

CITY OF BAXLEY

APPLICATION FOR LICENSE TO SELL ALCOHOLIC BEVERAGES BY:

_____ Beer & Wine for Consumption on Premises Only (\$1,000.00)
_____ Distilled Spirits for Consumption on Premises Only (\$1,500.00)
_____ Package Beer and Wine (\$1,000.00)
_____ Package Distilled Spirits (\$4,000.00)

FOR THE YEAR 20_____

1. Type of business applying for license: _____ Partnership _____ Corporation
_____ Private Club _____ Sole Proprietorship

Sole Proprietorship

Name of Business: _____ FEI# _____

Address: _____

Name of Owner: _____

Address: _____

SS#: _____ Date of Birth: _____

Partnership, Corporation, Private Club (circle one and fill out below):

Name: _____ FEI# _____

List all partners, stockholders, or officers, whichever is applicable:

Name: _____

Address: _____

SS#: _____ Date of Birth: _____

Name: _____

Address: _____

SS#: _____ Date of Birth: _____

(If additional space is needed, please attach an extra sheet to application.)

2. Trade Name Which Business Will be Operated: _____

3. Name as Shown On State License: _____

4. Are you a resident of the City of Baxley? Yes _____ No _____

If the answer is no, please give the following information of the required resident designee. (Applies to retail distilled spirits applications only.)

Name: _____

Address: _____

SS#: _____ Date of Birth: _____

5. Have you ever had a license revoked or suspended by either the City of State?
 Yes _____ No _____ If yes, explain: _____

6. Have you been presented with the Local Ordinances and are you familiar with State Regulations governing the possession and sale of alcohol? Yes _____ No _____
7. Have you ever been convicted of a felony? Yes _____ No _____
 If yes, explain: _____
8. Location of Business: _____
9. Nearest Church and distance to closest property line _____

10. Nearest School and distance to nearest portion of school ground to closest property line:

11. Nearest Public Recreation area and distance to closest property line:

12. List name, address, social security #, and title of all employees:

13. Attach plans of building where product will be sold/served.
14. If you do not own the building, attach a copy of the lease.
15. If grocery store – inventory amount \$ _____
 If package store – inventory amount \$ _____
16. If restaurant, what percent of gross receipts results from the sale of food (estimated or actual)?

**FALSE INFORMATION REPORTED ON THIS APPLICATION MAY RESULT IN A FINE OR
 REVOCATION OF LICENSE OR BOTH**

Sole proprietorship Signature _____ Date _____

Partnership, Corporation, Private Club (Circle One)

Signature of Partners, Stockholders, or Officers, whichever is applicable. Date _____

Notary Public: _____ Commission Expires: _____

Date: _____

(STAMP)