



THE CITY OF ETON, GEORGIA
ALCOHOL BEVERAGE LICENSE(S) APPLICATION

Date Application Filed: ____/____/____

Name of Business

____ New Application

____ Renewal Application

____ Change in Existing License

- ____ Applicant/Designated Agent
- ____ Manager
- ____ Name
- ____ Owner
- ____ Location

Address of Business

____ The License (s) applied for is a package store

____ The License (s) applied for is a restaurant

Zoning Classification of Business

(may be obtained from City Clerk's Office)

TYPE OF LICENSE APPLIED FOR (CHECK ALL THAT APPLY TO YOUR BUSINESS)

____ Package Beer (\$400 per year)

____ Pouring Beer (\$500 per year) - Establishments with food sales only

____ In Room Beer Service (\$150 per year)

____ Private Club Beer (\$400 per year)

____ Local Concessionaire/Special Events Beer (\$300 per event) Must possess local pouring license

____ Beer Tasting Event (\$100 per event) Must possess local pouring license

____ Package Wine (\$100 per year)

____ Pouring Wine (\$500 per year) - Establishments with food sales only

____ In Room Wine Service (\$50)

____ Private Club Wine (\$400)

____ Local Concessionaire/Special Events Wine (\$300 per event) Must possess local pouring license

____ Wine Tasting Event (\$100 per event) Must possess local pouring license



THE CITY OF ETON, GEORGIA
ALCOHOL BEVERAGE LICENSE(S) APPLICATION

CONTINUED

TYPE OF LICENSE APPLIED FOR (CHECK ALL THAT APPLY TO YOUR BUSINESS)

- Package Distilled Spirits (liquor) (\$5,000 per year)
- Pouring Distilled Spirits (liquor) (\$2,500 per year) - Establishments with food sales only
- In Room Distilled Spirits Service (\$1000 per year)
- Private Club Distilled Spirits (\$2500 per year)
- Local Concessionaire/Special Events (\$300 per event) Must possess local pouring license
- Distilled Spirits Tasting Event (\$100 per event) Must possess local pouring license

Sales Tax Number

Federal Identification Number

Intentionally
Left Blank

APPLICANT APPLYING FOR LICENSE

Please list the Applicant applying for the License.
The Applicant may be an Individual, Partnership, Corporation, or LLC.

Name of Applicant:
DBA:
Local Business Address:
City State Zip Code
Mailing Address:
City State Zip Code
Email Address:
Business Phone:
Fax Number:
Contact Number:
Business Website:

Signature of Applicant
State of Georgia, Murray County, City of Eton
I _____, Applicant, Do Swear or Affirm that the Foregoing Information is True and Correct and I am Aware that the Filing of this Application Constitutes My Giving of Said Information under Oath and I Do Hereby Acknowledge Said Oath under Penalties of False Swearing as Provided in Section 16-10-71 O.C.G.A.

CATEGORY OF BUSINESS OWNERSHIP

- Individual
Domestic Corporation (Inside Georgia)
Foreign Corporation (Outside Georgia) Must provide a Designated Agent in Georgia
Partnership or Limited Partnership
Limited Liability Company (LLC) (Inside Georgia)

Please list the name of the Individual Owner, or Partner, Member or Principal Stockholder:

Name:
Title: Individual Owner Partner Member Principal Stockholder
Address:
City State Zip Code
Email Address:
Contact Number:

DESIGNATED AGENT FULL NAME

_____ The Applicant, Individual Owner, Partner, Member, or Principal Stockholder is the Designated Agent

Name of Designated Agent _____

Address: _____

City _____ State _____ Zip Code _____

Email Address: _____

Contact Number: _____

Signature of Designated Agent

State of Georgia, Murray County, City of Eton

I _____, Applicant, Do Swear or Affirm that the Foregoing Information is True and Correct and I am Aware that the Filing of this Application Constitutes My Giving of Said Information under Oath and I Do Hereby Acknowledge Said Oath under Penalties of False Swearing as Provided in Section 16-10-71 O.C.G.A.

ADDITIONAL STOCKHOLDERS/PARTNERS

Please list any Stockholders, Members, or Partners Holding 5% or More Interest.

Use additional paper if necessary

Stockholder/Partner

Home Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

% of Ownership: _____

Stockholder/Partner

Home Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

% of Ownership: _____

Stockholder/Partner

Home Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

% of Ownership: _____

Stockholder/Partner

Home Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

% of Ownership: _____

MANAGER (S) OF ALCOHOLIC BEVERAGE ESTABLISHMENT

Please list the Manager or Manager of the Business (and any changes in Management)

Manager Name: _____
Home Address: _____
City/State/Zip: _____
Contact Number: _____
Email: _____
United States Citizen: _____yes _____no
Have you been a resident of the State of Georgia for more than one (1) year on the date of this application?
_____yes _____no

Manager Name: _____
Home Address: _____
City/State/Zip: _____
Contact Number: _____
Email: _____
United States Citizen: _____yes _____no
Have you been a resident of the State of Georgia for more than one (1) year on the date of this application?
_____yes _____no

Manager Name: _____
Home Address: _____
City/State/Zip: _____
Contact Number: _____
Email: _____
United States Citizen: _____yes _____no
Have you been a resident of the State of Georgia for more than one (1) year on the date of this application?
_____yes _____no

SECURITY PERSONNEL ALCOHOLIC BEVERAGE ESTABLISHMENT

Please list all Security Personnel of the Business (and any changes in Security Personnel)

Security Name: _____
Home Address: _____
City/State/Zip: _____
Contact Number: _____
Email: _____
United States Citizen: _____yes _____no

Security Name: _____
Home Address: _____
City/State/Zip: _____
Contact Number: _____
Email: _____
United States Citizen: _____yes _____no

Security Name: _____
Home Address: _____
City/State/Zip: _____
Contact Number: _____
Email: _____
United States Citizen: _____yes _____no

*Security Personnel Must Wear Clothing While On Duty Which Clearly Identifies Them As Security.

CERTIFICATION

[Empty box for Name of Business]

Name of Business

[Empty box for Address of Business]

Address of Business

_____ Will begin Business on _____
Date

OR

_____ Is already in Operation

And, will begin the sale of Alcohol on _____
Date

Signature

Title

Date