

**CITY OF BOWDON**  
**ALCOHOLIC BEVERAGE APPLICATION**  
 (City of Bowdon’s alcoholic beverage license is a privilege license)

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

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

**INSTRUCTIONS:** Every question must be answered fully and correctly. If the space provided is not sufficient, answer the question on a separate sheet and indicate in that space that a separate sheet is attached. When completed, it must be dated, signed and verified under oath by the applicant and filed in person by the applicant with the Office of the City Clerk, Bowdon City Hall, 136 City Hall Avenue, Bowdon, Georgia.

A license issued to an individual shall be issued in the name of the individual. A license issued to a partnership shall be issued in the name of the partnership and in the name of one of the partners who shall be the named licensee. A license issued to a corporation having as its principal business the sale of alcoholic beverages shall be issued in the name of the majority stockholder or officer, who shall be the named licensee. A license issued to a corporation having as its principal business an activity other than the sale of alcoholic beverages shall be issued in the name of the corporation and in the name of the officer or employee of the corporation primarily responsible for the operation of the licensed premises; and such officer or employee shall be the named licensee.



**TYPE OF OUTLET (CHECK ONLY ONE)**      \_\_\_\_\_ Retail Package Sales      \_\_\_\_\_ Pouring Sales

**TYPE OF LICENSE & ANNUAL FEE (CHECK ONLY ONE)**

\_\_\_\_\_ RETAIL MALT BEVERAGE SALES - **\$500.00**      \_\_\_\_\_ RETAIL WINE SALES - **\$500.00**

\_\_\_\_\_ RETAIL MALT BEVERAGE AND WINE SALES- **\$900.00**      \_\_\_\_\_ POURING SALES - **\$5000.00**

\_\_\_\_\_ POURING SALES: BEER AND WINE ONLY - **\$900.00**



**1. TYPE OF OWNERSHIP:**      \_\_\_\_\_ INDIVIDUAL      \_\_\_\_\_ PARTNERSHIP      \_\_\_\_\_ CORPORATION

(a) If individual, full name and legal address of owner:

Name	Address	Social Security Number

(b) If partnership, partnership name \_\_\_\_\_

Name	Address	Percent Interest

Name	Address	Percent Interest

**Name** **Address** **Percent Interest**

**Name** **Address** **Percent Interest**

(c) If corporation, corporate name: \_\_\_\_\_

**Name** **Address** **Percent Interest**

**Name** **Address** **Percent Interest**

**Name** **Address** **Percent Interest**

(d) Full name, address and legal residence of the named licensee:

(a) Individual (b) Principal officer/employee (c) Partner, each partner must be a named licensee

**Name** **Address** **Social Security Number**

2. Is the above address your legal and bona-fide place of residence? \_\_\_\_\_ Yes \_\_\_\_\_ No

3. Trade name of business for which application is made: \_\_\_\_\_

4. Location of business for which application is made: \_\_\_\_\_  
Address

Phone Number: \_\_\_\_\_

**Business**

**Home**

Mailing Address: \_\_\_\_\_

5. Does the named licensee, and partner(s), the corporation or any corporate officer have any ownership interest in any other licensed alcoholic beverage business? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give business name, business location and all other pertinent details: \_\_\_\_\_

6. Has the named licensee, any partner(s), the corporation, or any corporate officer been:

(A) Convicted within the last ten- (10) years of any felony or any misdemeanor involving moral turpitude? \_\_\_\_\_ Yes \_\_\_\_\_ No

(B) Any other misdemeanor within the past five (5) years? \_\_\_\_\_ Yes \_\_\_\_\_ No

(C) Denied or had revoked within the last five (5) years preceding this application, any license to sell alcoholic beverages issued by any government entity? \_\_\_\_\_ Yes \_\_\_\_\_ No

(D) Been convicted of selling alcohol to a minor within a three- (3) year period preceding this application?  
\_\_\_\_\_Yes \_\_\_\_\_No

7. Has any alcoholic beverage business in which the named licensee, partner(s), the corporation or corporate officers holds or has held any financial interest, or are employed by, or have been employed by, ever been cited for any violation of the rules and regulations of the State Revenue Commissioner or any local ordinance/legislation relating to the sale or distribution of alcoholic beverages? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, describe in detail and give dates:

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

8. Is the named licensee a resident of the State of Georgia? \_\_\_\_\_Yes \_\_\_\_\_No

9. Is the named licensee a citizen of the United States? \_\_\_\_\_Yes \_\_\_\_\_No

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

10. Do you understand that this license is not transferable? \_\_\_\_\_Yes \_\_\_\_\_No



**VERIFICATION**

State of Georgia, \_\_\_\_\_ County

I, \_\_\_\_\_, Licensee, do solemnly swear subject to criminal penalties for false swearing, that the statement and answers made to the foregoing questions in this application are true and no false or fraudulent statement or answer is made herein to procure the granting of such license.

\_\_\_\_\_  
**Applicants Signature (FULL NAME IN INK)**

I hereby certify that \_\_\_\_\_ signed his/her name to the foregoing application after stating to me that he/she knew and understood all statements and answers made therein, and, under oath actually administered by me, has sworn that said statements and answers are true.

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
**Notary Public**

(Affix Seal)