

**CITY OF JONESBORO
CLAYTON COUNTY, GEORGIA
ALCOHOLIC BEVERAGE FOR RETAIL SALES
LICENSE APPLICATION**

Application Calendar Year _____

Please check type of license you are applying for:

_____ **BEER** _____ **WINE** _____ **BEER & WINE**

**Indicate Wine Sales Only/Beer Sales Only/Both Wine and Beer Sales
NONREFUNDABLE FEES: \$1,000 BEER, \$1,000 WINE, \$2000 BEER&WINE*



APPLICANT INFORMATION

Owners Full Name: _____
(If Corporation, give President, Vice President or Local Manager)

Full Address: _____

Social Security Number: _____ Date of Birth: _____

Telephone Number _____ Race: _____ Sex: _____

BUSINESS FOR WHICH THE LICENSE APPLIED FOR:

Name: _____

Mailing Address: _____

Location of the retail sales: _____

Telephone Number: _____ Operation Hours: _____

REGISTERED AGENT:

Name: _____ Phone: _____

Address: _____

City: _____ STATE: _____ Zip: _____

TYPE OF OWNERSHIP:

Sole Owner: _____ Co-Owner: _____ Partnership: _____
Corporation: _____ Franchise: _____ Hotel/Motel Corp: _____

STATE OF GEORGIA, CLAYTON COUNTY, CITY OF JONESBORO

I, _____, do solemnly swear or affirm, subject to the penalties of false swearing, that the statements and answers made by me, as the applicant, in the foregoing application are true and correct. **I am familiar with, have read, understand, and agree to abide by all applicable City Ordinances, local, state, and federal laws pertaining to the establishment and operation of a business inside the City of Jonesboro's City limits involved in the sale of alcohol and the proper conduct of its management.** I understand that a violation of any applicable law, no matter how minor, may result in the permanent revocation of my license.

Full legal name: _____

Date of Birth:/...../..... Social Security Number:

Drivers License Number Issuing State:.....

Applicant signature:

Date:/...../20.....

I hereby certify that signed his or her name to the foregoing application stating to me that he or she knew and understood all statements and answers made therein, and other oath actually administered by me, has sworn or affirmed, that said statements and answers are true and correct.

This Day of, 20..... [notary seal here]

Notary Public Signature:

**CERTIFICATE OF RESIDENCE
FOR RETAIL LICENSE APPLICANTS ONLY**

**STATE OF GEORGIA
CLAYTON COUNTY**

I, _____, Judge of the Probate Court for Clayton County, Georgia, hereby certify that _____
Is now and has been a bona fide resident of the State of Georgia for one year and the County of Clayton for one year immediately preceding this date, based upon the affidavit of applicant and the evidence submitted therewith.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Probate Court, this _____ day of _____, 20_____.

SEAL

by: _____
Judge of Probate Court
Clayton County, Georgia

**CONSENT FORM
FOR RETAIL SALES OF BEER/WINE**

I hereby authorize the City of Jonesboro Police Department along with Clayton County Police Department 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.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SEX: _____ RACE: _____ D.O.B. _____

SOCIAL SECURITY NUMBER: _____

(SIGNATURE)

(DATE)

(NOTARY SIGNATURE)

(DATE)

RESULTS OF BACKGROUND CHECK:

DATE TIME

SIGNATURE

OFFICE USE ONLY

Application Received: _____ Date: _____

Zoning Verified: _____ Date: _____

Consent Form Approved by: _____ Date: _____

Occupational Tax Certificate Approved: _____ Date: _____

Building Inspection Approved: _____ Date: _____
(If applicable)

Fire Dept Inspection: _____ Date: _____

Application Approved: _____ Date: _____

License Issued: _____ Date: _____

10/2006