

**CITY OF PLAINS
BEER, LIQUOR AND WINE APPLICATION
ALCOHOLIC BEVERAGE FORM**

TYPE OF APPLICATION (PLEASE CHECK THE APPROPRIATE BLOCKS)

COST:	BEER 150.00	WINE 200.00	LIQUOR 1,500.00
BEER _____	ON PREMISES YES () NO ()	RETAIL	YES () NO ()
WINE _____	ON PREMISES YES () NO ()	RETAIL	YES () NO ()
LIQUOR _____	ON PREMISES YES () NO ()	RETAIL	YES () NO ()
FEES PAID:	YES () NO ()		

SIGNATURE: _____

APPLICANTS PERSONAL HISTORY

FULL NAME: _____

HOME PHONE NUMBER: _____ BUSINESS PHONE NUMBER: _____

AGE: _____ DATE OF BIRTH: _____ U.S. CITIZEN YES () NO ()

PLACE OF BIRTH: _____

PRESENT MAILING ADDRESS: _____

LENGTH OF TIME AT PRESENT ADDRESS: _____ (IF LESS THAN ONE (1) YEAR, LIST ALL RESIDENCES FOR THE PAST ONE (1) YEAR.)

MARITAL STATUS: MARRIED () SINGLE () WIDOWED () DIVORCED ()

SPOUSE'S NAME: _____

SPOUSE'S ADDRESS: _____

SPOUSE'S AGE: _____ SPOUSE'S DATE OF BIRTH: _____

EMPLOYMENT HISTORY (LAST FIVE (5) YEARS)

PRESENT EMPLOYER: _____ PHONE NUMBER: _____

EMPLOYER'S ADDRESS: _____

SUPERVISOR: _____

DUTIES: _____

DATE OF EMPLOYMENT: FROM _____ TO _____

FORMER EMPLOYER: _____ PHONE NUMBER: _____

EMPLOYER'S ADDRESS: _____

SUPERVISOR: _____

DUTIES: _____

DATE OF EMPLOYMENT: FROM _____ TO _____

FORMER EMPLOYER: _____ PHONE NUMBER: _____

EMPLOYER'S ADDRESS: _____

SUPERVISOR: _____

DUTIES: _____

DATE OF EMPLOYMENT: FROM _____ TO _____

FORMER EMPLOYER: _____ PHONE NUMBER: _____

EMPLOYER'S ADDRESS: _____

SUPERVISOR: _____

DUTIES: _____

DATE OF EMPLOYMENT: FROM _____ TO _____

FORMER EMPLOYER: _____ PHONE NUMBER: _____

EMPLOYER'S ADDRESS: _____

SUPERVISOR: _____

DUTIES: _____

DATE OF EMPLOYMENT: FROM _____ TO _____

CRIMINAL HISTORY

HAVE YOU EVER BEEN ARRESTED? () YES () NO IF "YES" LIST ALL DATES, PLACES, CHARGES.

HAVE YOU EVER BEEN CONVICTED OF A CRIME? () YES () NO IF "YES" LIST ALL CONVICTIONS AND THEIR LOCATIONS:

Military Record

Branch of Service: _____ From _____ To _____

Type of Discharge: _____ Date of Service: _____

Business Data

Name of Business _____

Business Address _____

Business Phone Number _____ Emergency Recall _____

Type of Business: () Restaurant () Club () Tavern () Bar () Other Specify) _____

Do you own the property form which you operate this business () YES () NO, if "NO" list owner's name, address and phone number:

Are you licensed to sell beer or wine at any other location? () YES () NO, if "YES" list other locations: _____

Have you previously been licensed to sell beer, liquor, or wine in Plains? YES () NO () If "YES", lists all previous locations and dates:

Is this business a partnership or corporation? YES () NO () If "YES", lists the name, address, date of birth, and age of all partners or officers and stockholders.

Is any other person directly or indirectly interested in the profit or loses, or both, of this business? YES () NO () If "YES", list all interested parties:

Has any partner in the case of a partnership or any officer or stockholder in the case of a corporation been arrested or convicted of a crime? YES () NO () If "YES", list the name of the partner, officer or stockholder arrested or convicted, also the date and offense of their arrest or conviction, and the place where arrest or conviction occurred:

Has any partner in the case of a partnership or any officer or stockholder in the case of a corporation ever had an Alcoholic Beverage License from any municipality, State Government or Federal Government? YES () NO () If "YES", when and where was the license issued?

List the name, address, age, and phone number of the Managing Partner or designated Corporate Agent:

I, _____, being First duly sworn, do on oath
say that all information set forth in the Beer/Liquor/Wine Application is true and correct,
and I will obey all laws of the State of Georgia and ordinances of the City of Plains
relative to the handling and sale of Beer/Wine/Liquor.

Signed

Sworn to and subscribed before me
This _____ day of _____, 20____

Notary Public-State of Georgia

Mayor

Mayor of Pro-Tem

Clerk

Chief of Police