

CITY OF ADEL
APPLICATION FOR OFF-PREMISES CATERING LICENSE

NAME OF CURRENT LICENSE HOLDER _____ DATE _____

PHYSICAL ADDRESS OF PRIMARY LICENSE _____
(Street)

City State Zip Code County

TYPE OF LICENSE APPYLYING FOR: (CHECK ALL THAT APPLY)

MALT BEVERAGES LICENSE _____
WINE LICENSE _____
DISTILLED SPIRITS _____

(PLEASE NOTE THAT A LICENSED ALCOHOLIC BEVERAGE CATERER IS ELIGIBLE TO SELL OR FURNISH ONLY THOSE TYPES OF ALCOHOLIC BEVERAGES AS HE CAN SELL OR FURNISH PURSUANT TO HIS PRIMARY ALCOHOLIC BEVERAGE LICENSE.)

I DO SOLEMNLY SWEAR THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER SWEAR THAT, IN THE EVENT THIS APPLICATION IS APPROVED AND A LICENSE ISSUED TO ME, I WILL AT ALL TIMES COMPLY WITH ALL THE PROVISIONS OF THE ORDINANCE OF THE CITY OF ADEL FOR THE REGULATION OF BEER, WINE AND DISTILLED SPIRITS AND I WILL AT ALL TIMES COMPLY WITH THE LAWS OF THE STATE OF GEORGIA REGULATING THE SALE OF BEER, WINE AND DISTILLED SPIRITS. I FURTHER UNDERSTAND AND ACKNOWLEDGE THAT ANY VIOLATION OF SAID ORDINANCE BY ME OR ANY EMPLOYEE OF MINE SHALL RESULT IN DISCIPLINARY ACTION UP TO AND INCLUDING REVOCATION OF MY LICENSE.

DATE

APPLICANT

ATTEST:

SWORN TO AND SUBSCRIBED
BEFORE ME THIS _____ DAY
OF _____, 20____.

NOTARY PUBLIC OR CITY CLERK

PLEASE NOTE: AN APPROVED EVENT PERMIT MUST BE OBTAINED FOR EACH CATERED FUNCTION.