



200 Ridley Ave Rm 109
LaGrange, Ga. 30240

Liquor License Application

This Application is filed by: **Single Proprietor** () **Partnership or Association** () **Corporation** ()

Applicant Applying for: **Class A – Retail Package** () **Class B- On Premises Consumption** () **Class C – Wholesale** ()

NOTE: Applicants other than individuals must make applications jointly in both the names of the partnership, association or corporation and the name of a partner, associated or officer having a substantial interest in the business.

1. **Applicant Information:**

_____	_____
Full Name of Applicant (no initials)	Name of Corporation, if applicable
_____	_____
Address of Legal Residence	City State Zip

Contact Telephone Number	

Length of residence in Georgia _____ years	

2. **Business Information:**

_____	_____
Trade Name of Business	Georgia Sales Tax Number
_____	_____
Address of Business	Business Telephone Number
_____	_____
City State Zip	County (in which business is Located)

Application must include a Survey prepared by a Registered Land Surveyor certifying compliance with the distance requirements, i.e. from Schools, Churches, and Alcoholic Treatment Centers.

3. List the full name, social security number, and other pertinent information for each person, firm or corporation having any direct or indirect interest in the application and the percentage of interest and the length of consecutive residence in LaGrange.
_____.
4. List all other businesses engaged in the sale of distilled spirits that any of the persons, firms, or corporations listed in question 3 are interested in, employed by, or associated with in any way whatsoever. _____ (use an attached listing if necessary)
5. List the full name of the father, mother, brother, sister, son, daughter, or spouse of each person listed in question 4, if they have any interest whatsoever in any business selling distilled spirits other than the business for which this Application is made.

6. List the full name and address of the owner(s) of the land and building and the name and address of all lessors and sub lessors. (Attach also a verbatim copy of lease or sub-lease.) _____.
7. List the amount of capital this business has borrowed and from whom.
_____.

8. Specify the name of the Manager of the business for which this application is filed and state how he/she is compensated.

9. Does the applicant or other parties interested in this Application owe delinquent taxes, past due special assessments or any other money other than current utility bills to the City? Yes No **If yes, provide complete details in an attached page.**
10. Attach to this application a completed "Form ATT17 (form available at www.lagrange-ga.org) or the State of Georgia, Department of Revenue, Alcohol Tax and Control Unit, which is made a part of this Application.

Notes:

Before signing this application, check all answers and explanations to see that you have answered all questions fully and correctly. This application must be executed under oath and subject to the penalties of false swearing and must include all requested information. Applicant understands that any license issued pursuant to this application is conditioned upon the truth of the answers and statements made herein and that any false answers and statements herein shall constitute cause for the suspension or revocation of any license issued pursuant to this application.

Should any change occur during the year for which a license is issued pursuant to this application which would require a different answer to any question contained in this application, or any personnel statement which is made a part of this application, such change must be reported as an amendment to this application within 30 days. The failure to make such amendment shall be cause for the revocation of any license issued pursuant to the application. Indicate below that this fully understood.

State of Georgia, _____ County;

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.

Applicant (s) Signature

Date

Applicant (s) Signature

Date

Notary Information

I hereby certify that the foregoing applicant (s) is (are) personally known to me, that each signed his name to the foregoing application after stating to me that he/she has read and understands all statements and answers made therein, and, under oath actually administered by me, has sworn that said statements and answers are true.

This _____ day of _____ 20__

(Seal)

Notary Public