REGULATORY BUSINESS APPLICATION

CITY OF STOCKBRIDGE
4640 North Henry Blvd
Stockbridge, GA 30281
(770) 389-7902
www.cityofstockbridge.com

Please check which type of regulatory business license this application is for.			
	ALCOHOL LICENSE (Please indicate type of license below.) ($210.00)		
RETAIL PACKAGE	**RETAIL CONSUMPTION**		**WHOLESALE**
MALT BEVERAGES	MALT BEVERAGES		MALT BEVERAGES
WINE	WINE		WINE
DISTILLED SPIRITS	DISTILLED SPIRITS		DISTILLED SPIRITS
	HYDROCOLONOSCOPY ESTABLISHMENT ($210.00)		**PAWN SHOP ($210.00)**
	MASSAGE ESTABLISHMENT ($210.00)		**HOTEL/MOTEL ($210.00)**
	BILLIARD ESTABLISHMENT ($210.00)		**GAME ROOM ($210.00)**
	TATTOO ESTABLISHMENT ($210.00)		

1. Premises Information:	
Business Name:	
Business Address:	
Business Telephone #:	
Business E-mail:	

2. Please check the box that applies to your business:			
	Sole Owner		Partnership
	Limited Liability Company (LLC)		Corporation

Please provide information for all owners, officers and stockholders owning ten percent (10%) or more of the corporation's stocks. This section also applies to all members of LLCs.

NAME / TITILE:	ADDRESS:	PHONE #:

REGULATORY BUSINESS APPLICATION

CITY OF STOCKBRIDGE
4640 North Henry Blvd
Stockbridge, GA 30281
(770) 389-7902
www.cityofstockbridge.com

3. BUSINESS OWNER INFORMATION			
Name of Applicant:			
Home Address:			
How long at this address?			
Previous Home Address:			
Home Telephone #:		Cell Phone #:	
E-mail Address:			
Social Security #:		Date of Birth:	
Driver's License #:		State Issued:	
Nearest Relative Name:		Relative Phone #:	
Nearest Relative Address:			
Signature of Owner:			

4. LICENSEE INFORMATION:			
Name of Applicant:			
Home Address:			
How long at this address?			
Previous Home Address:			
Home Telephone #:		Cell Phone #:	
E-mail Address:			
Social Security #:		Date of Birth:	
Driver's License #:		State Issued:	
Nearest Relative Name:		Relative Phone #:	
Nearest Relative Address:			
Signature of Licensee:			

5. Names & Addresses of three (3) Character References: (Not Relatives)			
Name:		Contact #:	
Address:			
2) Name:		Contact #:	
Address:			
3) Name:		Contact #:	
Address:			

REGULATORY BUSINESS APPLICATION

CITY OF STOCKBRIDGE
4640 North Henry Blvd
Stockbridge, GA 30281
(770) 389-7902
www.cityofstockbridge.com

6. List the last five municipalities where you did business (include name of business, address, phone number, and dates).
1.
2.
3.
4.
5.

7. Has applicant been convicted of any felony or crime, offense or violation of any municipal ordinance? If yes, explain:
1.
2.
3.
4.
5.

*****Please complete attached list for information on manager and employee.*****

I do swear all the above information is true and correct. I agree to comply with all laws and ordinances of the City of Stockbridge. Applicants must be signed by licensee who must be the owner, manager, partner or authorized officer of the corporation.

Signature of Applicant/Licensee _____ Date _____

COMPLETE THIS SECTION IN THE PRESENCE OF A NOTARY PUBLIC.

I, _____ {representative for} _____
(Printed NAME of individual and natural person) (Name of Business, corporation, partnership, etc.)

_____ _____
Signature of Applicant Date

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
_____ DAY OF_____, 20_____

Executed in_____ (City), _____ (State)

_____ _____
NOTARY PUBLIC Signature My Commission Expires

DISPLAY ORIGINAL NOTARY SEAL

EMPLOYEE LIST
REGULATORY BUSINESS APPLICATION

CITY OF STOCKBRIDGE
4640 North Henry Blvd
Stockbridge, GA 30281
(770) 389-7902
www.cityofstockbridge.com

NAME OF MANAGER:				TELEPHONE #:	
ADDRESS:					
DOB:		SSN:		DRIVER'S LICENSE#/STATE:	

NAME OF EMPLOYEE:				TELEPHONE #:	
ADDRESS:					
DOB:		SSN:		DRIVER'S LICENSE#/STATE:	

NAME OF EMPLOYEE:				TELEPHONE #:	
ADDRESS:					
DOB:		SSN:		DRIVER'S LICENSE#/STATE:	

NAME OF EMPLOYEE:				TELEPHONE #:	
ADDRESS:					
DOB:		SSN:		DRIVER'S LICENSE#/STATE:	

NAME OF EMPLOYEE:				TELEPHONE #:	
ADDRESS:					
DOB:		SSN:		DRIVER'S LICENSE#/STATE:	

NAME OF EMPLOYEE:				TELEPHONE #:	
ADDRESS:					
DOB:		SSN:		DRIVER'S LICENSE#/STATE:	

NAME OF EMPLOYEE:				TELEPHONE #:	
ADDRESS:					
DOB:		SSN:		DRIVER'S LICENSE#/STATE:	