

**ALCOHOLIC BEVERAGE LICENSE APPLICATION**  
**IMPORTANT PLEASE TYPE OR PRINT APPLICATION FILL ALL BLANKS**

APPLICANTS FULL NAME \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

BUSINESS LOCATION (STREET) \_\_\_\_\_

APPLICANTS MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

APPLICANTS DATE OF BIRTH \_\_\_\_\_ CELL PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

**LICENSE APPLIED FOR:**

BEER/WINE-CONSUME OFF PREMISES     LIQUOR-CONSUME OFF PREMISES

BEER/WINE-CONSUME ON PREMISES     LIQUOR-CONSUME ON PREMISES

FEDERAL EMPLOYER IDENTIFICATION NUMBER: \_\_\_\_\_

GEORGIA SALE TAX NUMBER: \_\_\_\_\_

STATE WITHHOLDING NUMBER: \_\_\_\_\_

**BOND REQUIRED AN PAID ( ) YES**

TYPE BUSINESS:  PACKAGE SHIP  STORE  TAVERN  RESTAURANT  CLUB  GROCERY

LIQUOR STORE  SERVICE STATION

TYPE OWNERSHIP:  SINGLE PROPRIETOR  PARTNERSHIP OR CORPORATION

CORPORATION NAME: \_\_\_\_\_

DATE OF INVORPORATION \_\_\_\_\_ PLACE IN CORPORATION \_\_\_\_\_

PARTNER(S) CORPORATION OFFICERS NAME AND ADDRESS    %INTEREST    SOCIAL SECURITY NUMBER

**APPLICANTS HOME ADDRESS FOR PAST THREE (3) YEARS**

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE ZIP CODE \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE ZIP CODE \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE ZIP CODE \_\_\_\_\_

ARE YOU EMPLOYED ELSEWHERE? \_\_\_\_\_ IF YES, WHERE \_\_\_\_\_

LIST EMPLOYMENT AND ADDRESS FOR THE PAST THREE (3) YEARS

Have you, the applicant, or any other person having interest in business for which this application has been made, ever been arrested, indicted, or convicted for any offenses ( excluding minor traffic violations) by any City, County, State, Federal or Foreign officer or any other governmental authority with in the last twelve (12) months? \_\_\_\_\_

If yes give full details (failure) to make full disclosure in response to this question will result in a denial of the application or revocation of the licenses, if information should have been given, but was not for any reason whatsoever, is forthcoming subsequent to the granting of the license.

I, \_\_\_\_\_, APPLICANT, DO SOLEMENLY SWEAR/AFFIRM SUBJECT TO CRIMINAL PENALTIES FOR FALSE SWEARING, THAT THE STATEMENTS AND ANSWERS MADE BY ME TO THE FORGOING QUESTIONS IN THIS APPLICATION FOR MCINTOSH COUNTY LICENSE ARE TRUE AND NO FALSE OR FRAUDULENT STATEMENT OR ANSWER IS MADE HERETO TO PROCURE THE GRANTING OF SUCH LICENSE.

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
APPLICANT SIGNATURE (FULL NAME)

**CONSENT FORM**

I hereby authorize the McIntosh County Board of Commissioners to receive any criminal history record information pertaining to me, which may be on file of any State and /or Local Criminal Agency in Georjal

FULL NAME (PRINT): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS OF BUSINESS: \_\_\_\_\_

**\*\*\*\*DISCLOSURE OF CRIMIAL HISTORY CHECK\*\*\*\***

IF THE CONTENTS OF THIS RECORD HAVE AN ADVERSE EFFECT ON A DECISION TO GRANT AN ALCOHOL LICENSE TO APPLICANT, THEN THE CONTENTS OF THIS RECORD AND THE EFFECT IT HAD UPON THE DECISION MUST BE DISCLOSED.

\_\_\_\_\_  
APPLICANTS SIGNATURE

\_\_\_\_\_  
DATE

**TO BE COMPLETED BY SHERIFF'S OFFICE PERSONNEL**

YES/NO (PLEASE CIRCLE) RECORD AS OF \_\_\_\_\_ Comments: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**TO BE COMPLETED BY OFFICE PERSONNEL**

TAXES PAID /DATE (Circle one)  
Yes No

PLANNING AND ZONING (Circle one)  
Address Correct Yes No  
Inspection completed Yes No

\_\_\_\_\_  
SIGNATURE TAX COMMISSIONER/Date

\_\_\_\_\_  
SIGNATURE BUILDING INSPECTOR/Date

\*\*\*\*\*GIVEN WHEN LICENSE IS ISSUED/COPY OF ALCOHOL BEVERAGE ORDINANCE\*\*\*\*\*

**AFFIDAVIT**

\_\_\_\_\_  
HAVE RECEIVED A COPY OF THE MCINTOSH COUNTY ALCOHOL BEVERAGE ORDINANCE.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE RECEIVED

\_\_\_\_\_  
STAFF SIGNATURE