

**JASPER COUNTY
ALCOHOLIC BEVERAGE LICENSE
APPLICATION**

JASPER COUNTY PLANNING AND ZONING
126 W. Greene Street Monticello, Ga 31064
706-468-4905

1. BUSINESS NAME _____ PHONE _____
2. CORPORATION NAME _____
3. BUSINESS LOCATION _____
(Street Address)
4. MAILING ADDRESS _____
5. APPLICANT'S FULL NAME _____
6. SOCIAL SECURITY # _____ DATE OF BIRTH _____ SEX _____
7. DRIVER'S LICENSE # _____ STATE _____ GA SALES TAX # _____
8. HOME ADDRESS _____ ZIP _____
9. HAVE YOU EVER BEEN ARRESTED? YES ___ NO ___ IF YES, DATE AND OFFENSE _____

CONSENT AUTHORIZATION: I hereby authorize any agent of Jasper County 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 Ga.

10. TYPE OF LICENSE: () NEW () RENEWAL () TRANSFER BEER _____ WINE _____
11. THIS LICENSE IS FOR: ___ RETAIL ___ POURING ___ WHOLESALE LIQUOR _____ ALL _____
12. TYPE OF ESTABLISHMENT: Restaurant _____ Service Station _____ Lounge _____ Package Shop _____
Private Club _____ Grocery Store _____ Convenience Store _____ Other: _____

ACCEPTANCE OF PAYMENT BY THE COUNTY DOES NOT CONSTITUTE FINAL APPROVAL OF THE LICENSE APPLICATION. THIS APPLICATION IS SUBJECT TO ALL NECESSARY APPROVALS. SAID LICENSE FEE SHALL BE REFUNDED IN THE EVENT THAT FINAL APPROVAL IS NOT GRANTED.

Date applied for

Signature of Applicant

NOTARY

SEAL

1. WHAT IS THE SEATING CAPACITY FOR THE BUSINESS LOCATION?
2. WHAT PERCENTAGE OF THE BUSINESS' ANNUAL GROSS INCOME FOR THE PREVIOUS YEAR WAS FOR SALES OF FOOD TO BE CONSUMED ON PREMISES?
3. IS THERE ANY PART OF THE BUSINESS OTHER THAN THE DINING AREA WHERE PATRONS ARE ALLOWED TO CONGREGATE? IF SO, PLEASE DESCRIBE SUCH AREA(S) IN DETAIL.
4. DOES THE LICENSE, PARTNER, CORPORATION OR OWNER HAVE ANY OWNERSHIP INTERESTS IN ANY OTHER LICENSED ALCOHOLIC BEVERAGE BUSINESS IN THE STATE OF GEORGIA? IF SO, GIVE NAME, BUSINESS NAME, AND BUSINESS LOCATION.

NOTE: Before signing this application, check all answers and explanations to see that you have answered All questions fully and correctly. This application is to be executed under oath and subject to the penalties for false swearing, and it includes all attached sheets submitted herewith. Licensee understands that any license issued pursuant to this application is conditioned upon the truth of the answers and statements made herein and that any false answers and statements herein shall constitute cause for the suspension or revocation of any license issued pursuant to this application.

STATE OF GEORGIA
JASPER COUNTY

I, _____ (applicant), do solemnly swear subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application are true and no false or fraudulent statement or answer is made herein to procure the granting of such license.

Applicant's signature

Date

I hereby certify that _____ signed his/her name to the foregoing application after Stating to me that he/she knew and understood all statements and answers therein, and, under oath actually administered by me, has sworn that said statements and answers are true.

This _____ day of _____, 2023

Notary Public

