Home Address: ___________________________ City/State/Zip: ___________________________

Home Telephone Number: ____________________ U.S. Citizen: ( ) Yes ( ) No

Email: ___________________________

The following information is requested for statistical purposes only, and you may elect not to respond.

Race: ___________________________ Sex: ( ) Male ( ) Female: ( )

Length of residency in Georgia: ______ Date of Birth: ______ Social Security Number: ________________

Length of residency in Lagrange/Troup County __________________________ (Package application requirement)

Reference to City of LaGrange City of Ordinance Sec 30-20-11

1. Has the applicant or any person having an interest in this application made at any previous time, an
application for alcoholic beverage license and if so the disposition of such application-
2. Has the applicant or any person having an interest in this application been revoked by the federal government, State of Georgia or any subdivision thereof: ______________________________________________________________

Business Name ______________________________________________

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) further affirm familiarity with those qualifications required for issuance of the requested license, and that the Applicant(s) possess and have demonstrated the necessary qualifications according to the LaGrange City Code.

Signature of Applicant: __________________________ Date: __________

City of LaGrange Use Only:

Tax Map Description: __________________________ Zoning: __________________________
Arrests or Convictions: ( ) Yes, (see attached) ( ) No
Distance Requirements Met: ( ) Yes ( ) No ( ) Not Applicable
Clerk-Treasurer (or Designee) Signature: __________________________ Date: __________

City Council:
( ) Approved ( ) Disapproved
Attest: __________________________ Date: __________________________

CD DIRECTOR
For Partnership or Corporation, list all partners or corporate officers

<table>
<thead>
<tr>
<th>Business Type</th>
<th>( ) Partnership</th>
<th>( ) Corporation</th>
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</thead>
<tbody>
<tr>
<td>Name: ____________________</td>
<td>Type: Officer () Partner ()</td>
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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.

<table>
<thead>
<tr>
<th>Sex</th>
<th>Ethnicity</th>
<th>Date of Birth</th>
<th>Social Security Number</th>
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</thead>
<tbody>
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</tbody>
</table>

Signature of Applicant: ______________________________ Date: _____________________

Notary: ______________________________ Date_____________________________