

City of Vidalia, Georgia
Application for Alcoholic Beverage License

PLEASE PRINT OR TYPE ALL INFORMATION

DATE: _____

NAME OF BUSINESS: _____

CHECK ONE (1)

NEW

RENEWAL

APPLICANT INFORMATION

(PERSON APPLYING: OWNER, PRESIDENT, CEO, ETC.)

NAME: _____

(LAST)

(FIRST)

(MI)

ADDRESS: _____

PHONE: (W) _____ (H) _____ SS# _____

DATE OF BIRTH: _____ DRIVERS LICENSE #: _____

RESIDENT OF VIDALIA: YES/NO _____ NUMBER OF YEARS: _____

HAVE YOU EVER HAD AN ALCOHOLIC BEVERAGE LICENSE REVOKED? (CITY OR STATE) _____

IF YES, EXPLAIN _____

HAVE YOU EVER BEEN CONVICTED OF OR PROCUTED FOR A CRIMINAL OFFENSE? _____

IF YES, EXPLAIN _____

DO YOU OWN OR OPERATE ANOTHER ALCOHOLIC BEVERAGE BUSINESS? _____

IF YES, WHERE? _____

ARE YOU FAMILIAR WITH THE LOCAL ORDINANCES, REGULATIONS AND STATE LAWS GOVERNING THE POSSESSION AND SALE OF ALCOHOL? _____

ARE YOU WILLING TO ABIDE BY THESE? _____

DO YOU AGREE FOR OFFICAL INSPECTION OF YOUR BUSINESS WITHOUT A SEARCH WARRANT?

I do hereby authorize the review of, and full disclosure of all records concerning myself to the duty authorized agent of the City of Vidalia. I understand that any information obtained by personal history background investigation, which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in compiling any report for the City of Vidalia.

I certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

A photocopy of this release will be valid as original thereof, even though the said photocopy does not contain an original writing of my signature.

APPLICANT'S SIGNATURE

DATE

ALL INFORMATION GIVEN WILL BE SUBJECT TO VERIFICATION

I UNDERSTAND THAT THE MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IN THIS APPLICATION ARE GROUNDS FOR A FINE, REVOCATION OF LICENSE, OR BOTH. IF MANAGEMENT CHANGES I AGREE TO FURNISH CORRECTED INFORMATION TO THE CITY OF VIDALIA WITHIN 10 DAYS. I ALSO UNDERSTAND THAT COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE APPROVAL.

APPLICANT'S SIGNATURE

DATE

NOTARY PUBLIC

DATE

ALCOHOL LICENSES

LICENSE FEE

1. LIQUOR ON PREMISE CONSUMPTION	\$ 1,500.00	\$ _____
1a. BEER AND WINE ASSOCIATED WITH WITH THE ABOVE LICENSE (1.)	\$300.00	\$ _____
1b. LIQUOR, BEER, WINE ON PREMISE CONSUMPTION (NO SUNDAY SALES ALLOWED)	\$1,150.00	\$ _____
2. BEER AND WINE ON PREMISE CONSUMPTION	\$ 600.00	\$ _____
2b. BEER AND WINE ON PREMISE CONSUMPTION (NO SUNDAY SALES ALLOWED)	\$ 500.00	\$ _____
3. PACKAGE LIQUOR, BEER & WINE	\$ 3,150.00	\$ _____
4. PACKAGE LIQUOR	\$ 3,000.00	\$ _____
5. PACKAGED BEER OR WINE	\$ 300.00	\$ _____
6. DISTRIBUTOR/WHOLESALE (BEER OR WINE)	\$ 350.00	\$ _____
(CODE OF ORDINANCES CHAPTER 2, 4-16 (a))	\$ 100.00	\$100.00
	TOTAL	\$ _____

*****OFFICIAL USE ONLY*****

RETURN TO:	POLICE _____	(OFFICER)	(DATE)
ALCOHOLIC BEVERAGE	DEPARTMENT		
LICENSE CLERK	FIRE _____	(INSPECTOR)	(DATE)
CITY OF VIDALIA	DEPARTMENT		
P.O. BOX 280	ZONING _____	(INSPECTOR)	(DATE)
VIDALIA, GA 30475	BUILDING		
(912)-537-7661	MAYOR & _____	(CITY CLERK)	(DATE)
	COUNCIL		