



Where Georgia comes together.

**CITY OF PERRY, GEORGIA
OWNER APPLICATION FOR ALCOHOL LICENSE**

Post Office Box 2030 - 1211 Washington Street – Perry, Georgia 31069

Office 478-988-2740 Fax 478-988-2748

liz.nelson@perry-ga.gov

- New
- Renewal
- Change

Business Name _____ Phone Number _____

Type of Business: _____

Business physical location _____

Business mailing address _____
Street or P O Box City State Zip

Full legal name of applicant _____
(Owner must provide current legal driver's license)

Full legal name of entity operating business _____

How will business be listed on State application: _____

Full legal name of persons/entities having 20% or more interest in above entity.

Name and address of Corporate Officers if applicable _____

Name, address, and phone number of registered agents _____

Full legal name of Owner/Manager/Agent _____

Tax identification number _____

Please list any other associated trade names for the business _____

License applied for (**INITIAL ALL THAT APPLY**)

- | | |
|---|---|
| (a) Malt Beverage (Beer) Retail | (b) Wine – Retail |
| (1) Packaged to go _____ | (1) Packaged to go _____ |
| (2) To be consumed on the premises _____ | (2) To be consumed on the premises _____ |
| (c) Distilled Spirits (Packaged Liquor) _____ | (d) Distilled Spirits/Liquor (By The Drink) _____ |
| (e) Alcohol Catering _____ | |

I, the owner hereinabove set forth, after being duly sworn, under oath states the foregoing information is true and correct to my best knowledge and belief. So, help me God.

This _____ day of _____, 20_____.

Owner (Signature **Must** be notarized)

Sworn to and subscribed before me the day and year first above written.

NOTARY PUBLIC

(To be completed by City Manager)

- | | |
|--|---|
| 1. Date of first reading by Council _____ | 5. Action required by Council prior to approval _____ |
| 2. National background check and Finger printing performed _____ | 6. Date of second reading by Council _____ |
| 3. Background check approved _____ | 7. Date approved by Council _____ |
| 4. Code compliance video equipment Reviewed and approved. _____ | 8. Date disapproved by Council _____ |

CITY MANAGER, City of Perry