2665 Buford Hwy
Atlanta, GA 30324
Main: 404-637-0500
Fax: 404-637-0501
www.brookhavenga.gov

GovOS Account #:

Business Name:

ANNUAL ALCOHOL LICENSE RENEWAL

TypeofOwnership: ( ) Single Owner ( ) Partnership ( ) Association ( ) Corporation ( ) LLC

ffacorporation: CorporateName_____State Inc._____Date Inc._____

Please list, on a separate form, the Name, Address and% of Ownership of all Corporate Officers, Partners and Owners.

1. Has any change occurred in ownership of this business since filing the last application? Yes No

If yes, detail change which occurred, and date change occurred:

_____

_____

2. (a) Since filing the last application, has the named licensee, any member (b) Are **charges** for **any offenses** presently **pending** (excluding traffic of a partnership licensee, or any member, officer, director, manager or agent offenses not related to alcohol) against the named licensee or any other for either a limited liability company licensee, corporation licensee, or person(s) affiliated with this license?

nonprofit organization licensee **been convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Georgia laws, any laws of other states, or ordinances of any municipality?

Yes No Yes No

If **answer to Questions No. 2a and/or 2b is "YES," outline details below: If more than one Individual, please use a separate form for additional info and details.**

Name_____ **Name**_____

Charge._____ Charge._____

Where convicted..._____ Where convicted_____

Date' -------- Penalty_____ Date_____Penalty_____

_____PENDING _ MISDEMEANOR _ FELONY _PENDING_____MISDEMEANOR _ FELONY

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Further, the applicant agrees to abide by all laws, rules and regulations of the United States, the state of Georgia, and of the City of Brookhaven, now in force or which may hereafter be enacted, which regulate and govern the sale of alcoholic beverages and liquors. The applicant understands that issuance of license hereby applied for be granted, shall be constituted only **as a** privilege and not a right and that said license may be revoked or suspended by the City Finance Department. Brookhaven, Georgia

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to state laws and city ordinances of Brookhaven, Georgia shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

_____ _____

Applicant and Licensee's Signature Date

This_____ day of_____,.20___. _____

Notary Public's Signature and Seal

Your renewal application(s), Certificate of Liability, copy of State Alcohol License, and payment must be received by November 30th to avoid penalty and interest charges of eleven percent (11%). Incomplete renewals will be returned to you to be completed.

No renewals are accepted after December 31st

Make payments payable https://brookhavenga.munirevs.com by accessing your GovOS account.