CEDARTOWN
GEORGIA

201 EAST AVENUE CEDARTOWN GA 30125
P: (770) 748-3220 F: (770) 748-8962

LICENSE NUMBER: _____

Cedartown Police Department Use Only
Application has been □ Approved □ Denied

_____ _____/_____/_____
Chief of Police Date

ALCOHOL LICENSE RENEWAL APPLICATION

Please type or print legibly. Each question must be answered fully. Failure to complete the application in its entirety may result in rejection or delay of renewal. Statements contained herein are furnished to the City of Cedartown under oath and are subject to penalties of false swearing.

Applicant Information	Business Information
Licensee Name:	Business Name:
Mailing Address:	Business Address:
Phone #: (_____) _____-_____	Email: _____

Business Type: □ Corporation □ LLC □ LLP □ Partnership □ Non-profit □ Sole Owner

Type of License (*check all that apply)*

Retail Package (Consumption off Premises)	**Retail (Consumption on Premises)**
□ Malt Beverages (Beer & Wine) $1,000 □ Malt Beverages (Beer Only) $500 □ Wine Only $500 □ Distilled Spirits $5,000	□ Malt Beverages (Beer & Wine) $1,000 □ Malt Beverages (Beer Only) $500 □ Wine Only $500 □ Distilled Spirits $4,000
Wholesale	**Total Due**
□ Malt Beverages (Beer) $100	$ _____._____

Criminal Background History:

Has the licensee been arrested, indicted, or convicted of any offense by any City, County, or Federal Officer, or any Government Authority within the last twelve (12) months? (If yes, please attach appropriate documentation) □ YES □ NO

Acknowledgement of Applicant

I hereby certify that there have been no changes to the operation or ownership of this business during the past twelve (12) months, and information submitted on my original application is correct.

I further understand that any changes must be approved in advance by the Cedartown City Commission. I certify that I will abide by all the provisions provided in the ordinance of the City of Cedartown as well as the laws of the State of Georgia

_____
Signature of Licensee

_____/_____/_____
Date

Sworn and subscribed before me this _____ day of _____, _____

_____
Notary Public