



Where Georgia comes together.

CITY OF PERRY, GEORGIA

MANAGER FOR ALCOHOL BEVERAGE LICENSE

Post Office Box 2030 - 1211 Washington Street – Perry, Georgia 31069

Office 478-988-2740 Fax 478-988-2748

liz.nelson@perry-ga.gov

1. Full legal name of applicant _____

2. Applicant's date of birth _____ Social Security Number _____

3. Applicant Contact Information:

Residence Address _____

Cell Phone Number _____ Home Phone Number _____

Work Phone Number _____ Email _____

* **Must provide copy of current valid driver's license (Must be within 30 – 45 miles of Perry City limits)**

4. Business location _____

5. Type of Business _____ NAICS _____

6. License applied for (**INITIAL ALL THAT APPLY**)

(a) Malt Beverage (Beer) Retail

(b) Wine – Retail

(1) Packaged to go _____

(1) Packaged to go _____

(2) To be consumed on the premises _____

(2) To be consumed on the premises _____

(c) Distilled Spirits (Packaged Liquor) _____

(d) Distilled Spirits/Liquor (By The Drink) _____

(e) Alcohol Catering _____

7. I am a legal resident of _____ County, Georgia and have been since _____

8. If my application is approved, I certify: (**PLEASE INITIAL EACH ONE**)

(a) That I will abide by all the requirements of the Perry code including installation of continuous video recording system and laws of the State of Georgia, and regulations of the State Department of Revenue. _____

(b) That I will abide by the opening and closing hours and the days on which sales are prohibited as set forth in the Perry Code.

- (c) That I have never been convicted of any felony involving moral turpitude, any felony not involving moral turpitude (within the last ten years next preceding the filing of this application for such license) or the violation of any law involving alcoholic beverages, gambling, or tax law violations. _____
- (d) That I will not attempt to transfer any license granted except under the terms and conditions as is set forth in the Perry Code. _____
- (e) That the business in which I propose to sell alcoholic beverages to be consumed on the premises is not within 100 yards of a church, school ground, or college campus (unless applicant previously held the type alcoholic beverage license applied for prior to July 23, 1974 or business is in the restaurant district). _____
- (f) That if a license as applied for is granted, I will allow my business premises to be open to inspection at any time by City officials authorized to conduct inspection of business premises. _____
- (g) That should I fail to comply with the City Code, laws of the State of Georgia, or regulations of the Department of Revenue, I understand that my license can be suspended and that no license fees paid shall be refundable. _____
- (h) That if a license is granted to me, I will sell in the original unbroken package only and will not allow alcoholic beverages to be consumed on the premises (complete this on all applicants except liquor by the drink application and malt beverage and wine to be consumed on the premises applications). _____
- (i) That the building in which alcoholic beverages are to be sold has been completed according to the Southern Standard Building Code and **evidence of ownership of said building or a copy of the lease to said premises is attached hereto.** _____
- (j) That I am the holder of the following alcoholic beverage licenses in the State of Georgia (list the type license and the governmental identity issuing such license and if none, so state): _____

9. List last three places employed:

Company _____	Address (include zip code) _____
Business _____	Employed from _____ to _____
Position _____	Monthly Earnings _____
Supervisor _____	Reason for leaving _____
Telephone (____) _____	
Company _____	Address (include zip code) _____
Business _____	Employed from _____ to _____
Position _____	Monthly Earnings _____
Supervisor _____	Reason for leaving _____
Telephone (____) _____	
Company _____	Address (include zip code) _____
Business _____	Employed from _____ to _____
Position _____	Monthly Earnings _____
Supervisor _____	Reason for leaving _____
Telephone (____) _____	

11. List last three residential addresses:

- (1) _____
- (2) _____
- (3) _____

12. Do you have any kind of record other than traffic violation? _____ If so, state _____

13. The required application fee or fees is attached hereto in the amount of \$ _____

I, the applicant hereinabove set forth, after being duly sworn, under oath states the foregoing information is true and correct to my best knowledge and belief. So, help me God.

This _____ day of _____, 20_____.

APPLICANT (Signature **Must** be notarized)

Sworn to and subscribed before me the day and year first above written.

NOTARY PUBLIC

Total License Fee Due Prior to Issuance \$ _____

(To be completed by City Manager)

- | | |
|---|---|
| 1. Date of first reading by Council _____ | 5. Action required by Council prior to approval _____ |
| 2. National background check and _____
Finger printing performed | 6. Date of second reading by Council _____ |
| 3. Background check approved _____ | 7. Date approved by Council _____ |
| 4. Code compliance video equipment _____
Reviewed and approved. | 8. Date disapproved by Council _____ |

CITY MANAGER, City of Perry