

PIERCE COUNTY, GEORGIA
P. O. BOX 679
BLACKSHEAR, GEORGIA, 31516

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

NEW _____ TRANSFER OF LICENSE _____ TRANSFER OF OWNERSHIP _____ DATE _____

LIQUOR ()	BEER ()	WINE ()
Retail Package _____	Retail Package _____	Retail Package _____
Retail Pouring _____	Retail Pouring _____	Retail Pouring _____
Wholesale _____	Wholesale _____	Wholesale _____

1. (a) Full name of Business _____

(b) Under what name is the business to be operated? _____

(c) Is the business a Proprietorship () Partnership () Corporation ()

2. Location: _____

3. Address: _____ Phone: _____

4. Is business within the designated distance of any of the following:

- (a) School of College - 600 ft. () YES () NO
- (b) Church () YES () NO
- (c) Private Residence - 300 ft. () YES () NO
- (d) School or College - 300 ft. () YES () NO

NOTE - The distance shall be measured in all directions from nearest point or building to the nearest property line of school or church.

5. (a) Full name of the applicant: _____

Social Security # _____ Address: _____

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(b) Full name of Spouse, if married: _____

Social Security # _____ Address: _____

(c) Do you reside in Pierce County? () NO () YES How Long? _____

(d) Phone # _____ Residence _____ Work _____

(e) Number of years at present address _____

(f) How long have you resided in the State of Georgia? _____

(g) What has been your occupation for the past five (5) years? _____

GIVE DETAILED LIST.

6. What is the name of the person who, if the license is granted, will be the active manager of the business and on the job at the business? List address, occupation and employer.

7. Has the applicant, or any individual having an interest either as owner, partner or stockholder been convicted or entered a plea of nolo contendere within ten (10) years immediately prior to the filing of this application for any felony or misdemeanor of any State or of the United States or any municipal ordinance except traffic violation?

If the answer is YES, describe in detail and give date _____

8. Are you familiar with the State Laws and regulations, governing the operation of this type of business?
YES () NO ()

9. Do you agree to abide by such Laws & Regulations: _____

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Georgia, Pierce County

I, _____ being duly sworn according to law, do swear that the facts and things stated by me in the above and foregoing answers to questions are true, and no false, or fraudulent statement is made herein and such answers were made in order to procure the granting of such a license.

Signature of Applicant

Signature of Spouse of Applicant (if applicable)

Sworn to and subscribed before me this

_____ day of _____, _____.

Notary Public

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ALL QUESTIONS MUST BE ANSWERED

Fingerprinted by:

By: _____

Date: _____

Received in Pierce County Commission Office on _____ at _____

By: _____

Clerk, Pierce County Board of Commissioners

Date

DATE OF MEETING _____

Action Taken _____ Type of Establishment _____

PLEASE RETURN ALL SIGNED ORIGINAL DOCUMENTS TO:

Pierce County Board of Commissioners
P. O. Box 679
312 Nichols St.
Blackshear, GA 31516

T. 912.449.2022
F. 912.449.2024

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I, _____ have this day made application with the Pierce County

Board of Commissioners to sell _____

at _____

located _____

Signature of Applicant

Date