

TOWN OF PINE MOUNTAIN

P.O. Box 8

Pine Mountain, GA 31822

APPLICATION FOR LICENSE TO SELL ALCOHOLIC BEVERAGES

1. **Business Information**

Legal Name of Business: _____ Trade Name: _____

Business Address: _____, Pine Mountain, Georgia

Business Telephone Number: _____

2. **Applicant Information**

Name: _____, _____, _____
(last name) (first name) (middle initial)

Home Address: _____, Georgia _____.

Social Security No.: _____ D.O.B.: _____

3. **License**

I am applying for the following license (check all that apply):

____ Wholesale liquor ____ Wholesale malt beverage and wine

____ Retail on-premises malt ____ Retail off-premises malt beverage and wine
beverage and wine

____ Retail on-premises distilled spirits (available only to Licensees who have or are
applying for a retail on-premises license for malt beverage and wine)

4. **Certifications** (Initial each)

____ I am a person of good moral character, of legal age, and I have not been convicted
of any felony violation of any kind in the last 10 years.

____ I am a permanent resident of Harris County, Georgia.

____ I am over the age of 21.

_____ I have reviewed and understand the Town of Pine Mountain's and the State of Georgia's rules and regulations governing the sale of alcoholic beverages.

_____ I have not applied for and been denied a license to sell alcoholic beverages or had a license revoked in the last 12 months.

_____ I understand that, in order for the Town of Pine Mountain to approve this application, the Town of Pine Mountain is required to perform a criminal record and background check. I authorize the Town of Pine Mountain or its duly authorized agent(s) to conduct such check locally and statewide.

_____ I have not applied for and been denied a license to sell alcoholic beverages in the last 12 months.

_____ I agree in the event a license is issued to me to abide by all of the Town of Pine Mountain's ordinances with reference to the regulation of the sale of alcoholic beverages and further agree that in the event I or my place of business should become a nuisance or violate any ordinance, rule, or regulations of the Town of Pine Mountain that I immediately forfeit all rights under said license and will surrender said license to the proper authorities.

_____ I agree to promptly notify the Clerk of the Town Council of Pine Mountain of any changes to the information contained in this application.

I, _____, hereby swear that the facts stated in this application are true and correct.

SIGNATURE OF APPLICANT

Sworn to and subscribed
before me this _____ day of
_____, _____.

NOTARY PUBLIC

Commission _____ expires:

(SEAL)

WE, THE TOWN COUNCIL OF THE TOWN OF PINE MOUNTAIN, GEORGIA DO HEREBY
(APPROVE) (DISAPPROVE) THE ABOVE APPLICATION.

THIS _____ DAY OF _____, _____.

Sworn to and subscribed
before me this _____ day of
_____, _____.

NOTARY PUBLIC

Commission _____ expires:

(SEAL)