



**City of Centerville, Georgia  
Alcohol License Application  
300 East Church Street  
Centerville, Georgia 31028**



**Phone: (478) 953-4734; Fax: (478) 953-4797**

NAME OF LICENSEE: \_\_\_\_\_ DOB: \_\_\_\_\_

HOME/BUSINESS ADDRESS  
OF LICENSEE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME/BUSINESS PHONE# \_\_\_\_\_ SOCIAL SEC # \_\_\_\_\_

IF A PARTNERSHIP, GIVE NAMES, HOME ADDRESSES, BIRTH DATES, AND SOCIAL SECURITY NUMBERS OF EACH PARTNER:

NAME	ADDRESS	BIRTHDAY	SSN#

IF A CORPORATION (FOR CORRESPONDENCE AND COMPLIANCE WITH LOCAL ORDINANCE):

CORPORATION NAME: \_\_\_\_\_

CORPORATION ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CORPORATE PHONE#: \_\_\_\_\_ FEDERAL TAX ID#: \_\_\_\_\_

DATE INCORPORATED: \_\_\_\_\_

DESIGNATED COUNTY AGENT: \_\_\_\_\_

**NON-PROFIT ORGANIZATIONS**

If applicant is applying on behalf of a non-profit organization, as recognized by the Internal Revenue Service, state the following:

NAME OF ORGANIZATION: \_\_\_\_\_

WHEN AND WHERE CHARTERED: \_\_\_\_\_

APPLICANTS OFFICE AND DUTIES IN SAID ORGANIZATION: \_\_\_\_\_

STATE EMPLOYER ID#: \_\_\_\_\_

HAS A FEDERAL TAX FORM 990 BEEN FILED FOR SAID ORGANIZATION FOR PREVIOUS YEARS?  YES  NO

**TYPE OF LICENSE:**

- RETAIN                       CONSUMPTION                       LIQUOR
- OTHER (SPECIFY) \_\_\_\_\_

**ALCOHOL SOLD (CHECK ONE):**

- BEER                                       WINE                                       LIQUOR

**TYPE OF BUSINESS (CHECK ONE):**

- PACKAGE STORE                       CLUB                                       SERVICE STATION
- DISTILLERY                               TAVERN                                       GROCERY
- BREWERY                                       WINERY                                       RESTAURANT
- LIQUOR STORE                               OTHER \_\_\_\_\_

DISTANCE FROM NEAREST SCHOOL GROUNDS? \_\_\_\_\_  
 DISTANCE FROM NEAREST CHURCH GROUNDS? \_\_\_\_\_

LICENSE TYPE	LICENSE NO	TRADE NAME	LICENSES

HAVE YOU, THE LICENSEE, OR ANY OTHER PERSON HAVING ANY INTEREST IN THE BUSINESS FOR WHICH THIS APPLICATION HAS BEEN MADE, EVER BEEN DETAINED, ARRESTED, INDICTED, OR CONVICTED FOR ANY OFFENSE BY ANY STATE, COUNTY, CITY, FEDERAL OR FOREIGN OFFICER, OR ANY OTHER GOVERNMENTAL AUTHORITY:

YES  NO

IF YES, GIVE FULL DETAILS. FAILURE TO MAKE A FULL DISCLOSURE IN RESPONSE TO THIS QUESTION WILL RESULT IN A DENIAL OF THE APPLICATION OR A REVOCATION OF THE LICENSE IF INFORMATION SHOULD HAVE BEEN GIVEN BUT WAS NOT, FOR ANY REASON WHATSOEVER, IS FORTHCOMING TO THE GRANTING OF THE LICENSE.

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HAS A CITY LICENSE EVER BEEN ISSUED AT THIS LOCATION?

YES  NO  DO NOT KNOW

IF YES, COMPLETE THE FOLLOWING INFORMATION FOR THE PREVIOUS LICENSE:

NAME OF LICENSEE: \_\_\_\_\_

SOCIAL SEC NO: \_\_\_\_\_ STATE TAX ID NO: \_\_\_\_\_

LEGAL BUSINESS NAME: \_\_\_\_\_

MAILING ADDRESS OF BUSINESS: \_\_\_\_\_

ALCOHOL LICENSE#: \_\_\_\_\_ YEAR: \_\_\_\_\_ DATE DISCONTINUED: \_\_\_\_\_

DO YOU OWN THE PROPERTY IN WHICH THIS BUSINESS WILL BE OPERATED?

YES  NO

IF NO, LIST BELOW THE INFORMATION REQUESTED OF THE PROPERTY OWNER AND/OR BUILDING OWNER, IF SEPARATE. ALSO, A COPY OF THE LEASE AGREEMENT MUST BE ATTACHED:

NAME: \_\_\_\_\_ STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

MONTHLY PAYMENT: \_\_\_\_\_

HAS ANY INDIVIDUAL, FIRM PARTNERSHIP, OR CORPORATION PREVIOUSLY APPLIED FOR A LICENSE IN ALCOHOLIC BEVERAGES AND LIQUORS AT THE ADDRESS WHERE THE BUSINESS IS TO BE CONDUCTED?

YES     NO     DO NOT KNOW

IF YES, COMPLETE THE FOLLOWING INFORMATION:

NAME: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_ DISPOSITION: \_\_\_\_\_

LICENSE#: \_\_\_\_\_

NAME OF PERSON OR PERSONS TO BE MANAGER(S) OF OR WITH ANY CONTROL OVER DAILY AFFAIRS OF BUSINESS FOR WHICH THE APPLICATION IS FILED: STATE HOW COMPENSATED AND HOURS ON PREMISES:

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

SOCIAL SECURITY#: \_\_\_\_\_ TELEPHONE#: \_\_\_\_\_

FULLY DESCRIBE POSITION AND CONTROL: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PERCENT OF INTEREST: \_\_\_\_\_

INFORMATION TO MEET REQUIREMENTS

- ❖ EACH BUSINESS MUST HAVE 6 INCH STREET NUMBERS ON BUILDING BEFORE APPROVAL.
- ❖ ALL ALCOHOLIC BEVERAGES PACKAGED TO GO ESTABLISHMENTS MUST HAVE SECURITY CAMERAS OR THREE OR MORE EMPLOYEES ON DUTY AT ALL TIMES.
- ❖ PRIOR TO OPENINGS, SECURITY CAMERA AND LENS OF A TYPE, NUMBER AND LOCATION MUST BE APPROVED BY THE POLICE CHIEF, OR HIS/HER DESIGNEE.
- ❖ COPY OF STATE APPLICATION AND LEASE OR DEED OR PROPERTY MUST BE ATTACHED.

I DECLARE UNDER PENALTY OF PERJURY THAT THIS STATEMENT HAS BEEN EXAMINED BY ME, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS TRUE, CORRECT, AND COMPLETE. I FURTHER ACKNOWLEDGE THAT ANY FALSE INFORMATION CONTAINED HEREIN SHALL BE GROUNDS FOR REJECTION OF THE APPLICATION.

THE APPLICANT CONSENTS THAT ALL NECESSARY INVESTIGATION REPORTS ON THE APPLICANT AND ANY EMPLOYEES IN THE APPLICANT'S ESTABLISHMENT, INCLUDING BUT NOT LIMITED TO CREDIT REPORTS AND REPORTS FROM LAW ENFORCEMENT AGENCIES, MAY BE OBTAINED BY THE CITY AND THE APPLICANT WILL BE RESPONSIBLE FOR THE COSTS THEREOF. UPON REQUEST, THE APPLICANT SHALL ALSO OBTAIN THESE CONSENT FORMS FROM EACH EMPLOYEE WHO WILL BE EMPLOYED IN THE APPLICANTS ESTABLISHMENT. THE CITY MAY ALSO REQUIRE FINGERPRINTS AND/OR PHOTOGRAPHS OF THE APPLICANTS EMPLOYEES FOR THE PURPOSE OF CONDUCTING ITS INVESTIGATION.

**FOR OFFICIAL USE ONLY**

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X  
\_\_\_\_\_  
NOTARY PUBLIC  
(THIS OFFICE HAS A NOTARY PUBLIC)

\_\_\_\_\_  
DATE

COMMISSION ENDS: \_\_\_\_\_

**PLEASE DO NOT SIGN APPLICATION UNLESS IT  
IS WITNESSED BY A NOTARY PUBLIC.**

**POLICE DEPARTMENT**

APPROVED  DISAPPROVED

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

**FIRE DEPARTMENT**

APPROVED  DISAPPROVED

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

**HEALTH DEPARTMENT**

APPROVED  DISAPPROVED

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

**ZONING OFFICE**

APPROVED  DISAPPROVED

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PROPERTY ZONED: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

**CENTERVILLE POLICE DEPARTMENT  
BUSINESS EMERGENCY CALL SHEET  
(478) 953-4222**

NAME OF BUSINESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE#: \_\_\_\_\_

OWNER OF BUILDING: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE#: \_\_\_\_\_

FIRST PERSON TO CALL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE#: \_\_\_\_\_

SECOND PERSON TO CALL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE#: \_\_\_\_\_

**PLEASE CONTACT THIS OFFICE AS SOON AS POSSIBLE IF THERE ARE  
ANY CHANGES IN THIS INFORMATION. THANK YOU.**

**CITY OF CENTERVILLE ALCOHOL LICENSE**

(YOUR COMPANY LETTERHEAD)

(DATE)

City Clerk's Office  
City of Centerville  
300 East Church Street  
Centerville, GA 31028

This is a report to the City Clerk of the City of Centerville of gross sales of spirituous liquors by the drink in the City of Centerville for the month of \_\_\_\_\_, year of \_\_\_\_\_.

Gross receipts from spirituous liquors	\$ _____
3% local sales tax collected	\$ _____
Less 3% collection fee in paid by the 20 <sup>th</sup>	\$ _____
Total Tax Remitted	\$ _____

We certify, under penalty of perjury that this is a true and correct report of all spirituous liquors by the drinks sold in the City of Centerville during the month shown on the report.

The above report must be received no later than the 20<sup>th</sup> day of the month following the month for which this report is made or the discount for the collections will be disallowed.

(COMPANY NAME)  
(COMPANY ADDRESS)  
(COMPANY PHONE NUMBER)

\_\_\_\_\_  
SIGNATURE/TITLE