

**BROOKS COUNTY  
APPLICATION FOR LICENSE  
RETAIL SALE OF BEER & WINE**

Full Name of Licensee (No initials - spell out all names)

Trade Name of Business (Must be same on County & State Licenses)

Business Address (Street - Road - RFD No. - Box No.)

City \_\_\_\_\_, State \_\_\_\_\_, Zip Code \_\_\_\_\_

Is this location in the proper zone? \_\_\_\_\_ What zone? \_\_\_\_\_

Business Phone No. \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Social Security No. of Applicant \_\_\_\_\_

Age \_\_\_\_\_

Date of Birth \_\_\_\_\_

Color \_\_\_\_\_

Sex \_\_\_\_\_

1. Type of Business

package store     tavern     restaurant     club

grocery     service station     other \_\_\_\_\_

2. Beer and/or Wine Consumed

on premises     off premises

3. Type of Ownership

(Individually owned)     partnership     corporation (see next page)

Is Business located within 100 yards of school ground or church?

yes     no

General Information: Has any person listed here had a license revoked or a license application refused? \_\_\_\_\_ Where? \_\_\_\_\_ By Whom? \_\_\_\_\_

When? \_\_\_\_\_ Why? \_\_\_\_\_

Has any person listed here been convicted within the last 5 years of a misdemeanor involving gambling \_\_\_\_\_ or a violation of the Georgia Controlled Substance Act \_\_\_\_\_ or a felony \_\_\_\_\_ at any time? \_\_\_\_\_

Applicant's Consent Statement: " I will obtain for Brooks County full investigations and make reports thereon under oath as to myself and my employee."

I do solemnly swear that the facts and statements made by me in the above and foregoing answers to questions in the application for license for retail sale of beer and/or wine are true and no false or fraudulent statement is made to procure the granting of such license:

\_\_\_\_\_  
Signature of Applicant

Application for License  
Retail Sale of Beer & Wine

Corporations:

Name and address of Officers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name and Address of Directors:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name and Address of Principal Stockholder, Partners, or Joint Participants:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_  
BROOKS COUNTY COMMISSIONERS

\_\_\_\_\_  
Chairman

\_\_\_\_\_  
Date

# Affidavit Verifying Status

## For County Public Benefit Application

By executing this affidavit under oath, as an applicant for a Brooks County Georgia Business Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a Brooks County Business Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit (circle one) for \_\_\_\_\_.

1) \_\_\_\_\_ I am a United States citizen

OR

2) \_\_\_\_\_ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.\*

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant:

Date

Printed Name:

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

Notary Public

My Commission Expires:

\* \_\_\_\_\_  
Alien Registration Number for Non-Citizens

**\*Note:** O.C.G.A. § 50-36-1(e)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the Federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens do not have an alien registration number may supply another identifying number below:

\_\_\_\_\_