

City of Vidalia, Georgia
Application for Alcoholic Beverage License

PLEASE PRINT OR TYPE ALL INFORMATION

DATE: _____

NAME OF BUSINESS: _____

CHECK ONE (1)

NEW

RENEWAL

APPLICANT INFORMATION

(PERSON APPLYING: OWNER, PRESIDENT, CEO, ETC.)

NAME: _____

(LAST)

(FIRST)

(MI)

ADDRESS: _____

PHONE: (W) _____ (H) _____ SS# _____

DATE OF BIRTH: _____ DRIVERS LICENSE #: _____

RESIDENT OF VIDALIA: YES/NO _____ NUMBER OF YEARS: _____

HAVE YOU EVER HAD AN ALCOHOLIC BEVERAGE LICENSE REVOKED? (CITY OR STATE) _____

IF YES, EXPLAIN _____

HAVE YOU EVER BEEN CONVICTED OF OR PROCUTED FOR A CRIMINAL OFFENSE? _____

IF YES, EXPLAIN _____

DO YOU OWN OR OPERATE ANOTHER ALCOHOLIC BEVERAGE BUSINESS? _____

IF YES, WHERE? _____

ARE YOU FAMILIAR WITH THE LOCAL ORDINANCES, REGULATIONS AND STATE LAWS GOVERNING
THE POSSESSION AND SALE OF ALCOHOL? _____

ARE YOU WILLING TO ABIDE BY THESE? _____

DO YOU AGREE FOR OFFICAL INSPECTION OF YOUR BUSINESS WITHOUT A SEARCH WARRANT?

I do hereby authorize the review of, and full disclosure of all records concerning myself to the duty authorized agent of the City of Vidalia. I understand that any information obtained by personal history background investigation, which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in compiling any report for the City of Vidalia.

I certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

A photocopy of this release will be valid as original thereof, even though the said photocopy does not contain an original writing of my signature.

APPLICANT'S SIGNATURE

DATE

ALL INFORMATION GIVEN WILL BE SUBJECT TO VERIFICATION

I UNDERSTAND THAT THE MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR THIS APPLICATION IS GROUNDS FOR FINE, REVOCATION OF LICENSE, OR BOTH. IF MANAGEMENT CHANGES I AGREE TO FURNISH CORRECTED INFORMATION TO THE CITY OF VIDALIA WITHIN 10 DAYS. I ALSO UNDERSTAND THAT COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE APPROVAL.

APPLICANT'S SIGNATURE

DATE

NOTARY PUBLIC

DATE

ALCOHOL LICENSES

LICENSE FEE

1. LIQUOR ON PREMISE CONSUMPTION	\$ 1,000.00	\$ _____
1a. BEER AND WINE ASSOCIATED WITH WITH THE ABOVE LICENSE (1.)	\$ 150.00	\$ _____
2. BEER ONLY ON PREMISE CONSUMPTION	\$ 300.00	\$ _____
3. WINE ONLY ON PREMISE CONSUMPTION	\$ 300.00	\$ _____
4. BEER & WINE ON PREMISE CONSUMPTION	\$ 500.00	\$ _____
5. PACKAGED LIQUOR, BEER & WINE	\$ 3,150.00	\$ _____
6. PACKAGED LIQUOR	\$ 3,000.00	\$ _____
7. PACKAGED BEER	\$ 150.00	\$ _____
8. PACKAGED WINE	\$ 150.00	\$ _____
9. PACKAGED BEER & WINE (CONVENIENCE STORES)	\$ 300.00	\$ _____
10. DISTRIBUTOR/WHOLESALE (BEER ONLY)	\$ 100.00	\$ _____
11. DISTRIBUTOR/WHOLESALE (BEER & WINE)	\$ 200.00	\$ _____
(CODE OF ORDINANCES CHAPTER 2, 4-16 (a))	\$ 50.00	\$50.00
	TOTAL	\$ _____

*****OFFICAL USE ONLY*****

RETURN TO:	POLICE _____
	(OFFICER) (DATE)
ALCOHOLIC BEVERAGE	DEPARTMENT
LICENSE CLERK	
CITY OF VIDALIA	FIRE _____
	(INSPECTOR) (DATE)
P.O. BOX 280	DEPARTMENT
VIDALIA, GA 30475	ZONING _____
	(INSPECTOR) (DATE)
(912)-537-7661	BUILDING
	MAYOR & _____
	(CITY CLERK) (DATE)
	COUNCIL

