

# City of Crawfordville



ALCOHOL LICENSE APPLICATION  
YEAR 20\_\_

DATE OF APPLICATION \_\_\_\_\_

TRADE NAME/ PROPOSED TRADE NAME OF PROPOSED BUSINESS: \_\_\_\_\_

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|---|----------------------------------|---|
| <input type="checkbox"/> NEW APPLICATION            | <input type="checkbox"/> RENEWAL | <input type="checkbox"/> MANAGEMENT STATUS CHANGE       |
| <input type="checkbox"/> PACKAGED BEER & WINE       |                                  | <input type="checkbox"/> BEER & WINE BY THE DRINK       |
| <input type="checkbox"/> PACKAGED DISTILLED SPIRITS |                                  | <input type="checkbox"/> DISTILLED SPIRITS BY THE DRINK |

**INSTRUCTIONS: EACH AND EVERY QUESTION MUST BE FULLY ANSWERED (TYPEWRITTEN OR PRINTED IN BLACK INK). IF THE QUESTION DOES NOT PERTAIN, SO INDICATE. IF THE SPACE PROVIDED IS NOT SUFFICIENT; ANSWER THE QUESTION ON A SEPARATE SHEET AND INDICATE IN THE SPACE PROVIDED THAT SUCH SEPARATE SHEET IS ATTACHED. WHEN COMPLETED, IT MUST BE DATED, SIGNED AND VERIFIED UNDER OATH BY THE APPLICANT, NOTARIZED AND FILED WITH THE CITY OF CRAWFORDVILLE TOGETHER WITH ALL SUPPORTING PAPERS.**

**OATH:**

I DO SOLEMNLY SWEAR, SUBJECT TO CRIMINAL PENALTIES FOR FALSE SWEARING, THAT THE STATEMENTS AND ANSWERS MADE TO THE FOREGOING QUESTIONS IN THIS APPLICATION ARE TRUE AND COMPLETE, AND NO FALSE OR FRAUDULENT STATEMENT OR ANSWER IS MADE HEREIN TO PROCURE GRANTING OF A LICENSE, THAT ANY LICENSE ISSUED PURSUANT TO THIS APPLICATION CONDITIONED UPON A FRAUDULENT STATEMENT OR ANSWER HEREIN SHALL CONSTITUTE CAUSE FOR THE SUSPENSION OR REVOCATION OF ANY LICENSE ISSUED PURSUANT TO THIS APPLICATION. SHOULD ANY CHANGE OCCUR DURING THE YEAR FOR WHICH A LICENSE IS ISSUED PURSUANT TO THIS APPLICATION WHICH SHOULD REQUIRE A DIFFERENT ANSWER TO ANY QUESTION CONTAINED IN THIS APPLICATION, SUCH CHANGE MUST BE REPORTED AS A WRITTEN AMENDMENT TO THIS APPLICATION WITHIN TEN (10) DAYS OF THE CHANGE. THE FAILURE TO MAKE SUCH AMENDMENT SHALL BE CAUSED FOR THE SUSPENSION OR REVOCATION OF ANY LICENSE ISSUED. I HAVE RECEIVED A COPY OF THE CITY OF CRAWFORDVILLE ALCOHOL ORDINANCE AND SWEAR AFFIRM THAT I WILL ABIDE BY AND COMPLY WITH ALL OF THE TERMS OF THE ORDINANCE.

SWORN TO AND SUBSCRIBED BEFORE ME  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF GEORGIA

\_\_\_\_\_  
BUSINESS AND/OR ORGANIZATION NAME

**PLEASE PRINT OR TYPE ALL INFORMATION**

APPLICANT FULL NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

PHONE NUMBER: (WORK) \_\_\_\_\_ (HOME): \_\_\_\_\_

(MOBILE): \_\_\_\_\_ SS# \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_

PRESENT PERSONAL ADDRESS: \_\_\_\_\_

COUNTY OF RESIDENCE: \_\_\_\_\_

PROPOSED OUTLET MANAGER IF DIFFERENT FROM APPLICANT

NAME: \_\_\_\_\_

RESIDENCE ADDRESS: \_\_\_\_\_

COUNTY OF RESIDENCE: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

LIST ALL CONVICTIONS, GUILTY PLEAS AND PLEAS OF NOLO CONTENDERS FOR VIOLATION OF ALL LAWS, CITY, STATE, AND FEDERAL BOTH OUTLET MANAGER AND SPOUSE.

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LIST ALL CONVICTIONS, GUILTY PLEAS AND PLEASE OF NOLO CONTENDERS FOR VIOLATION OF ALL LAWS, CITY, STATE, AND FEDERAL OF BOTH APPLICANT AND SPOUSE.

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APPLICANT'S PREVIOUS PERSONAL ADDRESSES FOR THE PAST 5 YEARS:

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BUSINESS ADDRESS/ ADDRESSES FOR PREVIOUS EMPLOYERS FOR THE PAST 5 YEARS

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LOCATION OF PROPOSED/CURRENT BUSINESS: \_\_\_\_\_

MAP PARCEL NO.: \_\_\_\_\_

NAME OF PROPERTY OWNER/LANDLORD: \_\_\_\_\_

**TRADE NAME/PROPOSED TRADE NAME OF PROPOSED BUSINESS:**

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FULL NAME AND ADDRESS OF OWNER OF THE BUILDING, FULL NAME AND ADDRESS OF OWNER OF THE LAND, AND NAME AND ADDRESS OF ALL LESSORS AND SUBLESSORS. *(Attach separate sheet if necessary):*

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**ALL INFORMATION GIVEN WILL BE SUBJECT TO VERIFICATION**

**I UNDERSTAND THAT THE MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IN THE APPLICATION IS GROUNDS FOR FINE, REVOCATION OF LICENSE, OR BOTH. IF MANAGEMENT CHANGES I AGREE TO FURNISH CORRECTED INFORMATION TO THE CITY OF CRAWFORDVILLE WITHIN 10 DAYS. I ALSO UNDERSTAND THAT COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE APPROVAL.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

**CITY OF CRAWFORDVILLE**

**AUTHORIZATION OF RELEASE OF INFORMATION**

This is to certify that I, \_\_\_\_\_, as an applicant for the City of Crawfordville alcoholic beverage license, do hereby authorize the review of, and full disclosure of, all records concerning myself to the authorized agent of the City of Crawfordville. I understand that any information obtained by personal history background investigation, which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in compiling any report for the City of Crawfordville. I do hereby authorize the release of criminal history records to the City of Crawfordville from whomever it is deemed necessary to make such a request. I certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information: and I also release all persons from any liability which may result from furnishing such information to the City of Crawfordville. I authorize the City of Crawfordville to copy or otherwise reproduce this original document, and to let such copies or otherwise reproduce copy act as the original instrument. The original document or copy thereof is to be attached to my alcoholic beverage application.

\_\_\_\_\_  
Full Name: (Print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Sex      Race      Date of Birth      Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC SEAL

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE

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**ALCOHOL LICENSES FEES**

1. APPLICATION FEE (NON-REFUNDABLE)	\$750.00	\$ _____
2. PACKAGED BEER AND WINE (YEARLY RENEWAL)	\$200.00	\$ _____
<b>TOTAL</b>		<b>\$ _____</b>
<b>TOTAL PAID WITH APPLICATION CK # _____</b>		<b>\$ _____</b>

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