



**City of LaGrange
200 Ridley Ave Rm 109
LaGrange, Ga. 30240
Beer and Wine License Application Check List**

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_____



LAGRANGE
GEORGIA

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:** _____

<u>City of LaGrange Use Only:</u>	
Tax Map Description: _____	Zoning: _____
Arrests or Convictions: <input type="checkbox"/> Yes, (see attached)	<input type="checkbox"/> No
Distance Requirements Met: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Clerk-Treasurer (or Designee) Signature: _____	Date _____

City Council:	
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Attest: _____	Date: _____
CD DIRECTOR	

For Partnership or Corporation, list all partners or corporate officers

Business Type	() Partnership	() Corporation
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Name: _____ Type: Officer () Partner ()
(Print)

Address: _____

City & State: _____ Zip: _____

Name: _____ Type: Officer () Partner ()
(Print)

Address: _____

City & State: _____ Zip: _____

Name: _____ Type: Officer () Partner ()
(Print)

Address: _____

City & State: _____ Zip: _____

Name: _____ Type: Officer () Partner ()
(Print)

Address: _____

City & State: _____ Zip: _____



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.

Sex Ethnicity Date of Birth Social Security Number

Signature of Applicant: _____ Date: _____

Notary:

Date _____