

CITY OF FLOVILLA
Application for
Beer and Wine and Distilled Spirits
Retail License

APPLICANT:

Full name: _____

Home address: _____

Telephone # _____ Social Security # _____

Date of birth: _____

MANAGER & AGENT:

Full name: _____

Home address: _____

Telephone # _____ Social Security # _____

Date of birth: _____

If the applicant is a partner, list the names and addresses of each partner:

Full name _____

Full name _____

Address _____

Address _____

Full name _____

Full name _____

Address _____

Address _____

Information about the business:

Business name _____

Address _____

Telephone # _____

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Employment information of Applicant and operator/manager:

Applicant current employment

Name of business _____

Address _____

Telephone # _____ Supervisor _____

Operator/Manager current employment

Name of business _____

Address _____

Telephone # _____ Supervisor _____

****If the applicant is the owner, he/she own at least a fifty percent (50%) share of the business.****

I _____ solemnly swears that the information on this application is true to the best of my knowledge. I understand that my misrepresentation or concealment of the facts in said application will be grounds for revocation of the license.

Applicant signature

Operator/Manager signature

Sworn to and subscribed before
me this _____ day of _____, 20__.

Notary public

APPLICATION CHECKLIST FOR BEER, WINE, DISTILLED SPIRITS:

Certified check or money order in the amount of \$1800.00 (distilled spirits) \$750.00 (beer and wine) _____

Plans of the building in which the business will be operated in. _____

Plans of the property on which said building will be located. _____

Parking diagrams _____

Completion of background check (sheriff office) _____

Completion of a set of finger prints (sheriff office) _____

Publishing notice in newspaper for public hearing _____

**Return all applications to
City of Flovilla Municipal Building
308 Heard Street
Flovilla, Georgia 30216
770-775-5661**

**** The applicant, operator, and manger will need to attend the city council meeting to explain their business. The city clerk will inform you of the date and time of the council meeting.****

PUBLIC NOTICE

DISTILLED SPIRITS- PUBLIC NOTICE

(Name of applicant) has applied for an alcoholic beverage license to sell distilled spirits by the drink at (name of business), (address of business) Flovilla, Georgia.

A public hearing will be held on (date of hearing), at (time of hearing) in the City of Flovilla Municipal Building. Anyone interested in this matter should attend this hearing.

BEER AND WINE- PULBIC NOTICE

Name of applicant) has applied for an alcoholic beverage license to sell beer and wine at a retail store at (name of business), (address of business) Flovilla, Georgia.

A public hearing will be held on (date of hearing), at (time of hearing) in the City of Flovilla Municipal Building. Anyone interested in this matter should attend this hearing.

**** This notice needs to run in the Jackson Progress Argus for two weeks before the public hearing. The City of Flovilla will not be responsible for the expense of running this notice in the newspaper. ****

CITY OF FLOVILLA
Business License Application

Name of business _____

Address of business _____

Business telephone # _____

Type of business (Describe the nature of the business, including hours of operation)

Name of owner _____

Home address _____

Home telephone # _____ **Social Security #** _____

Name of partner _____

Home address _____

Home telephone # _____ **Social Security #** _____

List the names and addresses of any previous businesses.

CITY OF FLOVILLA
Business License Application

References (Please include complete address and telephone number)

Name _____

Name _____

Address _____

Address _____

Telephone _____

Telephone _____

Name _____

Name _____

Address _____

Address _____

Telephone _____

Telephone _____

I _____ solemnly swears that the information on this application is true and correct to the best of my knowledge. I understand that any misrepresentation or concealment of the facts in said application will be grounds for revocation of the license.

Applicant signature

Sworn to and subscribed
before me this _____ **day**
of _____, **20** _____.

Notary public