City of Eatonton
201 N Jefferson Ave (P.O. Box 3820), GA 31024
706 485 3311

For Office Use Only Account Number

E3A. Alcohol License- additional personnel

This form is required if your business is a partnership, a limited liability company or a corporation

Date of Application Name of Business

OWNERSHIP DATA

Type of Ownership
- ☐ Partnership
- ☐ Limited Liability Company
- ☐ Corporation

For partnership or LLC, all partners that have a 20% or greater interest must be listed. For corporations, all officers and all shareholders holding more than 20% of any class of stock must be listed. Use additional pages if necessary

Entity Name

Legal Address Phone

City State Zip Code

CORORATIONS ONLY :Length of existence in State of Georgia (must be at least 1 year) # years

PARTNERS, OFFICERS,SHAREHOLDERS (shareholders & partners with greater than 20% holdings)

1. Full Legal Name % interest **(Partners/LLC only)**

Home Address Home Phone

City State Zip Code

Date of Birth SSN Office Held

Office Held applies to Corporations Only

Length of residence in State of Georgia (must be at least 1 year) # years

2. Full Legal Name _____ % interest **(Partners/LLC only**) _____

Home Address _____ Home Phone _____

City _____ State _____ Zip Code _____

Date of Birth _____ SSN _____ Office Held _____

Length of Residence in State of Georgia (must be at least 1 year) # years _____

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3. Full Legal Name _____ % interest **(Partners/LLC only)** _____

Home Address _____ Home Phone _____

City _____ State _____ Zip Code _____

Date of Birth _____ SSN _____ Office Held _____

Length of Residence in State of Georgia (must be at least 1 year) # years _____

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4. Full Legal Name _____ % interest **(Partners/LLC only**) _____

Home Address _____ Home Phone _____

City _____ State _____ Zip Code _____

Date of Birth _____ SSN _____ Office Held _____

Length of Residence in State of Georgia (must be at least 1 year) # years _____

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5. Full Legal Name _____ % interest **(Partners/LLC only)** _____

Home Address _____ Home Phone _____

City _____ State _____ Office Held _____

Date of Birth _____ SSN _____ Office Held _____

Length of Residence in State of Georgia (must be at least 1 year) % years _____

CORPORATIONS AND LLC'S MUST COMPLETE PAGE 3. For additional personnel, duplicate a blank page 2 and fill in

Name of Manager or Managing Agent and Registered Agent (latter for Corporations Only)

MANAGER (for Corporations and LLC's); person responsible for day to day operations for the entity

Full Legal Name

Home Address Home Phone

City State Zip Code

Date of Birth SSN

Length of Residence in State of Georgia (must be at least 1 year) # years

REGISTERED AGENT (for corporations only); agent authorized to receive service of process under Georgia State Law

Full Legal Name

Home Address Home Phone

City State Zip Code

Date of Birth SSN

Length of Residence in State of Georgia (must be at least 1 year) # years