CITY OF SOUTH FULTON APPLICATION FOR ALCOHOL BEVERAGE LICENSE

PERSONAL STATEMENT

INSTRUCTIONS: This personal statement must be executed, under oath, by all owner/licensee/agent and corporate officers or major stakeholders of the business/organization with 20% or more of interest in the business and the manager of any place of business applying for a license from the City of South Fulton to sell or deal in alcoholic beverages. Each question must be fully answered. If the space provided is not enough, answer the question on a separate sheet and indicate in the space provided that such separate sheet is attached.

Applicant Name in FULL (Please Print) _____

Home Address: _____

Business Address: _____

Place of Birth _____ Date of Birth: _____ Age: _____
(City, State, Country) (Day, Month, Year)

Race: _____ Height: _____ Weight: _____ Eye Color: _____ U.S. Citizen_____ By Birth_____

Hair Color: _____ Social Security Number: _____ Driver License Number: _____ State Issued by: _____

Have you been convicted of any federal, foreign, and/or state laws, and/or city ordinances? if so, explain below:

_____

_____

List names and addresses of employers for the past three (3) years: _____

_____

Single_____ Married_____ Widowed _____ Divorced _____ Separated _____
(If married, divorced or widowed, complete the below requested information on spouse).

_____ _____

Full name of spouse / (Maiden Name) DOB

I, the undersigned, do solemnly swear and attest, subject to criminal penalties for false swearing, that the information provided in this Personal Statement and in any and all documents provided in support of this application are true and accurate. I further understand that any false statements provided by me or my representatives as part of this application, beyond any legal penalties, will result in the denial of the subject application.

_____ _____ _____
Applicant's Printed Name Applicant's Signature Date of Application

I hereby certify that _____ signed her/his name to the foregoing application stating to me that he/she knew and understood all statements and information contained therein and, under oath actually administered by me, has sworn that said statements and information are true and correct.

This _____ day of _____, 20____ .

Notary Public Signature: _____ (AFFIX SEAL)

Notary Printed Name: _____

Date Revised: 1/03/2022