

**CITY OF LESLIE
BEER, WINE AND LIQUOR
ALCOHOLIC BEVERAGE APPLICATION/RENEWAL FORM**

***Applicant must provide copy of state-issued license.*

COST: Beer \$150.00 Wine \$ 200.00 Liquor \$ 1,500.00

TYPE OF APPLICATION (please check all that apply):

BEER	<input type="checkbox"/>	ON PREMISES: YES <input type="checkbox"/> NO <input type="checkbox"/>	RETAIL: YES <input type="checkbox"/> NO <input type="checkbox"/>
WINE	<input type="checkbox"/>	ON PREMISES: YES <input type="checkbox"/> NO <input type="checkbox"/>	RETAIL: YES <input type="checkbox"/> NO <input type="checkbox"/>
LIQUOR	<input type="checkbox"/>	ON PREMISES: YES <input type="checkbox"/> NO <input type="checkbox"/>	RETAIL: YES <input type="checkbox"/> NO <input type="checkbox"/>

Before the undersigned attesting officer, duly authorized by law to administer oaths, personally appeared the undersigned applicant for a license or permit for the sale of alcoholic beverages in the City of Leslie, Georgia, and, being first duly sworn, on oath, states that the information given, statements made, and questions answered in this application are true and correct:

APPLICANT'S PERSONAL HISTORY

Full Name: _____

Contact Numbers: Home _____ Business _____

Age: _____ Date of Birth: ____/____/____ U.S. Citizen: Yes No

Place of Birth: _____ SSN: _____

Present Mailing Address: _____

Length of Time at Present Address: _____

If less than one (1) year, list all residences for the past year:

Marital Status: Married Single Widowed Divorced

Spouse's Name: _____

Spouse's Address: _____

Spouse's Age: _____ Spouse's Date of Birth: ____/____/____

EMPLOYMENT HISTORY (Last 5 years)

Present Employer: _____ Phone No. _____

Employer's Address: _____

Supervisor's Name: _____

Duties: _____

Dates of Employment: From ___/___/___ To ___/___/___

Former Employer: _____ Phone No. _____

Employer's Address: _____

Supervisor's Name: _____

Duties: _____

Dates of Employment: From ___/___/___ To ___/___/___

Former Employer: _____ Phone No. _____

Employer's Address: _____

Supervisor's Name: _____

Duties: _____

Dates of Employment: From ___/___/___ To ___/___/___

Former Employer: _____ Phone No. _____

Employer's Address: _____

Supervisor's Name: _____

Duties: _____

Dates of Employment: From ___/___/___ To ___/___/___

Former Employer: _____ Phone No. _____

Employer's Address: _____

Supervisor's Name: _____

Duties: _____

Dates of Employment: From ___/___/___ To ___/___/___

CRIMINAL HISTORY

Have you ever been arrested? Yes No

If Yes, list ALL dates, places, charges:

Have you ever been convicted of a crime? Yes No

If Yes, list ALL convictions and their locations:

MILITARY HISTORY

Have you ever served in the military? Yes No

Branch of Service: _____ From ___/___/___ To ___/___/___

Type of Discharge: _____ Date of Discharge: ___/___/___

BUSINESS INFORMATION

Name of Business: _____

Business Address: _____

Business Phone No. _____ Emergency Contact No. _____

Type of Business: _____

Do you own the property from which you operate this business? Yes No

If No, list the owner's name, address and phone number:

Are you licensed to sell beer, wine or liquor at any other location? Yes No

If Yes, list other locations:

Have you previously been licensed to sell beer, wine or liquor in Leslie? Yes No

If Yes, list all previous locations and dates:

Is this business a partnership or corporation? Yes No

If Yes, attach a copy of the Partnership Agreement or Articles of Incorporation; and list the name, address, date of birth, social security number, and contact number of all partners or officers and stockholders:

Is any other person directly or indirectly interested in the profit and/or losses of this business?

Yes No

If Yes, list all interested parties:

Has any partner in the case of a partnership, or any officer or stockholder in the case of a corporation, been arrested or convicted of a crime? Yes No

If Yes, list the name of the partner, officer or stockholder arrested or convicted, including the date and offense of their arrest or conviction, and the location where arrest or conviction occurred:

Has any partner in the case of a partnership, or any officer or stakeholder in the case of a corporation, ever had an Alcoholic Beverage License from any municipality, state government or federal government? Yes No

If Yes, when and where was the license issued?

List the name, address, date of birth, social security number, and phone number of the Managing Partner or designated Corporate Agent:

OATH

I, _____, being first duly sworn, do on oath, say that all the information set forth in this Alcoholic Beverage Application is true and correct; and I will obey all laws of the State of Georgia and ordinances of the City of Leslie, as well as rules and regulations of the State Department of Revenue, relative to the handling and sale of beer, wine and liquor.

Applicant's Signature

Date

City Clerk's Signature

Date

NOTARY PUBLIC:

Sworn to and subscribed before me this _____ day of _____, _____.

Notary Public Signature

Fee Amount Paid: \$ _____ Date Received: _____

By: _____

(ATTACH AFFIDAVIT VERIFYING LEGAL STATUS)