

**CITY OF TENNILLE, GEORGIA
ALCOHOL LICENSE APPLICATION**

106 Park Street
Post Office Box 145
Tennille, Georgia 31089
Tel: (478) 552-7875 Fax: (478) 552-3470

FOR OFFICE USE ONLY	
License #	_____
Amount Paid	_____
Check #	_____ CA _____
MO	_____ CC _____

COMPLETE ALL SECTIONS

1. BUSINESS CORPORATE & 'DOING BUSINESS AS' NAME

8. BUSINESS MAILING INFORMATION

ADDRESS _____
CITY, STATE, ZIP _____

2. BUSINESS TYPE

- CORPORATION
- LLC
- LLP
- PARTNERSHIP
- NON-PROFIT
- SOLE OWNER

9. BUSINESS LOCATION INFORMATION

ADDRESS _____
CITY, STATE, ZIP _____
PHONE _____

3. TYPE OF REGISTRATION

- NEW DATE OPENED _____
- RENEWAL
- TERMINATION DATE CLOSED _____

10. TYPE OF SALE AND BEVERAGE FEES

- RETAIL SALES:
- MALT BEVERAGE \$400.00
 - LIQUOR \$1,750.00

- ON PREMISES:
- MALT BEVERAGE \$400.00
 - LIQUOR \$1,750.00

TOTAL DUE \$ _____

4. APPLICANT INFORMATION

NAME/TITLE _____
HOME ADDRESS _____
CITY, STATE, ZIP _____
HOME PHONE _____
DATE OF BIRTH _____ SSN _____
AGE _____

I certify that the information provided is true and correct to the best of my knowledge.

5. IS APPLICANT OWNER OF BUSINESS?

- Yes No

IF NO, WHAT IS YOUR TITLE? _____

Signature

6. HAVE YOU EVER BEEN ARRESTED?

- Yes No

Sworn to and Subscribed before me

This ____ day of _____, 20____.

7. ARE YOU A CITIZEN OF THE UNITED STATES?

- Yes No

NOTARY PUBLIC