



# ALCOHOL LICENSE RENEWAL APPLICATION

License#: \_\_\_\_\_

## 1. BUSINESS CORPORATE & 'DOING BUSINESS AS' NAME:

## 2. BUSINESS MAILING INFORMATION

## 3. BUSINESS LOCATION INFORMATION

## 4. BUSINESS TYPE

Corporation	Non-Profit
Partnership	Sole Proprietorship

## 5. HAVE YOU CEASED DOING BUSINESS IN LILBURN?

Yes      No

If Yes, what date?

## 6. HAVE YOU EVER BEEN ARRESTED FOR ANYTHING?

Yes      No

## 7. ARE YOU ARE CITIZEN OF THE UNITED STATES?

Yes      No

## 8. IS APPLICANT THE OWNER OF THE BUSINESS?

Yes      No

If No, What Is Your Title In The Business?

## 9. OWNERS AND/OR CO-OWNERS OF BUSINESS

Name:  
 Home Address:  
 City/State/Zip:  
 Phone:  
 E-Mail:

### Check if NEW Registered Agent

Registered Agent:  
 Home Address:  
 City/State/Zip:  
 Phone:

## 10. TYPE OF ALCOHOL LICENSE

### OFF PREMISES:

Distilled Spirits & Package Stores.....\$6,000  
 Beer & Wine.....\$1,700  
 Beer Only.....\$850  
 Wine Only.....\$850  
 Wine Shop.....\$850  
 Distillery.....\$500

### ON PREMISES:

Distilled Spirits, Beer & Wine.....\$7,200  
 Beer & Wine.....\$1,700  
 Beer Only.....\$850  
 Wine Only.....\$850  
 Growler.....\$500  
 Brewery.....\$500  
 Personal Service.....\$300  
 Art Shop.....\$300  
 Distillery Tasting Room.....\$500

### TOTAL AMOUNT DUE :

Does your location offer any of the following:

Home Delivery      Curbside / Take-out      Tasting Events

I certify that I abide by all the provisions provided in the ordinance of The City of Lilburn as well as all laws of the State of Georgia.

Signature

Date

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

Notary Public



# COMPLETE THIS FORM FOR ALCOHOL LICENSEE AND ANY STORE MANAGER(S)

PLEASE COPY IF ADDITIONAL FORMS ARE NEEDED

## STORE/RESTAURANT MANAGER CONSENT FORM

\_\_\_\_\_  
**NAME OF ESTABLISHMENT**

I, \_\_\_\_\_, do hereby authorize the City of Lilburn to receive all records which may be in the files of any federal, state, or local criminal justice agency (including criminal history) concerning myself, whether the said records are of a public, private, or confidential nature.

I further authorize release of this information under the Open Records Act and certify that person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. A photocopy of this release form will be valid as an original thereof, even though a photocopy does not contain an original writing of my signature.

Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security#: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**Notary Public**  
(SEAL)

