

**BROOKS COUNTY
APPLICATION FOR LICENSE
RETAIL SALE OF BEER & WINE**

Full Name of Licensee (No initials - spell out all names)

Trade Name of Business (Must be same on County & State Licenses)

Business Address (Street - Road - RFD No. - Box No.)

City _____, State _____, Zip Code _____

Is this location in the proper zone? _____ What zone? _____

Business Phone No. _____ Home Phone No. _____

Social Security No. of Applicant _____

Age _____

Date of Birth _____

Color _____

Sex _____

1. Type of Business

package store tavern restaurant club

grocery service station other _____

2. Beer and/or Wine Consumed

on premises off premises

3. Type of Ownership

(Individually owned) partnership corporation (see next page)

Is Business located within 100 yards of school ground or church?

yes no

General Information: Has any person listed here had a license revoked or a license application refused? _____ Where? _____ By Whom? _____

When? _____ Why? _____

Has any person listed here been convicted within the last 5 years of a misdemeanor involving gambling _____ or a violation of the Georgia Controlled Substance Act _____ or a felony _____ at any time? _____

Applicant's Consent Statement: " I will obtain for Brooks County full investigations and make reports thereon under oath as to myself and my employee."

I do solemnly swear that the facts and statements made by me in the above and foregoing answers to questions in the application for license for retail sale of beer and/or wine are true and no false or fraudulent statement is made to procure the granting of such license:

Signature of Applicant

Application for License
Retail Sale of Beer & Wine

Corporations:

Name and address of Officers:

Name and Address of Directors:

Name and Address of Principal Stockholder, Partners, or Joint Participants:

Approved _____ Denied _____
BROOKS COUNTY COMMISSIONERS

Chairman

Date

Affidavit Verifying Status

For County Public Benefit Application

By executing this affidavit under oath, as an applicant for a Brooks County Georgia Business Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a Brooks County Business Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit (circle one) for _____.

1) _____ I am a United States citizen

OR

2) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.*

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant:

Date

Printed Name:

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE

_____ DAY OF _____, 20_____

Notary Public

My Commission Expires:

* _____
Alien Registration Number for Non-Citizens

***Note:** O.C.G.A. § 50-36-1(e)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the Federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens do not have an alien registration number may supply another identifying number below:
