



RETAIL/PACKAGING RENEWAL APPLICATION
MALT BEVERAGE(BEER) & WINE

1. Name of Business _____
2. Location of Business _____
3. Mailing Address _____
4. Business Telephone # _____
5. Type of Business (retail sales, etc.) _____

(Circle the one that applies to you)

Malt (beer) Only	\$800.00
Wine Only	\$1,000.00
Malt (beer) & Wine	\$1750.00

Signature of Business Owner & print name

Signature of Resident Manager & print name

Sworn to and subscribed before me, this the
_____ day of _____, 20____

Notary Public
My Commission Expires _____
(Notary Seal must be affixed hereto)

APPLICANT INFORMATION

Applicant's Name: _____

Applicant's Current Address: _____

Applicant's Home Phone # _____

Name & Address of Business: _____

Business Phone# _____ Emergency Phone _____

Type of License applied for: Malt & Wine ____ Malt, Wine & Distilled Spirits ____

Store Owner's Name: _____

Store Owner's Address: _____

Store Owner's Phone # _____

Have you been a resident of Gordon County for a period of two years?

Yes ___ or No ___

Will you or a manager reside in Gordon County while you are responsible for the management and operation of the business for which the license is requested:

Yes ___ or No ___, If yes, give the address of your Gordon County residence:

CONSENT FORM

I hereby authorize, City of Fairmount, Georgia to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name Printed

Address

City

State

Zip Code

Sex

Race

DOB

SSN

Signature

Notary

Date

SEAL